

**State:** New York **Filing Company:** Capital District Physicians Health Plan Inc  
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense  
**Product Name:** 2015 HMO Individual On-Renewal  
**Project Name/Number:** 2015/

## Filing at a Glance

Company: Capital District Physicians Health Plan Inc  
Product Name: 2015 HMO Individual On-Renewal  
State: New York  
TOI: H15I Individual Health - Hospital/Surgical/Medical Expense  
Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense  
Filing Type: Prior Approval Exchange Form & Rate Filing  
Date Submitted: 06/13/2014  
SERFF Tr Num: CAPD-129571359  
SERFF Status: Assigned  
State Tr Num: 2014060213  
State Status:  
Co Tr Num: INDIVID\_ON\_RENEWAL  
Implementation: 01/01/2015  
Date Requested:  
Author(s): [REDACTED]  
Reviewer(s): [REDACTED]  
Disposition Date:  
Disposition Status:  
Implementation Date:  
State Filing Description:

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### General Information

Project Name: 2015 Status of Filing in Domicile:  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: Individual Market Type: Individual, Non Employer Group - Individual  
 Overall Rate Impact: Filing Status Changed: 06/16/2014  
 Deemer Date: State Status Changed:  
 Submitted By: [Redacted] Created By: [Redacted]  
 Corresponding Filing Tracking Number: CAPD-129567755  
 PPACA: Not PPACA-Related  
 PPACA Notes: null  
 Exchange Intentions: Prior approval rate filing for on-NYSOH individual plans.  
 Filing Description:  
 2015 Renewal of On Exchange products

### Company and Contact

#### Filing Contact Information

[Redacted] [Redacted]  
 [Redacted] [Redacted]  
 [Redacted] [Redacted]

#### Filing Company Information

Capital District Physicians Health Plan Inc CoCode: 95491 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: 14-1641028  
 (518) 641-3000 ext. [Phone]

### Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:

### State Specific

1. Is a parallel product being submitted for another issuing entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: HMO
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York?

**State:** *New York* **Filing Company:** *Capital District Physicians Health Plan Inc*  
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**Product Name:** *2015 HMO Individual On-Renewal*  
**Project Name/Number:** *2015/*

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 a group prefilling notification, out-of-state, or a report 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, 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: Prior Approval Rate Adjustment

6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.): No

7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No

8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No

9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No

10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary and initial notification letter associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): Yes CAPD-129569886

State: New York

Filing Company: Capital District Physicians Health Plan Inc

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## Rate Information

Rate data applies to filing.

Filing Method: Prior Approval Exchange Form & Rate Filing

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision: 01/01/2014

Filing Method of Last Filing: Exchange Form & Rate Filing

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number 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	8.480%	8.480%	\$1,266,050	1,836	\$14,927,138	18.860%	-32.340%

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## Rate Review Detail

### COMPANY:

Company Name: Capital District Physicians Health Plan Inc  
 HHS Issuer Id: 94788

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
HMO			2434

Trend Factors:

### FORMS:

New Policy Forms:  
 Affected Forms:  
 Other Affected Forms: 01-0001-2014;01-0008-2014

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
 Member Months: 29,208  
 Benefit Change: Increase  
 Percent Change Requested: Min: -32.34 Max: 18.86 Avg: 8.48

### PRIOR RATE:

Total Earned Premium: 12,687,254.00  
 Total Incurred Claims: 12,802,071.00  
 Annual \$: Min: 137.99 Max: 689.90 Avg: 471.11

### REQUESTED RATE:

Projected Earned Premium: 13,760,073.00  
 Projected Incurred Claims: 13,887,883.00  
 Annual \$: Min: 162.84 Max: 641.57 Avg: 511.06

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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		New		Rate Manual - Individual HMO On Exchange TOC.pdf, Rate Manual - Individual HMO On Exchange.pdf,

**Capital District Physicians' Health Plan**  
**2015 Premium Rate Filing**  
*Individual HMO - On Exchange*  
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**Capital District Physicians' Health Plan**  
**Albany Region**  
**Individual R:3**  
**Proposed Premium Rates Effective 1/1/2014**

Metal Tier	Product Line	Old Name	New Name	\$2,014.00	2015	2015	2015
				01/01/2014-12/31/2014	01/01/2015-12/31/2015	Amount of Adjustment	Percent Change
				Current Rate	Proposed Rate		
Platinum	HMO	IHPX1001	IHPX1007				
			Single	\$613.47	\$672.70	\$59.23	9.65%
			Double	\$1,226.94	\$1,345.40	\$118.46	9.65%
			Emp/Child(ren)	\$1,042.89	\$1,143.59	\$100.70	9.66%
Platinum	HMO	IHPX1002	IHPX1008				
			Single	\$623.22	\$684.89	\$61.67	9.90%
			Double	\$1,246.44	\$1,369.78	\$123.34	9.90%
			Emp/Child(ren)	\$1,059.47	\$1,164.31	\$104.84	9.90%
Platinum	HMO	IHPX1003	IHPX1009				
			Single	\$633.40	\$677.89	\$44.49	7.02%
			Double	\$1,266.81	\$1,355.78	\$88.97	7.02%
			Emp/Child(ren)	\$1,076.78	\$1,152.41	\$75.63	7.02%
Gold	HMO	IHGX2001	IHGX2009				
			Single	\$538.43	\$569.10	\$30.67	5.70%
			Double	\$1,076.86	\$1,138.20	\$61.34	5.70%
			Emp/Child(ren)	\$915.33	\$967.47	\$52.14	5.70%
Gold	HMO	IHGX2002	IHGX2007				
			Single	\$555.15	\$572.46	\$17.31	3.12%
			Double	\$1,110.29	\$1,144.92	\$34.63	3.12%
			Emp/Child(ren)	\$943.75	\$973.18	\$29.43	3.12%
Gold	HMO	IHGX2003	IHGX2010				
			Single	\$531.72	\$594.52	\$62.80	11.81%
			Double	\$1,063.44	\$1,189.04	\$125.60	11.81%
			Emp/Child(ren)	\$903.92	\$1,010.68	\$106.76	11.81%
Silver	HMO	IHSX3001	IHSX3069				
			Single	\$458.12	\$493.25	\$35.13	7.67%
			Double	\$916.25	\$986.50	\$70.25	7.67%
			Emp/Child(ren)	\$778.81	\$838.53	\$59.72	7.67%
Silver	HMO	IHSX3002	IHSX3070				
			Single	\$458.12	\$493.25	\$35.13	7.67%
			Double	\$916.25	\$986.50	\$70.25	7.67%
			Emp/Child(ren)	\$778.81	\$838.53	\$59.72	7.67%
Gold	HMO	IHSX3003	IHSX3071				
			Single	\$458.12	\$493.25	\$35.13	7.67%
			Double	\$916.25	\$986.50	\$70.25	7.67%
			Emp/Child(ren)	\$778.81	\$838.53	\$59.72	7.67%
Platinum	HMO	IHSX3004	IHSX3072				
			Single	\$458.12	\$493.25	\$35.13	7.67%
			Double	\$916.25	\$986.50	\$70.25	7.67%
			Emp/Child(ren)	\$778.81	\$838.53	\$59.72	7.67%
Silver	HMO	IHSX3005	IHSX3059				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HDHMO	IHSX3006	IHSX3060				
			Single	\$459.96	\$499.00	\$39.04	8.49%
			Double	\$919.92	\$998.00	\$78.08	8.49%
			Emp/Child(ren)	\$781.93	\$848.30	\$66.37	8.49%
Bronze	HDHMO	IHBX4001	IHBX4021				
			Single	\$391.34	\$422.66	\$31.32	8.00%
			Double	\$782.68	\$845.32	\$62.64	8.00%
			Emp/Child(ren)	\$665.28	\$718.52	\$53.24	8.00%
Bronze	HDHMO	IHBX4002	IHBX4017				
			Single	\$381.91	\$413.86	\$31.95	8.37%
			Double	\$763.82	\$827.72	\$63.90	8.37%
			Emp/Child(ren)	\$649.24	\$703.56	\$54.32	8.37%
				\$1,088.44	\$1,179.50	\$91.06	8.37%

**Capital District Physicians' Health Plan**  
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Metal Tier	Product Line	Old Name	New Name	\$2,014.00	2015	2015	2015
				01/01/2014-12/31/2014	01/01/2015-12/31/2015	Amount of Adjustment	Percent Change
				Current Rate	Proposed Rate		
Bronze	HDHMO	IHBX4003	IHBX4018				
			Single	\$368.64	\$402.22	\$33.58	9.11%
			Double	\$737.28	\$804.44	\$67.16	9.11%
			Emp/Child(ren)	\$626.69	\$683.77	\$57.08	9.11%
Bronze	HDHMO	IHCX5001	IHCX5002				
			Single	\$366.04	\$246.45	(\$119.59)	-32.67%
			Double	\$732.09	\$492.90	(\$239.19)	-32.67%
			Emp/Child(ren)	\$622.28	\$418.97	(\$203.31)	-32.67%
Platinum	HMO	IHNX6001	IHNX6003				
			Single	\$696.32	\$638.49	(\$57.83)	-8.31%
			Double	\$1,392.64	\$1,276.98	(\$115.66)	-8.31%
			Emp/Child(ren)	\$1,183.74	\$1,085.43	(\$98.31)	-8.31%
Platinum	HMO	IHPX1004	IHPX1010				
			Single	\$628.19	\$673.89	\$45.70	7.27%
			Double	\$1,256.38	\$1,347.78	\$91.40	7.27%
			Emp/Child(ren)	\$1,067.92	\$1,145.61	\$77.69	7.27%
Platinum	HMO	IHPX1005	IHPX1011				
			Single	\$638.18	\$686.10	\$47.92	7.51%
			Double	\$1,276.35	\$1,372.20	\$95.85	7.51%
			Emp/Child(ren)	\$1,084.90	\$1,166.37	\$81.47	7.51%
Platinum	HMO	IHPX1006	IHPX1012				
			Single	\$648.60	\$679.09	\$30.49	4.70%
			Double	\$1,297.21	\$1,358.18	\$60.97	4.70%
			Emp/Child(ren)	\$1,102.63	\$1,154.45	\$51.82	4.70%
Gold	HMO	IHGX2004	IHGX2011				
			Single	\$551.35	\$570.11	\$18.76	3.40%
			Double	\$1,102.71	\$1,140.22	\$37.51	3.40%
			Emp/Child(ren)	\$937.30	\$969.19	\$31.89	3.40%
Gold	HMO	IHGX2005	IHGX2008				
			Single	\$568.47	\$573.47	\$5.00	0.88%
			Double	\$1,136.94	\$1,146.94	\$10.00	0.88%
			Emp/Child(ren)	\$966.40	\$974.90	\$8.50	0.88%
Gold	HMO	IHGX2006	IHGX2012				
			Single	\$544.48	\$595.57	\$51.09	9.38%
			Double	\$1,088.96	\$1,191.14	\$102.18	9.38%
			Emp/Child(ren)	\$925.62	\$1,012.47	\$86.85	9.38%
Silver	HMO	IHSX3007	IHSX3073				
			Single	\$469.12	\$494.12	\$25.00	5.33%
			Double	\$938.24	\$988.24	\$50.00	5.33%
			Emp/Child(ren)	\$797.50	\$840.00	\$42.50	5.33%
Silver	HMO	IHSX3008	IHSX3074				
			Single	\$469.12	\$494.12	\$25.00	5.33%
			Double	\$938.24	\$988.24	\$50.00	5.33%
			Emp/Child(ren)	\$797.50	\$840.00	\$42.50	5.33%
Gold	HMO	IHSX3009	IHSX3075				
			Single	\$469.12	\$494.12	\$25.00	5.33%
			Double	\$938.24	\$988.24	\$50.00	5.33%
			Emp/Child(ren)	\$797.50	\$840.00	\$42.50	5.33%
Platinum	HMO	IHSX3010	IHSX3076				
			Single	\$469.12	\$494.12	\$25.00	5.33%
			Double	\$938.24	\$988.24	\$50.00	5.33%
			Emp/Child(ren)	\$797.50	\$840.00	\$42.50	5.33%
Silver	HMO	IHSX3011	IHSX3061				
			Single	\$479.95	\$509.68	\$29.73	6.19%
			Double	\$959.89	\$1,019.36	\$59.47	6.20%
			Emp/Child(ren)	\$815.91	\$866.46	\$50.55	6.20%
			Family	\$1,367.85	\$1,452.59	\$84.74	6.20%

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				01/01/2014-12/31/2014	01/01/2015-12/31/2015	Amount of Adjustment	Percent Change
				Current Rate	Proposed Rate		
Silver	HDHMO	IHSX3012	IHSX3062				
			Single	\$471.00	\$499.88	\$28.88	6.13%
			Double	\$942.00	\$999.76	\$57.76	6.13%
			Emp/Child(ren)	\$800.70	\$849.80	\$49.10	6.13%
Bronze	HDHMO	IHBX4005	IHBX4019				
			Single	\$391.07	\$414.59	\$23.52	6.01%
			Double	\$782.15	\$829.18	\$47.03	6.01%
			Emp/Child(ren)	\$664.83	\$704.80	\$39.97	6.01%
Bronze	HDHMO	IHBX4006	IHBX4020				
			Single	\$377.49	\$402.93	\$25.44	6.74%
			Double	\$754.97	\$805.86	\$50.89	6.74%
			Emp/Child(ren)	\$641.73	\$684.98	\$43.25	6.74%
Platinum	HMO	IHNX6002	IHNX6004				
			Single	\$713.03	\$639.62	(\$73.41)	-10.30%
			Double	\$1,426.06	\$1,279.24	(\$146.82)	-10.30%
			Emp/Child(ren)	\$1,212.15	\$1,087.35	(\$124.80)	-10.30%
Platinum	HMO	IHPXC005	IHPXC012				
			Single	\$252.75	\$203.22	(\$49.53)	-19.60%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Gold	HMO	IHGXC006	IHPXC013				
			Single	\$221.83	\$174.14	(\$47.69)	-21.50%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Silver	HMO	IHSXC007	IHPXC014				
			Single	\$188.75	\$234.47	\$45.72	24.22%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Bronze	HDHMO	IHBXC008	IHPXC018				
			Single	\$161.23	\$277.15	\$115.92	71.90%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Bronze	HDHMO	IHBX4016	IHBX4022				
			Single	\$400.73	\$423.41	\$22.68	5.66%
			Double	\$801.47	\$846.82	\$45.35	5.66%
			Emp/Child(ren)	\$681.25	\$719.80	\$38.55	5.66%
Silver	HMO	IHSX3037	IHSX3077				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3038	IHSX3078				
			Single	\$479.95	\$509.68	\$29.73	6.19%
			Double	\$959.89	\$1,019.36	\$59.47	6.20%
			Emp/Child(ren)	\$815.91	\$866.46	\$50.55	6.20%
Silver	HMO	IHSX3041	IHSX3063				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3042	IHSX3064				
			Single	\$479.95	\$509.68	\$29.73	6.19%
			Double	\$959.89	\$1,019.36	\$59.47	6.20%
			Emp/Child(ren)	\$815.91	\$866.46	\$50.55	6.20%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
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			Single	\$468.80	\$508.78	\$39.98	8.53%
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Silver	HMO	IHSX3045	IHSX3079				
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			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
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			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
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			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
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			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
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			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
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			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
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			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
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			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
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			Single	\$468.80	\$508.78	\$39.98	8.53%
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			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93	\$67.97	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$468.80	\$508.78	\$39.98	8.53%
			Double	\$937.61	\$1,017.56	\$79.95	8.53%
			Emp/Child(ren)	\$796.96	\$864.93		



**Capital District Physicians' Health Plan**

**Mid-Hudson**

**Individual R:3**

**Proposed Premium Rates Effective 1/1/2014**

Metal Tier	Product Line	Old Name	New Name	\$2,014.00	2015	2015	2015
				01/01/2014-12/31/2014	01/01/2015-12/31/2015	Amount of	Percent
				Current	Proposed	Adjustment	Change
				Rate	Rate		
Platinum	HMO	IHPX1001	IHPX1007				
			Single	\$693.53	\$794.12	\$100.59	14.50%
			Double	\$1,387.05	\$1,588.24	\$201.19	14.50%
			Emp/Child(ren)	\$1,178.99	\$1,350.01	\$171.02	14.51%
Platinum	HMO	IHPX1002	IHPX1008				
			Single	\$704.55	\$808.51	\$103.96	14.76%
			Double	\$1,409.10	\$1,617.03	\$207.93	14.76%
			Emp/Child(ren)	\$1,197.73	\$1,374.47	\$176.74	14.76%
Platinum	HMO	IHPX1003	IHPX1009				
			Single	\$716.06	\$800.25	\$84.19	11.76%
			Double	\$1,432.12	\$1,600.50	\$168.38	11.76%
			Emp/Child(ren)	\$1,217.31	\$1,360.42	\$143.11	11.76%
Gold	HMO	IHGX2001	IHGX2009				
			Single	\$608.70	\$671.82	\$63.12	10.37%
			Double	\$1,217.39	\$1,343.65	\$126.26	10.37%
			Emp/Child(ren)	\$1,034.78	\$1,142.10	\$107.32	10.37%
Gold	HMO	IHGX2002	IHGX2007				
			Single	\$627.59	\$675.79	\$48.20	7.68%
			Double	\$1,255.19	\$1,351.58	\$96.39	7.68%
			Emp/Child(ren)	\$1,066.91	\$1,148.84	\$81.93	7.68%
Gold	HMO	IHGX2003	IHGX2010				
			Single	\$601.11	\$701.83	\$100.72	16.76%
			Double	\$1,202.22	\$1,403.66	\$201.44	16.76%
			Emp/Child(ren)	\$1,021.88	\$1,193.11	\$171.23	16.76%
Silver	HMO	IHSX3001	IHSX3069				
			Single	\$517.91	\$582.28	\$64.37	12.43%
			Double	\$1,035.82	\$1,164.56	\$128.74	12.43%
			Emp/Child(ren)	\$880.45	\$989.88	\$109.43	12.43%
Silver	HMO	IHSX3002	IHSX3070				
			Single	\$517.91	\$582.28	\$64.37	12.43%
			Double	\$1,035.82	\$1,164.56	\$128.74	12.43%
			Emp/Child(ren)	\$880.45	\$989.88	\$109.43	12.43%
Gold	HMO	IHSX3003	IHSX3071				
			Single	\$517.91	\$582.28	\$64.37	12.43%
			Double	\$1,035.82	\$1,164.56	\$128.74	12.43%
			Emp/Child(ren)	\$880.45	\$989.88	\$109.43	12.43%
Platinum	HMO	IHSX3004	IHSX3072				
			Single	\$517.91	\$582.28	\$64.37	12.43%
			Double	\$1,035.82	\$1,164.56	\$128.74	12.43%
			Emp/Child(ren)	\$880.45	\$989.88	\$109.43	12.43%
Silver	HMO	IHSX3005	IHSX3059				
			Single	\$529.98	\$600.61	\$70.63	13.33%
			Double	\$1,059.96	\$1,201.23	\$141.27	13.33%
			Emp/Child(ren)	\$900.97	\$1,021.05	\$120.08	13.33%
Silver	HDHMO	IHSX3006	IHSX3060				
			Single	\$519.99	\$589.07	\$69.08	13.28%
			Double	\$1,039.97	\$1,178.14	\$138.17	13.29%
			Emp/Child(ren)	\$883.97	\$1,001.42	\$117.45	13.29%
Bronze	HDHMO	IHBX4001	IHBX4021				
			Single	\$442.41	\$498.95	\$56.54	12.78%
			Double	\$884.82	\$997.90	\$113.08	12.78%
			Emp/Child(ren)	\$752.10	\$848.22	\$96.12	12.78%
Bronze	HDHMO	IHBX4002	IHBX4017				
			Single	\$431.75	\$488.56	\$56.81	13.16%
			Double	\$863.49	\$977.12	\$113.63	13.16%
			Emp/Child(ren)	\$733.97	\$830.55	\$96.58	13.16%
			Family	\$1,230.48	\$1,392.40	\$161.92	13.16%

**Capital District Physicians' Health Plan**

Mid-Hudson

Individual R:3

Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	\$2,014.00	2015	2015	2015
				01/01/2014-12/31/2014	01/01/2015-12/31/2015	Amount of	Percent
				Current Rate	Proposed Rate	Adjustment	Change
Bronze	HDHMO	IHBX4003	IHBX4018				
			Single	\$416.75	\$474.82	\$58.07	13.93%
			Double	\$833.49	\$949.64	\$116.15	13.94%
			Emp/Child(ren)	\$708.47	\$807.20	\$98.73	13.94%
Bronze	HDHMO	IHCX5001	IHCX5002				
			Single	\$413.81	\$290.93	(\$122.88)	-29.69%
			Double	\$827.63	\$581.87	(\$245.76)	-29.69%
			Emp/Child(ren)	\$703.48	\$494.59	(\$208.89)	-29.69%
Platinum	HMO	IHNX6001	IHNX6003				
			Single	\$787.19	\$753.74	(\$33.45)	-4.25%
			Double	\$1,574.38	\$1,507.47	(\$66.91)	-4.25%
			Emp/Child(ren)	\$1,338.22	\$1,281.35	(\$56.87)	-4.25%
Platinum	HMO	IHPX1004	IHPX1010				
			Single	\$710.17	\$795.53	\$85.36	12.02%
			Double	\$1,420.34	\$1,591.05	\$170.71	12.02%
			Emp/Child(ren)	\$1,207.29	\$1,352.40	\$145.11	12.02%
Platinum	HMO	IHPX1005	IHPX1011				
			Single	\$721.46	\$809.94	\$88.48	12.26%
			Double	\$1,442.92	\$1,619.88	\$176.96	12.26%
			Emp/Child(ren)	\$1,226.48	\$1,376.90	\$150.42	12.26%
Platinum	HMO	IHPX1006	IHPX1012				
			Single	\$733.25	\$801.67	\$68.42	9.33%
			Double	\$1,466.49	\$1,603.33	\$136.84	9.33%
			Emp/Child(ren)	\$1,246.52	\$1,362.83	\$116.31	9.33%
Gold	HMO	IHGX2004	IHGX2011				
			Single	\$623.31	\$673.01	\$49.70	7.97%
			Double	\$1,246.61	\$1,346.03	\$99.42	7.98%
			Emp/Child(ren)	\$1,059.62	\$1,144.13	\$84.51	7.98%
Gold	HMO	IHGX2005	IHGX2008				
			Single	\$642.66	\$676.98	\$34.32	5.34%
			Double	\$1,285.31	\$1,353.96	\$68.65	5.34%
			Emp/Child(ren)	\$1,092.52	\$1,150.87	\$58.35	5.34%
Gold	HMO	IHGX2006	IHGX2012				
			Single	\$615.53	\$703.07	\$87.54	14.22%
			Double	\$1,231.07	\$1,406.14	\$175.07	14.22%
			Emp/Child(ren)	\$1,046.41	\$1,195.22	\$148.81	14.22%
Silver	HMO	IHSX3007	IHSX3073				
			Single	\$530.34	\$583.31	\$52.97	9.99%
			Double	\$1,060.68	\$1,166.62	\$105.94	9.99%
			Emp/Child(ren)	\$901.58	\$991.62	\$90.04	9.99%
Silver	HMO	IHSX3008	IHSX3074				
			Single	\$530.34	\$583.31	\$52.97	9.99%
			Double	\$1,060.68	\$1,166.62	\$105.94	9.99%
			Emp/Child(ren)	\$901.58	\$991.62	\$90.04	9.99%
Gold	HMO	IHSX3009	IHSX3075				
			Single	\$530.34	\$583.31	\$52.97	9.99%
			Double	\$1,060.68	\$1,166.62	\$105.94	9.99%
			Emp/Child(ren)	\$901.58	\$991.62	\$90.04	9.99%
Platinum	HMO	IHSX3010	IHSX3076				
			Single	\$530.34	\$583.31	\$52.97	9.99%
			Double	\$1,060.68	\$1,166.62	\$105.94	9.99%
			Emp/Child(ren)	\$901.58	\$991.62	\$90.04	9.99%
Silver	HMO	IHSX3011	IHSX3061				
			Single	\$542.58	\$601.68	\$59.10	10.89%
			Double	\$1,085.16	\$1,203.35	\$118.19	10.89%
			Emp/Child(ren)	\$922.38	\$1,022.85	\$100.47	10.89%
			Family	\$1,546.35	\$1,714.78	\$168.43	10.89%

**Capital District Physicians' Health Plan**

Mid-Hudson

Individual R:3

Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	\$2,014.00	2015	2015	2015
				01/01/2014-12/31/2014	01/01/2015-12/31/2015	Amount of	Percent
				Current	Proposed	Adjustment	Change
				Rate	Rate		
Silver	HDHMO	IHSX3012	IHSX3062				
			Single	\$532.46	\$590.11	\$57.65	10.83%
			Double	\$1,064.93	\$1,180.22	\$115.29	10.83%
			Emp/Child(ren)	\$905.19	\$1,003.18	\$97.99	10.83%
Bronze	HDHMO	IHBX4005	IHBX4019				
			Single	\$442.11	\$489.42	\$47.31	10.70%
			Double	\$884.22	\$978.85	\$94.63	10.70%
			Emp/Child(ren)	\$751.58	\$832.02	\$80.44	10.70%
Bronze	HDHMO	IHBX4006	IHBX4020				
			Single	\$426.75	\$475.66	\$48.91	11.46%
			Double	\$853.50	\$951.32	\$97.82	11.46%
			Emp/Child(ren)	\$725.47	\$808.62	\$83.15	11.46%
Platinum	HMO	IHNX6002	IHNX6004				
			Single	\$806.08	\$755.07	(\$51.01)	-6.33%
			Double	\$1,612.16	\$1,510.14	(\$102.02)	-6.33%
			Emp/Child(ren)	\$1,370.34	\$1,283.62	(\$86.72)	-6.33%
Platinum	HMO	IHPXC005	IHPXC012				
			Single	\$285.73	\$239.90	(\$45.83)	-16.04%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Gold	HMO	IHGXC006	IHPXC013				
			Single	\$250.78	\$205.57	(\$45.21)	-18.03%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Silver	HMO	IHSXC007	IHPXC014				
			Single	\$213.38	\$276.79	\$63.41	29.72%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Bronze	HDHMO	IHBXC008	IHPXC018				
			Single	\$182.27	\$327.18	\$144.91	79.50%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Bronze	HDHMO	IHBX4016	IHBX4022				
			Single	\$453.03	\$499.84	\$46.81	10.33%
			Double	\$906.06	\$999.67	\$93.61	10.33%
			Emp/Child(ren)	\$770.15	\$849.72	\$79.57	10.33%
Silver	HMO	IHSX3037	IHSX3077				
			Single	\$529.98	\$600.61	\$70.63	13.33%
			Double	\$1,059.96	\$1,201.23	\$141.27	13.33%
			Emp/Child(ren)	\$900.97	\$1,021.05	\$120.08	13.33%
Silver	HMO	IHSX3038	IHSX3078				
			Single	\$542.58	\$601.68	\$59.10	10.89%
			Double	\$1,085.16	\$1,203.35	\$118.19	10.89%
			Emp/Child(ren)	\$922.38	\$1,022.85	\$100.47	10.89%
Silver	HMO	IHSX3041	IHSX3063				
			Single	\$529.98	\$600.61	\$70.63	13.33%
			Double	\$1,059.96	\$1,201.23	\$141.27	13.33%
			Emp/Child(ren)	\$900.97	\$1,021.05	\$120.08	13.33%
Silver	HMO	IHSX3042	IHSX3064				
			Single	\$542.58	\$601.68	\$59.10	10.89%
			Double	\$1,085.16	\$1,203.35	\$118.19	10.89%
			Emp/Child(ren)	\$922.38	\$1,022.85	\$100.47	10.89%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$529.98	\$600.61	\$70.63	13.33%
			Double	\$1,059.96	\$1,201.23	\$141.27	13.33%
			Emp/Child(ren)	\$900.97	\$1,021.05	\$120.08	13.33%
			Single	\$1,510.45	\$1,711.75	\$201.30	13.33%
			Double	\$1,510.45	\$1,711.75	\$201.30	13.33%
			Emp/Child(ren)	\$900.97	\$1,021.05	\$120.08	13.33%
			Single	\$1,510.45	\$1,711.75	\$201.30	13.33%
			Double	\$1,510.45	\$1,711.75	\$201.30	13.33%
			Emp/Child(ren)	\$900.97	\$1,021.05	\$120.08	13.33%

**Capital District Physicians' Health Plan**

Mid-Hudson

Individual R:3

Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	\$2,014.00	2015	2015	2015
				01/01/2014-12/31/2014	01/01/2015-12/31/2015	Amount of	Percent
				Current	Proposed	Adjustment	Change
				Rate	Rate		
Silver	HMO	IHSX3046	IHSX3080				
			Single	\$542.58	\$601.68	\$59.10	10.89%
			Double	\$1,085.16	\$1,203.35	\$118.19	10.89%
			Emp/Child(ren)	\$922.38	\$1,022.85	\$100.47	10.89%
Silver	HMO	IHSX3049	IHSX3065				
			Single	\$519.99	\$589.07	\$69.08	13.28%
			Double	\$1,039.97	\$1,178.14	\$138.17	13.29%
			Emp/Child(ren)	\$883.97	\$1,001.42	\$117.45	13.29%
Silver	HMO	IHSX3050	IHSX3066				
			Single	\$532.46	\$590.11	\$57.65	10.83%
			Double	\$1,064.93	\$1,180.22	\$115.29	10.83%
			Emp/Child(ren)	\$905.19	\$1,003.18	\$97.99	10.83%
Silver	HMO	IHSX3053	IHSX3067				
			Single	\$519.99	\$589.07	\$69.08	13.28%
			Double	\$1,039.97	\$1,178.14	\$138.17	13.29%
			Emp/Child(ren)	\$883.97	\$1,001.42	\$117.45	13.29%
Silver	HMO	IHSX3054	IHSX3068				
			Single	\$532.46	\$590.11	\$57.65	10.83%
			Double	\$1,064.93	\$1,180.22	\$115.29	10.83%
			Emp/Child(ren)	\$905.19	\$1,003.18	\$97.99	10.83%
Silver	HMO	IHSX3057	IHSX3081				
			Single	\$519.99	\$589.07	\$69.08	13.28%
			Double	\$1,039.97	\$1,178.14	\$138.17	13.29%
			Emp/Child(ren)	\$883.97	\$1,001.42	\$117.45	13.29%
Silver	HMO	IHSX3058	IHSX3082				
			Single	\$532.46	\$590.11	\$57.65	10.83%
			Double	\$1,064.93	\$1,180.22	\$115.29	10.83%
			Emp/Child(ren)	\$905.19	\$1,003.18	\$97.99	10.83%
Silver	HMO	IHSXC009	IHSXC015				
			Single	\$285.73	\$239.90	(\$45.83)	-16.04%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Silver	HMO	IHSXC010	IHPXC016				
			Single	\$285.73	\$239.90	(\$45.83)	-16.04%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Silver	HMO	IHSXC011	IHPXC017				
			Single	\$285.73	\$239.90	(\$45.83)	-16.04%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
			Family	N/A	N/A	N/A	N/A

**Capital District Physicians' Health Plan**  
**Syracuse Region**  
**Individual R. 3**  
**Proposed Premium Rates Effective 1/1/2014**

Metal Tier	Product Line	Old Name	New Name	\$2,014.00	2015	2015	2015
				01/01/2014-12/31/2014	01/01/2015-12/31/2015	Amount of	Percent
				Current	Proposed	Adjustment	Change
				Rate	Rate		
Platinum	HMO	IHPX1001	IHPX1007				
			Single	\$688.00	\$754.43	\$66.43	9.66%
			Double	\$1,376.01	\$1,508.87	\$132.86	9.66%
			Emp/Child(ren)	\$1,169.61	\$1,282.54	\$112.93	9.66%
Platinum	HMO	IHPX1002	IHPX1008				
			Single	\$698.94	\$768.10	\$69.16	9.89%
			Double	\$1,397.88	\$1,536.21	\$138.33	9.90%
			Emp/Child(ren)	\$1,188.20	\$1,305.78	\$117.58	9.90%
Platinum	HMO	IHPX1003	IHPX1009				
			Single	\$710.36	\$760.25	\$49.89	7.02%
			Double	\$1,420.72	\$1,520.51	\$99.79	7.02%
			Emp/Child(ren)	\$1,207.61	\$1,292.43	\$84.82	7.02%
Gold	HMO	IHGX2001	IHGX2009				
			Single	\$603.85	\$638.25	\$34.40	5.70%
			Double	\$1,207.70	\$1,276.49	\$68.79	5.70%
			Emp/Child(ren)	\$1,026.55	\$1,085.02	\$58.47	5.70%
Gold	HMO	IHGX2002	IHGX2007				
			Single	\$622.60	\$642.01	\$19.41	3.12%
			Double	\$1,245.20	\$1,284.03	\$38.83	3.12%
			Emp/Child(ren)	\$1,058.42	\$1,091.42	\$33.00	3.12%
Gold	HMO	IHGX2003	IHGX2010				
			Single	\$596.32	\$666.75	\$70.43	11.81%
			Double	\$1,192.65	\$1,333.51	\$140.86	11.81%
			Emp/Child(ren)	\$1,013.75	\$1,133.48	\$119.73	11.81%
Silver	HMO	IHSX3001	IHSX3069				
			Single	\$513.79	\$553.18	\$39.39	7.67%
			Double	\$1,027.57	\$1,106.36	\$78.79	7.67%
			Emp/Child(ren)	\$873.44	\$940.41	\$66.97	7.67%
Silver	HMO	IHSX3002	IHSX3070				
			Single	\$513.79	\$553.18	\$39.39	7.67%
			Double	\$1,027.57	\$1,106.36	\$78.79	7.67%
			Emp/Child(ren)	\$873.44	\$940.41	\$66.97	7.67%
Gold	HMO	IHSX3003	IHSX3071				
			Single	\$513.79	\$553.18	\$39.39	7.67%
			Double	\$1,027.57	\$1,106.36	\$78.79	7.67%
			Emp/Child(ren)	\$873.44	\$940.41	\$66.97	7.67%
Platinum	HMO	IHSX3004	IHSX3072				
			Single	\$513.79	\$553.18	\$39.39	7.67%
			Double	\$1,027.57	\$1,106.36	\$78.79	7.67%
			Emp/Child(ren)	\$873.44	\$940.41	\$66.97	7.67%
Silver	HMO	IHSX3005	IHSX3059				
			Single	\$525.76	\$570.60	\$44.84	8.53%
			Double	\$1,051.52	\$1,141.19	\$89.67	8.53%
			Emp/Child(ren)	\$893.80	\$970.01	\$76.21	8.53%
Silver	HDHMO	IHSX3006	IHSX3060				
			Single	\$515.85	\$559.63	\$43.78	8.49%
			Double	\$1,031.69	\$1,119.26	\$87.57	8.49%
			Emp/Child(ren)	\$876.94	\$951.37	\$74.43	8.49%
Bronze	HDHMO	IHBX4001	IHBX4021				
			Single	\$438.89	\$474.01	\$35.12	8.00%
			Double	\$877.78	\$948.03	\$70.25	8.00%
			Emp/Child(ren)	\$746.11	\$805.82	\$59.71	8.00%
Bronze	HDHMO	IHBX4002	IHBX4017				
			Single	\$428.31	\$464.14	\$35.83	8.37%
			Double	\$856.62	\$928.29	\$71.67	8.37%
			Emp/Child(ren)	\$728.13	\$789.04	\$60.91	8.37%
			Family	\$1,250.84	\$1,350.94	\$100.10	8.00%
			Family	\$1,220.68	\$1,322.81	\$102.13	8.37%

**Capital District Physicians' Health Plan**  
**Syracuse Region**  
**Individual R. 3**

**Proposed Premium Rates Effective 1/1/2014**

Metal Tier	Product Line	Old Name	New Name	\$2,014.00	2015	2015	2015
				01/01/2014-12/31/2014	01/01/2015-12/31/2015	Amount of	Percent
				Current	Proposed	Adjustment	Change
				Rate	Rate		
Bronze	HDHMO	IHBX4003	IHBX4018				
			Single	\$413.43	\$451.09	\$37.66	9.11%
			Double	\$826.86	\$902.18	\$75.32	9.11%
			Emp/Child(ren)	\$702.83	\$766.85	\$64.02	9.11%
Bronze	HDHMO	IHCX5001	IHCX5002				
			Single	\$410.52	\$276.39	(\$134.13)	-32.67%
			Double	\$821.04	\$552.79	(\$268.25)	-32.67%
			Emp/Child(ren)	\$697.88	\$469.87	(\$228.01)	-32.67%
Platinum	HMO	IHNX6001	IHNX6003				
			Single	\$780.92	\$716.07	(\$64.85)	-8.30%
			Double	\$1,561.84	\$1,432.13	(\$129.71)	-8.30%
			Emp/Child(ren)	\$1,327.57	\$1,217.31	(\$110.26)	-8.31%
Platinum	HMO	IHPX1004	IHPX1010				
			Single	\$704.52	\$755.77	\$51.25	7.27%
			Double	\$1,409.03	\$1,511.54	\$102.51	7.28%
			Emp/Child(ren)	\$1,197.68	\$1,284.81	\$87.13	7.27%
Platinum	HMO	IHPX1005	IHPX1011				
			Single	\$715.72	\$769.46	\$53.74	7.51%
			Double	\$1,431.43	\$1,538.92	\$107.49	7.51%
			Emp/Child(ren)	\$1,216.72	\$1,308.08	\$91.36	7.51%
Platinum	HMO	IHPX1006	IHPX1012				
			Single	\$727.41	\$761.60	\$34.19	4.70%
			Double	\$1,454.82	\$1,523.20	\$68.38	4.70%
			Emp/Child(ren)	\$1,236.60	\$1,294.72	\$58.12	4.70%
Gold	HMO	IHGX2004	IHGX2011				
			Single	\$618.34	\$639.38	\$21.04	3.40%
			Double	\$1,236.69	\$1,278.76	\$42.07	3.40%
			Emp/Child(ren)	\$1,051.18	\$1,086.94	\$35.76	3.40%
Gold	HMO	IHGX2005	IHGX2008				
			Single	\$637.54	\$643.15	\$5.61	0.88%
			Double	\$1,275.08	\$1,286.29	\$11.21	0.88%
			Emp/Child(ren)	\$1,083.82	\$1,093.35	\$9.53	0.88%
Gold	HMO	IHGX2006	IHGX2012				
			Single	\$610.63	\$667.93	\$57.30	9.38%
			Double	\$1,221.27	\$1,335.86	\$114.59	9.38%
			Emp/Child(ren)	\$1,038.08	\$1,135.48	\$97.40	9.38%
Silver	HMO	IHSX3007	IHSX3073				
			Single	\$526.12	\$554.16	\$28.04	5.33%
			Double	\$1,052.24	\$1,108.31	\$56.07	5.33%
			Emp/Child(ren)	\$894.40	\$942.06	\$47.66	5.33%
Silver	HMO	IHSX3008	IHSX3074				
			Single	\$526.12	\$554.16	\$28.04	5.33%
			Double	\$1,052.24	\$1,108.31	\$56.07	5.33%
			Emp/Child(ren)	\$894.40	\$942.06	\$47.66	5.33%
Gold	HMO	IHSX3009	IHSX3075				
			Single	\$526.12	\$554.16	\$28.04	5.33%
			Double	\$1,052.24	\$1,108.31	\$56.07	5.33%
			Emp/Child(ren)	\$894.40	\$942.06	\$47.66	5.33%
Platinum	HMO	IHSX3010	IHSX3076				
			Single	\$526.12	\$554.16	\$28.04	5.33%
			Double	\$1,052.24	\$1,108.31	\$56.07	5.33%
			Emp/Child(ren)	\$894.40	\$942.06	\$47.66	5.33%
Silver	HMO	IHSX3011	IHSX3061				
			Single	\$538.26	\$571.61	\$33.35	6.20%
			Double	\$1,076.52	\$1,143.21	\$66.69	6.19%
			Emp/Child(ren)	\$915.04	\$971.73	\$56.69	6.20%
				\$1,534.04	\$1,629.08	\$95.04	6.20%

**Capital District Physicians' Health Plan**  
**Syracuse Region**  
**Individual R. 3**

**Proposed Premium Rates Effective 1/1/2014**

Metal Tier	Product Line	Old Name	New Name	\$2,014.00	2015	2015	2015
				01/01/2014-12/31/2014	01/01/2015-12/31/2015	Amount of	Percent
				Current	Proposed	Adjustment	Change
				Rate	Rate		
Silver	HDHMO	IHSX3012	IHSX3062				
			Single	\$528.23	\$560.62	\$32.39	6.13%
			Double	\$1,056.45	\$1,121.23	\$64.78	6.13%
			Emp/Child(ren)	\$897.98	\$953.05	\$55.07	6.13%
Bronze	HDHMO	IHBX4005	IHBX4019				
			Single	\$438.59	\$464.96	\$26.37	6.01%
			Double	\$877.18	\$929.93	\$52.75	6.01%
			Emp/Child(ren)	\$745.60	\$790.44	\$44.84	6.01%
Bronze	HDHMO	IHBX4006	IHBX4020				
			Single	\$423.35	\$451.89	\$28.54	6.74%
			Double	\$846.70	\$903.77	\$57.07	6.74%
			Emp/Child(ren)	\$719.70	\$768.21	\$48.51	6.74%
Platinum	HMO	IHNX6002	IHNX6004				
			Single	\$799.66	\$717.33	(\$82.33)	-10.30%
			Double	\$1,599.33	\$1,434.67	(\$164.66)	-10.30%
			Emp/Child(ren)	\$1,359.43	\$1,219.47	(\$139.96)	-10.30%
Platinum	HMO	IHPXC005	IHPXC012				
			Single	\$283.46	\$227.91	(\$55.55)	-19.60%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Gold	HMO	IHGXC006	IHPXC013				
			Single	\$248.79	\$195.30	(\$53.49)	-21.50%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Silver	HMO	IHSXC007	IHPXC014				
			Single	\$211.68	\$262.96	\$51.28	24.23%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Bronze	HDHMO	IHBXC008	IHPXC018				
			Single	\$180.82	\$310.82	\$130.00	71.89%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Bronze	HDHMO	IHBX4016	IHBX4022				
			Single	\$449.42	\$474.85	\$25.43	5.66%
			Double	\$898.85	\$949.71	\$50.86	5.66%
			Emp/Child(ren)	\$764.02	\$807.25	\$43.23	5.66%
Silver	HMO	IHSX3037	IHSX3077				
			Single	\$525.76	\$570.60	\$44.84	8.53%
			Double	\$1,051.52	\$1,141.19	\$89.67	8.53%
			Emp/Child(ren)	\$893.80	\$970.01	\$76.21	8.53%
Silver	HMO	IHSX3038	IHSX3078				
			Single	\$538.26	\$571.61	\$33.35	6.20%
			Double	\$1,076.52	\$1,143.21	\$66.69	6.19%
			Emp/Child(ren)	\$915.04	\$971.73	\$56.69	6.20%
Silver	HMO	IHSX3041	IHSX3063				
			Single	\$525.76	\$570.60	\$44.84	8.53%
			Double	\$1,051.52	\$1,141.19	\$89.67	8.53%
			Emp/Child(ren)	\$893.80	\$970.01	\$76.21	8.53%
Silver	HMO	IHSX3042	IHSX3064				
			Single	\$538.26	\$571.61	\$33.35	6.20%
			Double	\$1,076.52	\$1,143.21	\$66.69	6.19%
			Emp/Child(ren)	\$915.04	\$971.73	\$56.69	6.20%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$525.76	\$570.60	\$44.84	8.53%
			Double	\$1,051.52	\$1,141.19	\$89.67	8.53%
			Emp/Child(ren)	\$893.80	\$970.01	\$76.21	8.53%
			IHSX3045				
			Single	\$1,498.42	\$1,626.20	\$127.78	8.53%
			Double				
			Emp/Child(ren)				



**Capital District Physicians' Health Plan**  
**Utica/Watertown Region**  
**Individual R:3**

**Proposed Premium Rates Effective 1/1/2014**

Metal Tier	Product Line	Old Name	New Name	\$2,014.00	2015	2015	2015
				01/01/2014-12/31/2014	01/01/2015-12/31/2015	Amount of	Percent
				Current Rate	Proposed Rate	Adjustment	Change
Platinum	HMO	IHPX1001	IHPX1007				
			Single	\$660.77	\$724.57	\$63.80	9.66%
			Double	\$1,321.53	\$1,449.13	\$127.60	9.66%
			Emp/Child(ren)	\$1,123.30	\$1,231.76	\$108.46	9.66%
Platinum	HMO	IHPX1002	IHPX1008				
			Single	\$671.27	\$737.70	\$66.43	9.90%
			Double	\$1,342.54	\$1,475.39	\$132.85	9.90%
			Emp/Child(ren)	\$1,141.16	\$1,254.08	\$112.92	9.90%
Platinum	HMO	IHPX1003	IHPX1009				
			Single	\$682.24	\$730.16	\$47.92	7.02%
			Double	\$1,364.48	\$1,460.31	\$95.83	7.02%
			Emp/Child(ren)	\$1,159.81	\$1,241.26	\$81.45	7.02%
Gold	HMO	IHGX2001	IHGX2009				
			Single	\$579.94	\$612.98	\$33.04	5.70%
			Double	\$1,159.89	\$1,225.96	\$66.07	5.70%
			Emp/Child(ren)	\$985.90	\$1,042.06	\$56.16	5.70%
Gold	HMO	IHGX2002	IHGX2007				
			Single	\$597.95	\$616.60	\$18.65	3.12%
			Double	\$1,195.90	\$1,233.19	\$37.29	3.12%
			Emp/Child(ren)	\$1,016.51	\$1,048.21	\$31.70	3.12%
Gold	HMO	IHGX2003	IHGX2010				
			Single	\$572.71	\$640.36	\$67.65	11.81%
			Double	\$1,145.43	\$1,280.72	\$135.29	11.81%
			Emp/Child(ren)	\$973.61	\$1,088.61	\$115.00	11.81%
Silver	HMO	IHSX3001	IHSX3069				
			Single	\$493.45	\$531.28	\$37.83	7.67%
			Double	\$986.89	\$1,062.56	\$75.67	7.67%
			Emp/Child(ren)	\$838.86	\$903.18	\$64.32	7.67%
Silver	HMO	IHSX3002	IHSX3070				
			Single	\$493.45	\$531.28	\$37.83	7.67%
			Double	\$986.89	\$1,062.56	\$75.67	7.67%
			Emp/Child(ren)	\$838.86	\$903.18	\$64.32	7.67%
Gold	HMO	IHSX3003	IHSX3071				
			Single	\$493.45	\$531.28	\$37.83	7.67%
			Double	\$986.89	\$1,062.56	\$75.67	7.67%
			Emp/Child(ren)	\$838.86	\$903.18	\$64.32	7.67%
Platinum	HMO	IHSX3004	IHSX3072				
			Single	\$493.45	\$531.28	\$37.83	7.67%
			Double	\$986.89	\$1,062.56	\$75.67	7.67%
			Emp/Child(ren)	\$838.86	\$903.18	\$64.32	7.67%
Silver	HMO	IHSX3005	IHSX3059				
			Single	\$504.95	\$548.01	\$43.06	8.53%
			Double	\$1,009.89	\$1,096.01	\$86.12	8.53%
			Emp/Child(ren)	\$858.41	\$931.61	\$73.20	8.53%
Silver	HDHMO	IHSX3006	IHSX3060				
			Single	\$495.42	\$537.47	\$42.05	8.49%
			Double	\$990.85	\$1,074.95	\$84.10	8.49%
			Emp/Child(ren)	\$842.22	\$913.70	\$71.48	8.49%
Bronze	HDHMO	IHBX4001	IHBX4021				
			Single	\$421.51	\$455.25	\$33.74	8.00%
			Double	\$843.03	\$910.49	\$67.46	8.00%
			Emp/Child(ren)	\$716.57	\$773.92	\$57.35	8.00%
Bronze	HDHMO	IHBX4002	IHBX4017				
			Single	\$411.35	\$445.77	\$34.42	8.37%
			Double	\$822.71	\$891.54	\$68.83	8.37%
			Emp/Child(ren)	\$699.30	\$757.81	\$58.51	8.37%
			Family	\$1,201.32	\$1,297.45	\$96.13	8.00%
			Family	\$1,172.36	\$1,270.44	\$98.08	8.37%

**Capital District Physicians' Health Plan**  
**Utica/Watertown Region**  
**Individual R:3**

**Proposed Premium Rates Effective 1/1/2014**

Metal Tier	Product Line	Old Name	New Name	\$2,014.00	2015	2015	2015
				01/01/2014-12/31/2014	01/01/2015-12/31/2015	Amount of	Percent
				Current Rate	Proposed Rate	Adjustment	Change
Bronze	HDHMO	IHBX4003	IHBX4018				
			Single	\$397.06	\$433.23	\$36.17	9.11%
			Double	\$794.12	\$866.46	\$72.34	9.11%
			Emp/Child(ren)	\$675.00	\$736.49	\$61.49	9.11%
Bronze	HDHMO	IHCX5001	IHCX5002				
			Single	\$394.27	\$265.45	(\$128.82)	-32.67%
			Double	\$788.53	\$530.90	(\$257.63)	-32.67%
			Emp/Child(ren)	\$670.25	\$451.27	(\$218.98)	-32.67%
Platinum	HMO	IHNX6001	IHNX6003				
			Single	\$750.01	\$687.72	(\$62.29)	-8.31%
			Double	\$1,500.01	\$1,375.44	(\$124.57)	-8.30%
			Emp/Child(ren)	\$1,275.01	\$1,169.12	(\$105.89)	-8.31%
Platinum	HMO	IHPX1004	IHPX1010				
			Single	\$676.62	\$725.85	\$49.23	7.28%
			Double	\$1,353.25	\$1,451.69	\$98.44	7.27%
			Emp/Child(ren)	\$1,150.26	\$1,233.94	\$83.68	7.27%
Platinum	HMO	IHPX1005	IHPX1011				
			Single	\$687.38	\$739.00	\$51.62	7.51%
			Double	\$1,374.76	\$1,478.00	\$103.24	7.51%
			Emp/Child(ren)	\$1,168.55	\$1,256.30	\$87.75	7.51%
Platinum	HMO	IHPX1006	IHPX1012				
			Single	\$698.61	\$731.45	\$32.84	4.70%
			Double	\$1,397.22	\$1,462.90	\$65.68	4.70%
			Emp/Child(ren)	\$1,187.64	\$1,243.46	\$55.82	4.70%
Gold	HMO	IHGX2004	IHGX2011				
			Single	\$593.86	\$614.07	\$20.21	3.40%
			Double	\$1,187.73	\$1,228.13	\$40.40	3.40%
			Emp/Child(ren)	\$1,009.57	\$1,043.91	\$34.34	3.40%
Gold	HMO	IHGX2005	IHGX2008				
			Single	\$612.30	\$617.68	\$5.38	0.88%
			Double	\$1,224.60	\$1,235.37	\$10.77	0.88%
			Emp/Child(ren)	\$1,040.91	\$1,050.06	\$9.15	0.88%
Gold	HMO	IHGX2006	IHGX2012				
			Single	\$586.46	\$641.49	\$55.03	9.38%
			Double	\$1,172.92	\$1,282.98	\$110.06	9.38%
			Emp/Child(ren)	\$996.98	\$1,090.53	\$93.55	9.38%
Silver	HMO	IHSX3007	IHSX3073				
			Single	\$505.29	\$532.22	\$26.93	5.33%
			Double	\$1,010.58	\$1,064.43	\$53.85	5.33%
			Emp/Child(ren)	\$858.99	\$904.77	\$45.78	5.33%
Silver	HMO	IHSX3008	IHSX3074				
			Single	\$505.29	\$532.22	\$26.93	5.33%
			Double	\$1,010.58	\$1,064.43	\$53.85	5.33%
			Emp/Child(ren)	\$858.99	\$904.77	\$45.78	5.33%
Gold	HMO	IHSX3009	IHSX3075				
			Single	\$505.29	\$532.22	\$26.93	5.33%
			Double	\$1,010.58	\$1,064.43	\$53.85	5.33%
			Emp/Child(ren)	\$858.99	\$904.77	\$45.78	5.33%
Platinum	HMO	IHSX3010	IHSX3076				
			Single	\$505.29	\$532.22	\$26.93	5.33%
			Double	\$1,010.58	\$1,064.43	\$53.85	5.33%
			Emp/Child(ren)	\$858.99	\$904.77	\$45.78	5.33%
Silver	HMO	IHSX3011	IHSX3061				
			Single	\$516.95	\$548.98	\$32.03	6.20%
			Double	\$1,033.90	\$1,097.95	\$64.05	6.19%
			Emp/Child(ren)	\$878.82	\$933.26	\$54.44	6.19%
			Family	\$1,473.31	\$1,564.58	\$91.27	6.19%

**Capital District Physicians' Health Plan**  
**Utica/Watertown Region**  
**Individual R:3**

**Proposed Premium Rates Effective 1/1/2014**

Metal Tier	Product Line	Old Name	New Name	\$2,014.00	2015	2015	2015
				01/01/2014-12/31/2014	01/01/2015-12/31/2015	Amount of	Percent
				Current Rate	Proposed Rate	Adjustment	Change
Silver	HDHMO	IHSX3012	IHSX3062				
			Single	\$507.31	\$538.42	\$31.11	6.13%
			Double	\$1,014.63	\$1,076.84	\$62.21	6.13%
			Emp/Child(ren)	\$862.43	\$915.32	\$52.89	6.13%
Bronze	HDHMO	IHBX4005	IHBX4019				
			Single	\$421.23	\$446.55	\$25.32	6.01%
			Double	\$842.45	\$893.11	\$50.66	6.01%
			Emp/Child(ren)	\$716.08	\$759.14	\$43.06	6.01%
Bronze	HDHMO	IHBX4006	IHBX4020				
			Single	\$406.59	\$434.00	\$27.41	6.74%
			Double	\$813.18	\$867.99	\$54.81	6.74%
			Emp/Child(ren)	\$691.20	\$737.79	\$46.59	6.74%
Platinum	HMO	IHNX6002	IHNX6004				
			Single	\$768.01	\$688.93	(\$79.08)	-10.30%
			Double	\$1,536.01	\$1,377.87	(\$158.14)	-10.30%
			Emp/Child(ren)	\$1,305.61	\$1,171.19	(\$134.42)	-10.30%
Platinum	HMO	IHPXC005	IHPXC012				
			Single	\$272.24	\$218.89	(\$53.35)	-19.60%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Gold	HMO	IHGX006	IHPXC013				
			Single	\$238.94	\$187.57	(\$51.37)	-21.50%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Silver	HMO	IHSXC007	IHPXC014				
			Single	\$203.30	\$252.55	\$49.25	24.23%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Bronze	HDHMO	IHBXC008	IHPXC018				
			Single	\$173.66	\$298.52	\$124.86	71.90%
			Double	N/A	N/A	N/A	N/A
			Emp/Child(ren)	N/A	N/A	N/A	N/A
Bronze	HDHMO	IHBX4016	IHBX4022				
			Single	\$431.63	\$456.05	\$24.42	5.66%
			Double	\$863.26	\$912.11	\$48.85	5.66%
			Emp/Child(ren)	\$733.77	\$775.29	\$41.52	5.66%
Silver	HMO	IHSX3037	IHSX3077				
			Single	\$504.95	\$548.01	\$43.06	8.53%
			Double	\$1,009.89	\$1,096.01	\$86.12	8.53%
			Emp/Child(ren)	\$858.41	\$931.61	\$73.20	8.53%
Silver	HMO	IHSX3038	IHSX3078				
			Single	\$516.95	\$548.98	\$32.03	6.20%
			Double	\$1,033.90	\$1,097.95	\$64.05	6.19%
			Emp/Child(ren)	\$878.82	\$933.26	\$54.44	6.19%
Silver	HMO	IHSX3041	IHSX3063				
			Single	\$504.95	\$548.01	\$43.06	8.53%
			Double	\$1,009.89	\$1,096.01	\$86.12	8.53%
			Emp/Child(ren)	\$858.41	\$931.61	\$73.20	8.53%
Silver	HMO	IHSX3042	IHSX3064				
			Single	\$516.95	\$548.98	\$32.03	6.20%
			Double	\$1,033.90	\$1,097.95	\$64.05	6.19%
			Emp/Child(ren)	\$878.82	\$933.26	\$54.44	6.19%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$504.95	\$548.01	\$43.06	8.53%
			Double	\$1,009.89	\$1,096.01	\$86.12	8.53%
			Emp/Child(ren)	\$858.41	\$931.61	\$73.20	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$504.95	\$548.01	\$43.06	8.53%
			Double	\$1,009.89	\$1,096.01	\$86.12	8.53%
			Emp/Child(ren)	\$858.41	\$931.61	\$73.20	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$504.95	\$548.01	\$43.06	8.53%
			Double	\$1,009.89	\$1,096.01	\$86.12	8.53%
			Emp/Child(ren)	\$858.41	\$931.61	\$73.20	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$504.95	\$548.01	\$43.06	8.53%
			Double	\$1,009.89	\$1,096.01	\$86.12	8.53%
			Emp/Child(ren)	\$858.41	\$931.61	\$73.20	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$504.95	\$548.01	\$43.06	8.53%
			Double	\$1,009.89	\$1,096.01	\$86.12	8.53%
			Emp/Child(ren)	\$858.41	\$931.61	\$73.20	8.53%
Silver	HMO	IHSX3045	IHSX3079				
			Single	\$504.95	\$548.01	\$43.06	8.53%
			Double	\$1,009.89	\$1,096.01	\$86.12	8.53%
			Emp/Child(ren)	\$858.41	\$931.61	\$73.20	8.53%





**Capital District Physicians' Health Plan**  
**3**  
**Conversion Factor Summary - 4-tier only**

**Individual**

IV. Conversion Factor

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
<u>Four Tier Premiums</u>						
Single	72.9%	1.00	0.729	1.000	0.729	
Double	17.5%	2.00	0.350	2.000	0.350	
Emp/Child(ren)	1.3%	2.55	0.032	1.700	0.021	
Family	8.3%	3.84	0.319	2.850	0.237	
Total 4T	100.0%		1.430		1.338	1.069
						<b>1.069</b>

**Capital District Physicians' Health Plan  
HMO Products  
Regional Area Factors**

*EXEMPTION FROM FOIL REQUESTED*

**V. Area Factors**

<b>2015 Rating Factors</b>				
<b>Rating Region</b>	<b>Region 1 (Albany Area)</b>	<b>Region 3 (Mid-Hudson Area)</b>	<b>Region 6 (Syracuse Area)</b>	<b>Region 7 (Utica/Watertown Area)</b>
<b>Regional Rating Factor</b>	<b>1.0000</b>	<b>1.1805</b>	<b>1.1215</b>	<b>1.0771</b>
<b>Counties:</b>	Albany Columbia Fulton Greene Montgomery Rensselaer Saratoga Schenectady Schoharie Warren Washington	Delaware Dutchess Orange Ulster	Broome Tioga	Essex Chenango Hamilton Herkimer Madison Oneida Otsego

**Capital District Physicians' Health Plan  
HMO Product  
Tier Factors**

**VI. Tier Factors**

<b>2015 Rating Factors</b>		
<b>Rating Method</b>	<b>Contract Type</b>	<b>Small Group</b>
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**

<i>Sample rate calculation for a individual on exchange benefit package in the Albany region</i>				
<b>Plan Code</b>	<b>Single</b>	<b>Double</b>	<b>Emp/Child(ren)</b>	<b>Family</b>
IHPX1007	\$672.70	\$ 1,345.40	\$ 1,143.59	\$ 1,917.20
<b>Final Rates</b>	<b>\$672.70</b>	<b>\$1,345.40</b>	<b>\$1,143.59</b>	<b>\$1,917.20</b>

## Capital District Physician's Health Plan, Inc. Individual Underwriting Guidelines

### Underwriting Guidelines

Eligible individuals must live in the CDPHP approved service area.  
CDPHP's service area encompasses the following counties:

<b>Rating Region</b>	<b>Counties</b>
Region 1 (Albany Area)	Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington
Region 3 (Mid-Hudson Area)	Delaware, Dutchess, Orange, Ulster
Region 6 (Syracuse Area)	Broome, Tioga
Region 7 (Utica/Watertown Area)	Chenango, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego

CDPHP does not medically underwrite its individual products.

Condition of coverage requires the timely payment of premiums.

**Capital District Physicians' Health Plan  
HMO Product**

**All policy forms in all regions**

**VIII. Expected Loss Ratio**

**84.15%**

**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.

**State:** New York **Filing Company:** Capital District Physicians Health Plan Inc  
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense  
**Product Name:** 2015 HMO Individual On-Renewal  
**Project Name/Number:** 2015/

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Memorandum/Actuarial Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	2. Actuarial Certification - Indiv On Exchange.pdf Actuarial Memorandum - Exhibits -Individual HMO On Exchange.pdf Data Reliance Letter.pdf 1. Actuarial Memorandum - Individual HMO On-Exchange.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2. Actuarial Certification - Indiv On Exchange.pdf Actuarial Memorandum - Exhibits -Individual HMO On Exchange.pdf Data Reliance Letter.pdf 1. Actuarial Memorandum - Individual HMO On-Exchange.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Value Calculations
<b>Comments:</b>	
<b>Attachment(s):</b>	AV Shots Individual HMO On.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 11-General Information
<b>Comments:</b>	
<b>Attachment(s):</b>	Exhibit 11 (On Exchange) 20140428.pdf Exhibit 11 (On Exchange) 20140428.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 13-Narrative Summary and Numerical Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	Exhibit 13a Indivi _On 2015 (Narrative Summary).pdf Exhibit 13b Indivi _On 2015 (Numerical Summary).pdf Exhibit 13b Indivi _On 2015 (Numerical Summary).xlsx
<b>Item Status:</b>	

**State:** New York **Filing Company:** Capital District Physicians Health Plan Inc  
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense  
**Product Name:** 2015 HMO Individual On-Renewal  
**Project Name/Number:** 2015/

<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 14A-Indiv Requested Percentage Changes
<b>Comments:</b>	
<b>Attachment(s):</b>	Exhibit 14A - Individual On.pdf Exhibit 14A - Individual On.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 15A-Indiv Distribution by Rate Adj Percentages
<b>Comments:</b>	
<b>Attachment(s):</b>	Exhibit 15A - Individual On (CDPHP).pdf Exhibit 15A - Individual On (CDPHP).xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 16-Summary of Policy Form & Product Changes
<b>Comments:</b>	
<b>Attachment(s):</b>	EXHIBIT 16 (On Exchange).pdf EXHIBIT 16 (On Exchange).xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 17-Claims Experience for 2011-13 (Sm Grps)
<b>Comments:</b>	
<b>Attachment(s):</b>	Exhibit 17 Individal On Exchange.pdf Exhibit 17 Individal On Exchange.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 18-Index Rate Plan-Design Development
<b>Comments:</b>	
<b>Attachment(s):</b>	Exhibit 18 Individual On Exchange Non-Standard.pdf Exhibit 18 Individual On Exchange Non-Standard.xlsx Exhibit 18 Individual On Exchange Standard.pdf Exhibit 18 Individual On Exchange Standard.xlsx Exhibit 18 Individual On Exchange - Ind Exp.pdf Exhibit 18 Individual On Exchange - Ind Exp.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

**State:** New York **Filing Company:** Capital District Physicians Health Plan Inc  
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense  
**Product Name:** 2015 HMO Individual On-Renewal  
**Project Name/Number:** 2015/

<b>Satisfied - Item:</b>	Exhibit 19-Claim Trend, Admin Expenses & Profit
<b>Comments:</b>	
<b>Attachment(s):</b>	Exhibit 19 (On Exchange).pdf Exhibit 19 (On Exchange).xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 20-HIOS ID Mapping
<b>Comments:</b>	
<b>Attachment(s):</b>	Exhibit 20 (On Exchange).pdf Exhibit 20 (On Exchange).xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 21A-Hospital Inpatient-Unit Costs
<b>Comments:</b>	
<b>Attachment(s):</b>	Exhibit 21A (On Exchange).pdf Exhibit 21A (On Exchange).xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 21B-Hospital Outpatient-Unit Costs
<b>Comments:</b>	
<b>Attachment(s):</b>	Exhibit 21B On Exchange.pdf Exhibit 21B On Exchange.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 22-Utilization Information
<b>Comments:</b>	
<b>Attachment(s):</b>	Exhibit 22 On Exchange.pdf Exhibit 22 On Exchange.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 23-Requested 2015 Premium Rates
<b>Comments:</b>	

**State:** New York **Filing Company:** Capital District Physicians Health Plan Inc  
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense  
**Product Name:** 2015 HMO Individual On-Renewal  
**Project Name/Number:** 2015/

<b>Attachment(s):</b>	Exhibit 23 - Individual On (CDPHP).pdf Exhibit 23 - Individual On (CDPHP).xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Initial Notice of Proposed Rate Adjustment
<b>Comments:</b>	
<b>Attachment(s):</b>	14-0803 Rate Adjust Individual Policyholder.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Final Notice of Proposed Rate Adjustment
<b>Comments:</b>	
<b>Attachment(s):</b>	13-1247 Individual Discontin 2nd APPROVED 10 25 13.pdf Albany Individual OFF Exchange Rate Sheet 11 11 13.pdf Mid-Hudson Individual OFF Exchange Rate Sheet 11 11 13.pdf Syracuse Individual OFF Exchange Rate Sheet 11 11 13.pdf Utica Individual OFF Exchange Rate Sheet 11 11 13.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Redacted Documents for Web Posting
<b>Comments:</b>	
<b>Attachment(s):</b>	Exhibit 11 (On Exchange) 20140428-REDACTED.pdf Exhibit 11 (On Exchange) 20140428-REDACTED.xlsx Exhibit 21B On Exchange REDACTED.pdf Exhibit 21B On Exchange REDACTED.xlsx Exhibit 21A (On Exchange) REDACTED.pdf Exhibit 21A (On Exchange) REDACTED.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	Unified_Rate_Review_Template v2.0.2 20140326 IND.pdf Unified_Rate_Review_Template v2.0.2 20140326 IND.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

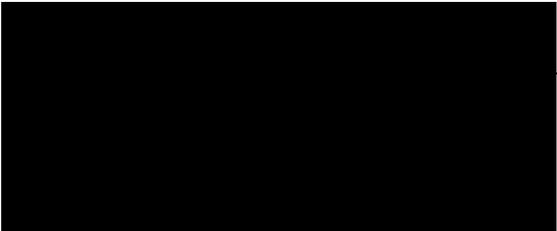
**Capital District Physicians' Health Plan, Inc.**  
**Premium Rate Filing**  
**FORM # 01-0001-2014, 01-0004-2014, 01-0005-2014**

**Actuarial Certification**  
**Individual – On Exchange Plans**

I, [REDACTED] am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries and meet the 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 and Federal Statutes and Regulations (45CFR 156.80(d)).
- The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOPs) including:
  - ASOP No. 5, Incurred Health and Disability Claims
  - ASOP No. 8, Regulatory Filings for Health Plan Entities
  - ASOP No. 12, Risk Classification
  - ASOP No. 23, Data Quality
  - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
  - ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
  - ASOP No. 41, Actuarial Communications
- The expected loss ratio incorporated into the proposed rate tables meets the minimum requirements of the State of New York.
- The benefits are reasonable in relation to the premiums charged.
- The rates are not unfairly discriminatory.
- The projected index rates and allowable modifiers are in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2))
- The AV Calculator was used to determine the AV Metal Values.
- The Essential Health Benefits were calculated in accordance with actuarial standards of practice.



6/10/2014  
\_\_\_\_\_  
Date

Capital District Physicians' Health Plan  
 Individual On Exchange  
 Essential Health Benefits  
 2015 Rate Filing

Exhibit A

Essential Health Benefits added to base experience			
	Standard plans	Non Standard Plans	
Pediatric Vision Exams/Hardware	\$2.09	\$2.09	
Hearing Evaluations	\$0.01	\$0.01	
Skilled Nursing Facility - 200 days	\$0.06	\$0.06	
Healthy Lifestyle - Gym Membership	\$3.31	\$3.31	
Residential Treatment Facilities	\$2.55	\$2.55	
<u>Removal of Orthotics</u>	<u>(\$0.61)</u>	<u>n/a</u>	
<b>Total</b>	<b>\$7.40</b>	<b>\$8.01</b>	<b>A</b>
Starting Claims cost	\$475.33	\$475.33	<b>B</b>
Factor Applied	1.01533	1.01658	<b>C = 1+(A/(A+B))</b>

Pediatric Vision Exams and Hardware			
1 exam/hardware per year			
Hearing Evaluations			
Data based on Child Health Plus utilization and cost for calendar year 2013			
	Freq	Cost	PMPM
Vision Exams	0.3877	\$38.89	\$1.26
Vision Hardware	0.5830	\$17.21	\$0.84
Hearing Exams	0.0068	\$9.89	\$0.01

Extend SNF benefit from 45 days to 200		Jan 1, 2013 - Dec 31, 2103 as of Feb 28, 2014					
		<u>FREQ</u>	<u>COST</u>	<u>PMPM</u>	<u>COPAY</u>	<u>COPAY PMPM</u>	<u>NET PMPM</u>
Skilled Nursing Facility (45)- 2013 Benefit	A	0.0140	\$344.24	\$0.40	\$16.37	\$0.02	\$0.38
Skilled Nursing Facility (200)- 2014 Base Benefit	D	0.0159	\$344.24	\$0.46	\$16.37	\$0.02	\$0.43
Skilled Nursing Facility (365)- 2015 Base Benefit	F	0.0163	\$344.24	\$0.47	\$16.37	\$0.02	\$0.44
			45 - 200 days	\$0.06			
<b>Member Months</b>							
From Claim Probability Distribution for Skilled Nursing Facility, based claims data from MarketScan 2010-2011							
Annual Cost of 45 days based on current benefit		\$15,490.80					
Annual Cost of 200 Days		\$68,848.00					
Utilization Factor, 200 Days over 45 Days		1.131	C		From previous Milliman pricing, 2014		
Projected Utilization with 200 Day Limit		0.0159	D = A *C				
Utilization Factor, 365 Days over 200 Days		1.0026	E		From previous Milliman pricing, 2014		
Selection Factor		1.0250	F		From previous Milliman pricing, 2014		
Projected Utilization with No Day Limit		0.0163	G = D * E * F				

**Healthy Lifestyle Benefits**

Total Available Allowance \$500

\$500 total benefit, extended to include dependents

\$100 available for Childrens' sports programs

<http://statisticbrain.com/youth-sports-statistics/>

- 60% of kids participate in sports outside of school; assume 50% of these members will be reimbursed for this activity

\$400 available for exercise facilities, weight loss programs and alternative programs such as tai chi, yoga, etc.

- Increased compliance rate to 8% since benefit is now open to all dependent

Total Allowance \$500	(A) Contracts With Children	(B) Allowance	(C) Compliance Rate	(D) Contracts	(E) Allowance	(F) Compliance Rate	(G)=(A)*(B)*(C)*(D)*(E)*(F) Total Dollars	(H) Total Contracts	(I)=(G)/(H)/12 Spread over all (pmpm)
Small Group HMO	29,320	\$100	30%	112,838	\$400	8%	\$4,490,416	112,838	\$3.32
Individual HMO/UBI	13,868	\$100	30%	72,437	\$400	8%	\$2,734,024	72,437	\$3.15
Small Group UBI	125,873	\$100	30%	470,379	\$400	8%	\$18,828,318	470,379	\$3.34
Small Group/Individual	169,061	\$100	30%	655,654	\$400	8%	\$26,052,758	655,654	<b>\$3.31</b>

**Removal of Orthotics (Standard Plans Only)**

Data: Jan 1, 2103 - Dec 31, 2013 as of 02/28/14

Jan 1, 2013 - Dec 31, 2013 as of 02/28/14

<u>FREQ</u>	<u>COST</u>	<u>PMPM</u>
0.056	\$131.29	<b>\$0.61</b>

**Treatment in Residential Facilities**

Total Members 243806  
 # if eating disorder cases 68  
 0.03%

Total January Enrollment							Hi Estimate		Lo Estimate	
	Individual	Small	Sole	Serious Condi Prevalence *w/ Serious cond	members	Assumed % residential care	Total in RC	Assumed % residential care	Total in RC	
<12	43	9,140	111							
12-17	34	6,818	97	4.4%	306	0.81%	2	0.10%	0	
18-25	191	11,565	146	4.1%	488	0.81%	4	0.10%	0	
26-49	641	35,500	402	5.2%	1,900	0.81%	15	0.10%	2	
50+	1,961	31,716	768	3.0%	1,033	0.81%	8	0.10%	1	
	2,870	94,739	1,524		3,727		30		4	
						@200K ea	6,062,210	@200K ea	745,465	
						PMPM	5.10	PMPM	0.63	
						@100K ea	3,031,105	@100K ea	372,732	
						<b>PMPM</b>	<b>2.55</b>	PMPM	0.31	

### Children's Mental Health Problems are Widespread

Mental health and substance abuse problems occur commonly among today's youth 1 and begin at a young age. 2

One in five children birth to 18 has a diagnosable mental disorder. 3

One in 10 youth has serious mental health problems that are severe enough to impair how they function at home, in school, or in the community. 4

The onset of major mental illness may occur as early as 7 to 11 years old. 5

Roughly half of all lifetime mental health disorders start by the mid-teens. 6 7

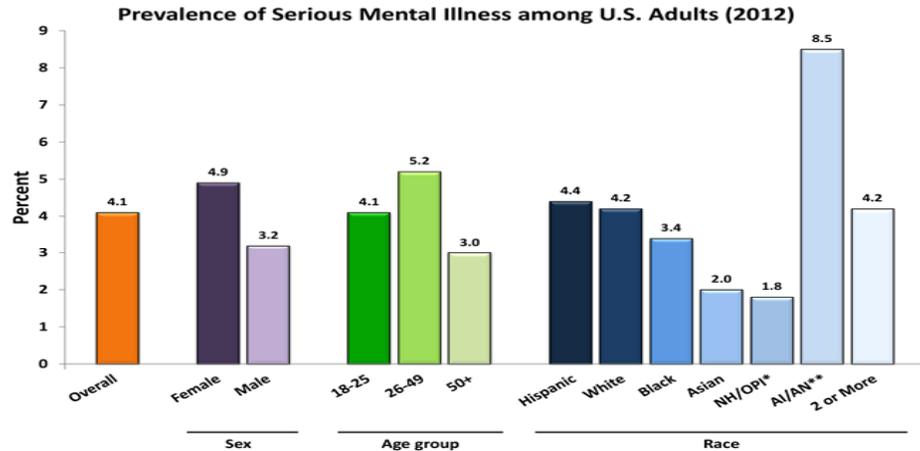
Individual and environmental risk factors that increase the likelihood of mental health problems include receiving public assistance, having unemployed or teenage parents, or being in the foster care system.

These and other factors can be identified and addressed in the early years. 8

Among youths aged 12 to 17, 4.4 percent had serious emotional disorders in 2008. 9

Among youths aged 12 to 17, 4.4 percent had serious emotional disorders in 2008. 9

In 2012, there were an estimated 9.6 million adults aged 18 or older in the U.S. with SMI in the past year. This represented 4.1 percent of all U.S. adults.



\*NH/OPI = Native Hawaiian/Other Pacific Islander  
\*\*AI/AN = American Indian/Alaska Native

**Capital District Physicians' Health Plan  
HMO Individual Product  
Projected Utilization and Cost Trends**

	2013			2014			2015		
	Util	Cost	Total	Util	Cost	Total	Util	Cost	Total
Inpatient Facility	-2.8%	7.4%	4.4%	-2.2%	6.5%	4.2%	-1.8%	5.7%	3.8%
Outpatient Facility	7.5%	0.8%	8.3%	4.5%	2.5%	7.1%	1.3%	4.2%	5.5%
Professional	-1.2%	5.3%	4.0%	0.9%	2.3%	3.2%	1.4%	1.4%	2.9%
Radiology	-1.4%	-1.2%	-2.6%	0.0%	-4.0%	-4.0%	1.0%	-0.4%	0.6%
Pathology	1.5%	10.5%	12.1%	3.0%	-2.6%	0.3%	1.5%	0.8%	2.4%
Prescription Drugs	-0.4%	-0.8%	-1.2%	1.0%	5.0%	6.0%	1.0%	6.0%	7.0%
Other	3.8%	13.3%	17.6%	2.6%	1.5%	4.1%	1.5%	1.5%	3.0%
Caps		17.6%	17.6%		14.9%	14.9%		2.7%	2.7%
Medical	0.4%	5.1%	5.5%	1.6%	2.4%	4.1%	1.3%	2.3%	3.7%
Pharmacy	-0.4%	-0.8%	-1.2%	1.0%	5.0%	6.0%	1.0%	6.0%	7.0%
Total	0.0%	5.4%	5.5%	1.4%	3.8%	5.2%	1.2%	4.1%	5.4%

Capital District Physicians' Health Plan  
Benefits in Addition to the Essential Health Benefits  
2015 Rate Filing

Exhibit C

Mandatory Make Available Benefits	Factor
Age 29	1.0018
Domestic Partner	1.0000
Carve out Family Planning	0.9940

	% of Total	Allowed	Per Member Per Year			
			Paid+WH	Copay	Deductible	Coins
Members 0 - 26 as of 2013	28.62%	\$596.37	\$524.41	\$32.51	\$3.19	\$36.27
Members 27 - 29 as of 2013	0.09%	\$2.93	\$2.51	\$0.18	\$0.05	\$0.19
Members > 30?	0.03%	\$3.06	\$2.90	\$0.09	\$0.04	\$0.04
Total Dependents	28.75%	\$602.37	\$529.83	\$32.78	\$3.28	\$36.49
Subscribers & Spouses	67.34%	\$2,843.86	\$2,540.97	\$139.40	\$17.30	\$146.19
Total All Members	96.10%	\$3,446.23	\$3,070.80	\$172.18	\$20.57	\$182.68

	% of Total	Allowed	Per Member Per Month			Rate Impact
			Paid+WH	Total to 26	Total to 29	
Members 0 - 26 as of 2013	29.79%	\$49.70	\$43.70	\$43.70	\$43.70	
Members 27 - 29 as of 2013	0.10%	\$0.24	\$0.21		\$0.21	
Members > 30?	0.04%	\$0.26	\$0.24		\$0.24	
Total Dependents	29.92%	\$50.20	\$44.15			
Subscribers & Spouses	70.08%	\$236.99	\$211.75	\$211.75	\$211.75	
Total All Members	100.00%	\$287.19	\$255.90	\$255.45	\$255.90	<b>1.0018</b>

Family Planning							Trend 07/1/13 - 07/1/15								
Data based on January - December 2013 paid through 2/28/14							Util	Cost	Gross	Copay	Copay	Net			
	Util	Cost	PMPM	Copay	PMPM	PMPM	Util	Cost	PMPM	Copay	PMPM	PMPM	PMPM	PMPM	PMPM
Elective Abortion	0.00012	\$1,298.02	\$0.01	\$93.30	\$0.00	\$0.01	1.011	1.057	0.00013	\$1,372.60	\$0.01	\$97.63	\$0.00	\$0.01	
Sterilization	0.00027	\$8,488.91	\$0.19	\$394.41	\$0.01	\$0.18	1.011	1.057	0.00027	\$8,976.63	\$0.20	\$412.71	\$0.01	\$0.19	
Vasectomies	0.00187	\$609.45	\$0.09	\$115.53	\$0.02	\$0.08	1.011	1.057	0.00189	\$644.46	\$0.10	\$120.89	\$0.02	\$0.08	
Contraceptives	0.72296	\$39.36	\$2.37	\$0.00	\$0.00	\$2.37	1.013	1.084	0.73228	\$42.66	\$2.60	\$0.00	\$0.00	\$2.60	
						<b>\$2.64</b>									
														<b>\$2.89</b>	
														Starting claims cost	\$475.33
														Cost to carve out family planning	<b>0.9940</b>

Additional Benefits added to base plans (non-standard only)	
	Factor
Adult Vision Exam	1.00353
SNF to 365	1.00002
Acupuncture	1.00010
Lasik	1.00256

Adult Vision Exam - 1 every year								2013/2015 Trend								
	Freq	Cost	PMPM	Copay	Copay PMPM	Net PMPM	Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM		
Vision Exams	0.42431	\$81.73	\$2.89	\$39.24	\$1.39	\$1.50	1.1%	5.7%	0.42879	\$86.43	\$3.09	\$39.24	\$1.40	\$1.69		
Starting claims cost														\$475.33		
Cost to add Adult Vision and Hardware														<b>1.00353</b>		

Extend SNF benefit from 200 days to 365 days														
Jan 1, 2013 - Dec 31, 2103 as of Feb 28, 2014														
	Freq	Cost	PMPM	Copay	Copay PMPM	Net PMPM	24 months trend 2013/2015 Trend		FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
							Util	Cost						
Skilled Nursing Facility (45)- 2013 Benefit	0.0140	\$344.24	\$0.40	\$16.37	\$0.02	\$0.38	6.5%	6.5%	0.015	\$366.69	\$0.46	\$16.37	\$0.02	\$0.44
Skilled Nursing Facility (200)- 2014 Base Benefit	0.0159	\$344.24	\$0.46	\$16.37	\$0.02	\$0.43	6.5%	6.5%	0.017	\$366.69	\$0.52	\$16.37	\$0.02	\$0.50
Skilled Nursing Facility (365)- 2015 Base Benefit	0.0163	\$344.24	\$0.47	\$16.37	\$0.02	\$0.44	6.5%	6.5%	0.017	\$366.69	\$0.53	\$16.37	\$0.02	\$0.51
200 - 365 days														\$0.01
Starting claims cost														\$475.33
Cost to extend SNF from 200 to 365 days														<b>1.00002</b>

Acupuncture								24 months trend							
Jan 2012 - Dec 2013 as of 01/31/14								2013/2015 Trend							
Membermonths	Year	Util	Cost	Gross PMPM	Copay	Copay PMPM	Net PMPM	Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
156670	2012	0.0044	\$171.51	\$0.06	\$57.84	\$0.02	\$0.04								
157414	2013	0.0049	\$161.23	\$0.07	\$54.52	\$0.02	\$0.04	1.1%	5.7%	0.0049	\$170.49	\$0.07	\$54.52	\$0.02	\$0.05
Starting claim cost														\$475.33	
Cost to add Acupuncture Benefit														<b>1.00010</b>	

Lasik Surgery - \$750 Maximum Reimbursement				
% Population who would consider Lasik Surgery (18+)				
71%	of population wears glasses or contacts on regular basis			
43%	would consider having the surgery			
60%	would consider having the surgery if insurance paid for it			
11%	consider having it in next year or so			
Source: <a href="#">Forty Percent of Americans Who Use Glasses Would Consider Laser Eye Surgery.html</a>				
Membership as of December 2013 (18+)				
	0-17	18+	25-43	
Large Group HMO	16898	70228	19818	87126
Small Group HMO	2604	13525	4101	16129
Individual HMO	729	8018	1579	8747
Large Group UBI	13479	56757	18574	70236
Small Group UBI	14291	68637	22206	82928
	48001	217165	66278	265166
Lasik Surgery (\$750 Max)				
Expected Number of Procedures				
	# Proc	Util	\$750 Max Cost	PMPM
Large Group HMO	1548	0.01776	\$750	\$1.11
Small Group HMO	320	0.01986	\$750	\$1.24
Individual HMO	123	0.01410	\$750	\$0.88
Large Group UBI	1451	0.02065	\$750	\$1.29
Small Group UBI	1734	0.02091	\$750	\$1.31
Combined	5176	0.01952	\$750	\$1.22
Starting claim cost				\$475.33
Cost to add Lasik Benefit				<b>1.00256</b>

**CDPHP Universal Benefits, Inc.  
Individual HMO Product  
Regional Area Factors**

Plan Name	Allowance	Value of Allowance	INN DED	O/S COPAY	INN HOSP	OUT SURG	ER	AMB	DME	COIN	OOP/Coins MAX	OON COIN	OON DED	OON MAX	Embedded/Aggregate	Product Line	Product Type
2013 Plan EMBRACES813	\$200	\$4.65	\$1500/\$3000	20%	20%	20%	20%	20%	50%	20%	\$4000/\$8000	N/A	N/A	N/A	Embedded	EPO	Coinsurance
2015 Base Plan IHSX3059	\$200	\$4.65	\$1500/\$3000	20%	20%	20%	20%	20%	50%	20%	\$4000/\$8000	N/A	N/A	N/A	Embedded	EPO	Coinsurance

Allowance Applies to the Following Plan Design

<b>Embrace Health Allowance</b>					
2014 Plan Name	2015 Plan Name	Allowance	Factor	\$ Impact	
IHSX3005	IHSX3059	200	1.010	\$4.65	
IHSX3011	IHSX3061	200	1.010	\$4.65	
IHSX3037	IHSX3077	200	1.010	\$4.65	
IHSX3038	IHSX3078	200	1.010	\$4.65	
IHSX3041	IHSX3063	200	1.010	\$4.65	
IHSX3042	IHSX3064	200	1.010	\$4.65	
IHSX3045	IHSX3079	200	1.010	\$4.65	
IHSX3046	IHSX3080	200	1.010	\$4.65	
IHSF3026	IHSF3031	200	1.010	\$4.65	

**Example of Factor Calculation:**

Allowance	\$4.65	A
Starting Allowed Costs	<u>\$475.33</u>	B
	\$479.98	C = A + B
	1.010	D = C / B

Plan Design IHSX3059 is the base plan with no make available rider  
 Plan Design IHSX3061 is the same base plan with the addition of dependent to age 25  
 The remaining plan designs are the CSR versions of the above two plan



**Capital District Physicians' Health Plan  
HMO Product  
Regional Area Factors**

**EXEMPTION FROM FOIL REQUESTED**

2015 Rating Factors				
Rating Region	Region 1 (Albany Area)	Region 3 (Mid-Hudson Area)	Region 6 (Syracuse Area)	Region 7 (Utica/Watertown Area)
<b>Regional Rating Factor</b>	<b>1.0000</b>	<b>1.1805</b>	<b>1.1215</b>	<b>1.0771</b>
<b>Counties:</b>	Albany Columbia Fulton Greene Montgomery Rensselaer Saratoga Schenectady Schoharie Warren Washington	Delaware Dutchess Orange Ulster	Broome Tioga	Chenango Essex Hamilton Herkimer Madison Oneida Otsego

**Capital District Physicians' Health Plan  
Benefit Summary  
Individual On-Exchange - HMO  
Plan Designs for 2015**

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Product	Product ID	Plan ID with variant	AV	OV	SP	INN	HOSP	OUT	SURG	ER	AMB	DME
01-0001-2014	Ind	HMO	Platinum	IHPX1001	IHPX1007	Standard	94788	94788NY028 94788NY0280053-01	88.1%	15	35	500	100	100	100	100	100	0.1
01-0001-2014	Ind	HMO	Platinum	IHPX1002	IHPX1008	Non-Standard	94788	94788NY028 94788NY0280001-01	89.1%	10	10	500	100	100	100	100	100	0.5
01-0001-2014	Ind	HMO	Platinum	IHPX1003	IHPX1009	Non-Standard	94788	94788NY028 94788NY0280049-01	88.1%	20	20	750	200	75	75	75	75	0.5
01-0001-2014	Ind	HMO	Gold	IHGX2001	IHGX2009	Standard	94788	94788NY028 94788NY0280054-01	79.1%	25	40	1000	100	150	150	150	150	0.2
01-0001-2014	Ind	HMO	Gold	IHGX2002	IHGX2007	Non-Standard	94788	94788NY028 94788NY0280007-01	78.9%	25	50	250	50	75	75	75	75	0.5
01-0001-2014	Ind	HMO	Gold	IHGX2003	IHGX2010	Non-Standard	94788	94788NY028 94788NY0280013-01	82.0%	25	50	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0001-2014	Ind	HMO	Silver	IHSX3001	IHSX3069	Standard	94788	94788NY028 94788NY0280055-01	70.7%	30	50	1500	100	150	150	150	150	0.3
01-0001-2014	Ind	HMO	Silver	IHSX3002	IHSX3070	Standard CSR	94788	94788NY028 94788NY0280055-04	74.0%	30	50	1500	100	150	150	150	150	0.25
01-0001-2014	Ind	HMO	Gold	IHSX3003	IHSX3071	Standard CSR	94788	94788NY028 94788NY0280055-05	86.7%	15	35	250	75	75	75	75	75	0.1
01-0001-2014	Ind	HMO	Silver	IHSX3004	IHSX3072	Standard CSR	94788	94788NY028 94788NY0280055-06	93.4%	10	20	100	25	50	50	50	50	0.05
01-0001-2014	Ind	HMO	Silver	IHSX3005	IHSX3059	Non-Standard	94788	94788NY028 94788NY0280017-01	71.7%	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0001-2014	Ind	HDHMO	Silver	IHSX3006	IHSX3060	Non-Standard	94788	94788NY028 94788NY0280021-01	71.0%	0	0	0	0	0	0	0	0	0
01-0001-2014	Ind	HDHMO	Bronze	IHBX4001	IHBX4021	Standard	94788	94788NY028 94788NY0280059-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
01-0001-2014	Ind	HDHMO	Bronze	IHBX4002	IHBX4017	Non-Standard	94788	94788NY028 94788NY0280029-01	60.3%	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
01-0001-2014	Ind	HDHMO	Bronze	IHBX4003	IHBX4018	Non-Standard	94788	94788NY028 94788NY0280033-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
01-0005-2014	Ind	HDHMO	Bronze	IHCX5001	IHCX5002	Non-Standard	94788	94788NY028 94788NY0280047-01	57.2%	0	0	0	0	0	0	0	0	0
01-0001-2014	Ind	HMO	Platinum	IHNX6001	IHNX6003	Non-Standard	94788	94788NY028 94788NY0280037	83.5%	0	0	0	0	0	0	0	0	0
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1004	IHPX1010	Standard	94788	94788NY028 94788NY0280064-01	88.1%	15	35	500	100	100	100	100	100	0.1
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1005	IHPX1011	Non-Standard	94788	94788NY028 94788NY0280002-01	89.1%	10	10	500	100	100	100	100	100	0.5
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1006	IHPX1012	Non-Standard	94788	94788NY028 94788NY0280050-01	88.1%	20	20	750	200	75	75	75	75	0.5
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2004	IHGX2011	Standard	94788	94788NY028 94788NY0280065-01	79.1%	25	40	1000	100	150	150	150	150	0.2
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2005	IHGX2008	Non-Standard	94788	94788NY028 94788NY0280008-01	78.9%	25	50	250	50	75	75	75	75	0.5
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2006	IHGX2012	Non-Standard	94788	94788NY028 94788NY0280014-01	82.0%	25	50	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3007	IHSX3073	Standard	94788	94788NY028 94788NY0280066-01	70.7%	30	50	1500	100	150	150	150	150	0.3
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3008	IHSX3074	Standard CSR	94788	94788NY028 94788NY0280066-04	74.0%	30	50	1500	100	150	150	150	150	0.25
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHSX3009	IHSX3075	Standard CSR	94788	94788NY028 94788NY0280066-05	86.7%	15	35	250	75	75	75	75	75	0.1
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHSX3010	IHSX3076	Standard CSR	94788	94788NY028 94788NY0280066-06	93.4%	10	20	100	25	50	50	50	50	0.05
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3011	IHSX3061	Non-Standard	94788	94788NY028 94788NY0280018-01	71.7%	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0001-2014;01-0008-2014	Ind	HDHMO	Silver	IHSX3012	IHSX3062	Non-Standard	94788	94788NY028 94788NY0280022-01	71.0%	0	0	0	0	0	0	0	0	0
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4005	IHBX4019	Non-Standard	94788	94788NY028 94788NY0280030-01	60.3%	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4006	IHBX4020	Non-Standard	94788	94788NY028 94788NY0280034-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHNX6002	IHNX6004	Non-Standard	94788	94788NY028 94788NY0280038	83.5%	0	0	0	0	0	0	0	0	0
01-0004-2014	Ind	HMO	Silver	IHPXC005	IHPXC012	Standard	94788	94788NY028 94788NY0280082-01	70.7%	30	50	1500	100	150	150	150	150	0.3
01-0004-2014	Ind	HMO	Bronze	IHGXC006	IHPXC013	Standard	94788	94788NY028 94788NY0280079-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
01-0004-2014	Ind	HMO	Gold	IHSXC007	IHPXC014	Standard	94788	94788NY028 94788NY0280080-01	79.1%	25	40	1000	100	150	150	150	150	0.2
01-0004-2014	Ind	HDHMO	Platinum	IHBXC008	IHPXC018	Standard	94788	94788NY028 94788NY0280081-01	88.1%	15	35	500	100	100	100	100	100	0.1
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4016	IHBX4022	Standard	94788	94788NY028 94788NY0280070-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
01-0004-2014	Ind	HMO	Silver	IHSX3037	IHSX3077	Non-Standard	94788	94788NY028 94788NY0280017-04	73.2%	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3038	IHSX3078	Non-Standard	94788	94788NY028 94788NY0280018-04	73.2%	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0004-2014	Ind	HMO	Silver	IHSX3041	IHSX3063	Non-Standard	94788	94788NY028 94788NY0280017-05	88.0%	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3042	IHSX3064	Non-Standard	94788	94788NY028 94788NY0280018-05	88.0%	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0004-2014	Ind	HMO	Silver	IHSX3045	IHSX3079	Non-Standard	94788	94788NY028 94788NY0280017-06	93.9%	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3046	IHSX3080	Non-Standard	94788	94788NY028 94788NY0280018-06	93.9%	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0004-2014	Ind	HMO	Silver	IHSX3049	IHSX3065	Non-Standard	94788	94788NY028 94788NY0280021-04	73.3%	0	0	0	0	0	0	0	0	0
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3050	IHSX3066	Non-Standard	94788	94788NY028 94788NY0280022-04	73.3%	0	0	0	0	0	0	0	0	0
01-0004-2014	Ind	HMO	Silver	IHSX3053	IHSX3067	Non-Standard	94788	94788NY028 94788NY0280021-05	86.4%	0	0	0	0	0	0	0	0	0
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3054	IHSX3068	Non-Standard	94788	94788NY028 94788NY0280022-05	86.4%	0	0	0	0	0	0	0	0	0
01-0004-2014	Ind	HMO	Silver	IHSX3057	IHSX3081	Non-Standard	94788	94788NY028 94788NY0280021-06	94.8%	0	0	0	0	0	0	0	0	0
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3058	IHSX3082	Non-Standard	94788	94788NY028 94788NY0280022-06	94.8%	0	0	0	0	0	0	0	0	0
01-0004-2014	Ind	HMO	Silver	IHSXC009	IHSXC015	Standard CSR	94788	94788NY028 94788NY0280082-04	74.0%	30	50	1500	100	150	150	150	150	0.25
01-0004-2014	Ind	HMO	Silver	IHSXC010	IHPXC016	Standard CSR	94788	94788NY028 94788NY0280082-05	86.7%	15	35	250	75	75	75	75	75	0.1
01-0004-2014	Ind	HMO	Silver	IHSXC011	IHPXC017	Standard CSR	94788	94788NY028 94788NY0280082-06	93.4%	10	20	100	25	50	50	50	50	0.05

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Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Urgent Care	Diabetic	PT/OT/ST	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OOB COIN
01-0001-2014	Ind	HMO	Platinum	IHPX1001	IHPX1007	55	15	25	0	0	0	2000	4000	N/A
01-0001-2014	Ind	HMO	Platinum	IHPX1002	IHPX1008	40	10	10	0	0	0	6600	13200	N/A
01-0001-2014	Ind	HMO	Platinum	IHPX1003	IHPX1009	30	15	20	0	0	0	3500	7000	N/A
01-0001-2014	Ind	HMO	Gold	IHGX2001	IHGX2009	60	25	30	0	600	1200	4000	8000	N/A
01-0001-2014	Ind	HMO	Gold	IHGX2002	IHGX2007	35	15	50	0	400	800	6600	13200	N/A
01-0001-2014	Ind	HMO	Gold	IHGX2003	IHGX2010	35	15	50	0.2	500	1000	2000	4000	N/A
01-0001-2014	Ind	HMO	Silver	IHSX3001	IHSX3069	70	30	30	0	2000	4000	5500	11000	N/A
01-0001-2014	Ind	HMO	Silver	IHSX3002	IHSX3070	70	30	30	0	1200	2400	5200	10400	N/A
01-0001-2014	Ind	HMO	Gold	IHSX3003	IHSX3071	50	15	25	0	250	500	2000	4000	N/A
01-0001-2014	Ind	HMO	Silver	IHSX3004	IHSX3072	30	10	15	0	0	0	1000	2000	N/A
01-0001-2014	Ind	HMO	Silver	IHSX3005	IHSX3059	0.2	15	0.2	0.2	2000	4000	6000	12000	N/A
01-0001-2014	Ind	HDHMO	Silver	IHSX3006	IHSX3060	0	0	0	0	3000	6000	3000	6000	N/A
01-0001-2014	Ind	HDHMO	Bronze	IHBX4001	IHBX4021	0.5	0.5	0.5	0.5	3000	6000	6350	12700	N/A
01-0001-2014	Ind	HDHMO	Bronze	IHBX4002	IHBX4017	0.5	15	0.5	0.5	3300	6600	6450	12900	N/A
01-0001-2014	Ind	HDHMO	Bronze	IHBX4003	IHBX4018	0.5	15	0.5	0.5	4500	9000	6450	12900	N/A
01-0005-2014	Ind	HDHMO	Bronze	IHCX5001	IHCX5002	0	0	0	0	6600	13200	6600	13200	N/A
01-0001-2014	Ind	HMO	Platinum	IHNX6001	IHNX6003	0	0	0	0	0	0	6350	12700	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1004	IHPX1010	55	15	25	0	0	0	2000	4000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1005	IHPX1011	40	10	10	0	0	0	6600	13200	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1006	IHPX1012	30	15	20	0	0	0	3500	7000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2004	IHGX2011	60	25	30	0	600	1200	4000	8000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2005	IHGX2008	35	15	50	0	400	800	6600	13200	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2006	IHGX2012	35	15	50	0.2	500	1000	2000	4000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3007	IHSX3073	70	30	30	0	2000	4000	5500	11000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3008	IHSX3074	70	30	30	0	1200	2400	5200	10400	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHSX3009	IHSX3075	50	15	25	0	250	500	2000	4000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHSX3010	IHSX3076	30	10	15	0	0	0	1000	2000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3011	IHSX3061	0.2	15	0.2	0.2	2000	4000	6000	12000	N/A
01-0001-2014;01-0008-2014	Ind	HDHMO	Silver	IHSX3012	IHSX3062	0	0	0	0	3000	6000	3000	6000	N/A
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4005	IHBX4019	0.5	15	0.5	0.5	3300	6600	6450	12900	N/A
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4006	IHBX4020	0.5	15	0.5	0.5	4500	9000	6450	12900	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHNX6002	IHNX6004	0	0	0	0	0	0	6350	12700	N/A
01-0004-2014	Ind	HMO	Silver	IHPXC005	IHPXC012	70	30	30	0	2000	4000	5500	11000	N/A
01-0004-2014	Ind	HMO	Bronze	IHGXC006	IHPXC013	0.5	0.5	0.5	0.5	3000	6000	6350	12700	N/A
01-0004-2014	Ind	HMO	Gold	IHSXC007	IHPXC014	60	25	30	0	600	1200	4000	8000	N/A
01-0004-2014	Ind	HDHMO	Platinum	IHBXC008	IHPXC018	55	15	25	0	0	0	2000	4000	N/A
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4016	IHBX4022	0.5	0.5	0.5	0.5	3000	6000	6350	12700	N/A
01-0004-2014	Ind	HMO	Silver	IHSX3037	IHSX3077	0.2	15	0.2	0.2	1250	2500	4000	8000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3038	IHSX3078	0.2	15	0.2	0.2	1250	2500	4000	8000	N/A
01-0004-2014	Ind	HMO	Silver	IHSX3041	IHSX3063	0.2	15	0.2	0.2	500	1000	1000	2000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3042	IHSX3064	0.2	15	0.2	0.2	500	1000	1000	2000	N/A
01-0004-2014	Ind	HMO	Silver	IHSX3045	IHSX3079	0.2	15	0.2	0.2	0	0	500	1000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3046	IHSX3080	0.2	15	0.2	0.2	0	0	500	1000	N/A
01-0004-2014	Ind	HMO	Silver	IHSX3049	IHSX3065	0	0	0	0	2500	5000	3000	6000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3050	IHSX3066	0	0	0	0	2500	5000	3000	6000	N/A
01-0004-2014	Ind	HMO	Silver	IHSX3053	IHSX3067	0	0	0	0	750	1500	1500	3000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3054	IHSX3068	0	0	0	0	750	1500	1500	3000	N/A
01-0004-2014	Ind	HMO	Silver	IHSX3057	IHSX3081	0	0	0	0	200	400	500	1000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3058	IHSX3082	0	0	0	0	200	400	500	1000	N/A
01-0004-2014	Ind	HMO	Silver	IHSXC009	IHSXC015	70	30	30	0	1200	2400	5200	10400	N/A
01-0004-2014	Ind	HMO	Silver	IHSXC010	IHPXC016	50	15	25	0	250	500	2000	4000	N/A
01-0004-2014	Ind	HMO	Silver	IHSXC011	IHPXC017	30	10	15	0	0	0	1000	2000	N/A

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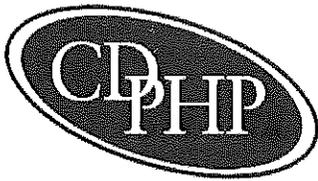
Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/Embedded	Product Line
01-0001-2014	Ind	HMO	Platinum	IHPX1001	IHPX1007	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Platinum	IHPX1002	IHPX1008	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Platinum	IHPX1003	IHPX1009	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Gold	IHGX2001	IHGX2009	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Gold	IHGX2002	IHGX2007	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Gold	IHGX2003	IHGX2010	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Silver	IHSX3001	IHSX3069	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Silver	IHSX3002	IHSX3070	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Gold	IHSX3003	IHSX3071	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Silver	IHSX3004	IHSX3072	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Silver	IHSX3005	IHSX3059	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HDHMO	Silver	IHSX3006	IHSX3060	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014	Ind	HDHMO	Bronze	IHBX4001	IHBX4021	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014	Ind	HDHMO	Bronze	IHBX4002	IHBX4017	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014	Ind	HDHMO	Bronze	IHBX4003	IHBX4018	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0005-2014	Ind	HDHMO	Bronze	IHCX5001	IHCX5002	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014	Ind	HMO	Platinum	IHNX6001	IHNX6003	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1004	IHPX1010	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1005	IHPX1011	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1006	IHPX1012	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2004	IHGX2011	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2005	IHGX2008	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2006	IHGX2012	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3007	IHSX3073	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3008	IHSX3074	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHSX3009	IHSX3075	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHSX3010	IHSX3076	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3011	IHSX3061	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HDHMO	Silver	IHSX3012	IHSX3062	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4005	IHBX4019	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4006	IHBX4020	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHNX6002	IHNX6004	N/A	N/A	N/A	N/A	Embedded	HMO
01-0004-2014	Ind	HMO	Silver	IHPXC005	IHPXC012	N/A	N/A	N/A	N/A	Embedded	HMO
01-0004-2014	Ind	HMO	Bronze	IHGXC006	IHPXC013	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0004-2014	Ind	HMO	Gold	IHSXC007	IHPXC014	N/A	N/A	N/A	N/A	Embedded	HMO
01-0004-2014	Ind	HDHMO	Platinum	IHBXC008	IHPXC018	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4016	IHBX4022	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0004-2014	Ind	HMO	Silver	IHSX3037	IHSX3077	N/A	N/A	N/A	N/A	Aggregate	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3038	IHSX3078	N/A	N/A	N/A	N/A	Aggregate	HMO
01-0004-2014	Ind	HMO	Silver	IHSX3041	IHSX3063	N/A	N/A	N/A	N/A	Aggregate	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3042	IHSX3064	N/A	N/A	N/A	N/A	Aggregate	HMO
01-0004-2014	Ind	HMO	Silver	IHSX3045	IHSX3079	N/A	N/A	N/A	N/A	Aggregate	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3046	IHSX3080	N/A	N/A	N/A	N/A	Aggregate	HMO
01-0004-2014	Ind	HMO	Silver	IHSX3049	IHSX3065	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3050	IHSX3066	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0004-2014	Ind	HMO	Silver	IHSX3053	IHSX3067	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3054	IHSX3068	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0004-2014	Ind	HMO	Silver	IHSX3057	IHSX3081	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3058	IHSX3082	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0004-2014	Ind	HMO	Silver	IHSXC009	IHSXC015	N/A	N/A	N/A	N/A	Embedded	HMO
01-0004-2014	Ind	HMO	Silver	IHSXC010	IHPXC016	N/A	N/A	N/A	N/A	Embedded	HMO
01-0004-2014	Ind	HMO	Silver	IHSXC011	IHPXC017	N/A	N/A	N/A	N/A	Embedded	HMO

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Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Benefit Type	Rx Benefit	Riders	Additional non EHB Benefits
01-0001-2014	Ind	HMO	Platinum	IHPX1001	IHPX1007	Copayment	\$10/\$30/\$60	No Riders	No Riders
01-0001-2014	Ind	HMO	Platinum	IHPX1002	IHPX1008	Copayment	\$10/\$40/\$70	No Riders	Adult Vision Exam
01-0001-2014	Ind	HMO	Platinum	IHPX1003	IHPX1009	Copayment	\$4/\$30/\$60	No Riders	Adult Vision Exam
01-0001-2014	Ind	HMO	Gold	IHGX2001	IHGX2009	Copayment	\$10/\$35/\$70	No Riders	No Riders
01-0001-2014	Ind	HMO	Gold	IHGX2002	IHGX2007	Copayment	\$4/\$30/\$60	No Riders	Adult Vision Exam
01-0001-2014	Ind	HMO	Gold	IHGX2003	IHGX2010	Transitional	\$4/50%/50%	No Riders	Adult Vision Exam
01-0001-2014	Ind	HMO	Silver	IHSX3001	IHSX3069	Copayment	\$10/\$35/\$70	No Riders	No Riders
01-0001-2014	Ind	HMO	Silver	IHSX3002	IHSX3070	Copayment	\$10/\$35/\$70	No Riders	No Riders
01-0001-2014	Ind	HMO	Gold	IHSX3003	IHSX3071	Copayment	\$9/\$20/\$40	No Riders	No Riders
01-0001-2014	Ind	HMO	Silver	IHSX3004	IHSX3072	Copayment	\$6/\$15/\$30	No Riders	No Riders
01-0001-2014	Ind	HMO	Silver	IHSX3005	IHSX3059	Coinsurance	10%/25%/40%	No Riders	Adult Vision Exam
01-0001-2014	Ind	HDHMO	Silver	IHSX3006	IHSX3060	Qualified High Deductible	\$10/\$50/\$80	No Riders	Adult Vision Exam
01-0001-2014	Ind	HDHMO	Bronze	IHBX4001	IHBX4021	Qualified High Deductible	\$10/\$35/\$70	No Riders	No Riders
01-0001-2014	Ind	HDHMO	Bronze	IHBX4002	IHBX4017	Qualified High Deductible	\$4/50%/50%	No Riders	Adult Vision Exam
01-0001-2014	Ind	HDHMO	Bronze	IHBX4003	IHBX4018	Qualified High Deductible	50%/50%/50%	No Riders	Adult Vision Exam
01-0005-2014	Ind	HDHMO	Bronze	IHCX5001	IHCX5002	Qualified High Deductible	\$0/\$0/\$0	No Riders	No Riders
01-0001-2014	Ind	HMO	Platinum	IHNX6001	IHNX6003	Copayment	\$0/\$0/\$0	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1004	IHPX1010	Copayment	\$10/\$30/\$60	Age 29	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1005	IHPX1011	Copayment	\$10/\$40/\$70	Age 29	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1006	IHPX1012	Copayment	\$4/\$30/\$60	Age 29	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2004	IHGX2011	Copayment	\$10/\$35/\$70	Age 29	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2005	IHGX2008	Copayment	\$4/\$30/\$60	Age 29	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2006	IHGX2012	Transitional	\$4/50%/50%	Age 29	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3007	IHSX3073	Copayment	\$10/\$35/\$70	Age 29	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3008	IHSX3074	Copayment	\$10/\$35/\$70	Age 29	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHSX3009	IHSX3075	Copayment	\$9/\$20/\$40	Age 29	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHSX3010	IHSX3076	Copayment	\$6/\$15/\$30	Age 29	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3011	IHSX3061	Coinsurance	10%/25%/40%	Age 29	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HDHMO	Silver	IHSX3012	IHSX3062	Qualified High Deductible	\$10/\$50/\$80	Age 29	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4005	IHBX4019	Qualified High Deductible	\$4/50%/50%	Age 29	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4006	IHBX4020	Qualified High Deductible	50%/50%/50%	Age 29	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHNX6002	IHNX6004	Copayment	\$0/\$0/\$0	Age 29	No Riders
01-0004-2014	Ind	HMO	Silver	IHPXC005	IHPXC012	Copayment	\$10/\$35/\$70	No Riders	No Riders
01-0004-2014	Ind	HMO	Bronze	IHGXC006	IHPXC013	Qualified High Deductible	\$10/\$35/\$70	No Riders	No Riders
01-0004-2014	Ind	HMO	Gold	IHSXC007	IHPXC014	Copayment	\$10/\$35/\$70	No Riders	No Riders
01-0004-2014	Ind	HDHMO	Platinum	IHBXC008	IHPXC018	Copayment	\$10/\$30/\$60	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4016	IHBX4022	Qualified High Deductible	\$10/\$35/\$70	Age 29	No Riders
01-0004-2014	Ind	HMO	Silver	IHSX3037	IHSX3077	Coinsurance	50%/50%/50%	No Riders	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3038	IHSX3078	Coinsurance	50%/50%/50%	Age 29	Adult Vision Exam
01-0004-2014	Ind	HMO	Silver	IHSX3041	IHSX3063	Coinsurance	50%/50%/50%	No Riders	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3042	IHSX3064	Coinsurance	50%/50%/50%	Age 29	Adult Vision Exam
01-0004-2014	Ind	HMO	Silver	IHSX3045	IHSX3079	Coinsurance	50%/50%/50%	No Riders	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3046	IHSX3080	Coinsurance	50%/50%/50%	Age 29	Adult Vision Exam
01-0004-2014	Ind	HMO	Silver	IHSX3049	IHSX3065	Qualified High Deductible	\$10/\$50/\$80	No Riders	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3050	IHSX3066	Qualified High Deductible	\$10/\$50/\$80	Age 29	Adult Vision Exam
01-0004-2014	Ind	HMO	Silver	IHSX3053	IHSX3067	Qualified High Deductible	\$10/\$50/\$80	No Riders	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3054	IHSX3068	Qualified High Deductible	\$10/\$50/\$80	Age 29	Adult Vision Exam
01-0004-2014	Ind	HMO	Silver	IHSX3057	IHSX3081	Qualified High Deductible	\$10/\$50/\$80	No Riders	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3058	IHSX3082	Qualified High Deductible	\$10/\$50/\$80	Age 29	Adult Vision Exam
01-0004-2014	Ind	HMO	Silver	IHSXC009	IHSXC015	Copayment	\$10/\$35/\$70	No Riders	No Riders
01-0004-2014	Ind	HMO	Silver	IHSXC010	IHPXC016	Copayment	\$9/\$20/\$40	No Riders	No Riders
01-0004-2014	Ind	HMO	Silver	IHSXC011	IHPXC017	Copayment	\$6/\$15/\$30	No Riders	No Riders

**Capital District Physicians' Health Plan  
Benefit Summary  
Individual On-Exchange - HMO  
Plan Designs for 2015**

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Additional non EHB Benefits	Additional non EHB Benefits	Additional non EHB Benefits
01-0001-2014	Ind	HMO	Platinum	IHPX1001	IHPX1007	No Riders	No Riders	No Riders
01-0001-2014	Ind	HMO	Platinum	IHPX1002	IHPX1008	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014	Ind	HMO	Platinum	IHPX1003	IHPX1009	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014	Ind	HMO	Gold	IHGX2001	IHGX2009	No Riders	No Riders	No Riders
01-0001-2014	Ind	HMO	Gold	IHGX2002	IHGX2007	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014	Ind	HMO	Gold	IHGX2003	IHGX2010	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014	Ind	HMO	Silver	IHSX3001	IHSX3069	No Riders	No Riders	No Riders
01-0001-2014	Ind	HMO	Silver	IHSX3002	IHSX3070	No Riders	No Riders	No Riders
01-0001-2014	Ind	HMO	Gold	IHSX3003	IHSX3071	No Riders	No Riders	No Riders
01-0001-2014	Ind	HMO	Silver	IHSX3004	IHSX3072	No Riders	No Riders	No Riders
01-0001-2014	Ind	HMO	Silver	IHSX3005	IHSX3059	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014	Ind	HDHMO	Silver	IHSX3006	IHSX3060	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014	Ind	HDHMO	Bronze	IHBX4001	IHBX4021	No Riders	No Riders	No Riders
01-0001-2014	Ind	HDHMO	Bronze	IHBX4002	IHBX4017	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014	Ind	HDHMO	Bronze	IHBX4003	IHBX4018	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0005-2014	Ind	HDHMO	Bronze	IHCX5001	IHCX5002	No Riders	No Riders	No Riders
01-0001-2014	Ind	HMO	Platinum	IHNX6001	IHNX6003	No Riders	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1004	IHPX1010	No Riders	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1005	IHPX1011	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1006	IHPX1012	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2004	IHGX2011	No Riders	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2005	IHGX2008	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2006	IHGX2012	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3007	IHSX3073	No Riders	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3008	IHSX3074	No Riders	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHSX3009	IHSX3075	No Riders	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHSX3010	IHSX3076	No Riders	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3011	IHSX3061	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HDHMO	Silver	IHSX3012	IHSX3062	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4005	IHBX4019	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4006	IHBX4020	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHNX6002	IHNX6004	No Riders	No Riders	No Riders
01-0004-2014	Ind	HMO	Silver	IHPXC005	IHPXC012	No Riders	No Riders	No Riders
01-0004-2014	Ind	HMO	Bronze	IHGXC006	IHPXC013	No Riders	No Riders	No Riders
01-0004-2014	Ind	HMO	Gold	IHSXC007	IHPXC014	No Riders	No Riders	No Riders
01-0004-2014	Ind	HDHMO	Platinum	IHBXC008	IHPXC018	No Riders	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4016	IHBX4022	No Riders	No Riders	No Riders
01-0004-2014	Ind	HMO	Silver	IHSX3037	IHSX3077	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3038	IHSX3078	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0004-2014	Ind	HMO	Silver	IHSX3041	IHSX3063	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3042	IHSX3064	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0004-2014	Ind	HMO	Silver	IHSX3045	IHSX3079	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3046	IHSX3080	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0004-2014	Ind	HMO	Silver	IHSX3049	IHSX3065	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3050	IHSX3066	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0004-2014	Ind	HMO	Silver	IHSX3053	IHSX3067	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3054	IHSX3068	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0004-2014	Ind	HMO	Silver	IHSX3057	IHSX3081	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3058	IHSX3082	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0004-2014	Ind	HMO	Silver	IHSXC009	IHSXC015	No Riders	No Riders	No Riders
01-0004-2014	Ind	HMO	Silver	IHSXC010	IHPXC016	No Riders	No Riders	No Riders
01-0004-2014	Ind	HMO	Silver	IHSXC011	IHPXC017	No Riders	No Riders	No Riders



April 25, 2014

Ms. Susan E. Pantely, FSA, MAAA  
Principal and consulting Actuary  
Milliman Inc.  
650 California Street  
San Francisco, CA 94108

RE: Data Reliance Statement for 2015 Rate Filing

Dear Ms. Pantely,

I, Bethany Smith, Senior Vice President of Finance and CFO of Capital District Physicians' Health Plan (CDPHP) and CDPHP Universal Benefits, Inc, hereby affirm that the listings, summaries, exhibits, and analyses relating to the data prepared for and submitted to Ms. Susan E. Pantely, Principal and Consulting Actuary at Milliman, Inc. in support of the actuarial 2015 Rate filings were prepared under my direction and, to the best of my knowledge and belief, are accurate and complete and are the same as or derived from the records and other data which form the basis of the Premium Rate Filings, effective January 1, 2015.

Sincerely,

A handwritten signature in black ink, appearing to be 'Bethany Smith', with a long horizontal flourish extending to the right.

Bethany Smith, CPA  
Senior Vice President, Finance and CFO  
Capital District Physicians' Health Plan Inc.

**Capital District Physicians' Health Plan  
Premium Rate Filing  
FORMS # 01-0001-2014, 01-0004-2014, 01-0005-2014**

**ACTUARIAL MEMORANDUM**

**Individual New York Health Benefit Exchange  
On-Exchange Plan Filing**

**General Information**

**Company Legal Name:** Capital District Physicians' Health Plan

**State:** New York

**HIOS Issuer ID:** 94788

**QHP Template SERFF #:** CAPD-129571359

**Market:** Individual

**Effective Date:** January through December 2015

**Primary Contact Name:** [REDACTED]

**Primary Contact Telephone Number:** [REDACTED]

**Primary Contact Email Address:** [REDACTED]

**Overview**

This document contains the Actuarial Memorandum for Capital District Physicians' Health Plan ("CDPHP") individual comprehensive medical block of business, effective January 1, 2015. These individual rates are guaranteed 12 months after the group's effective date. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

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

The information in this actuarial memorandum has been prepared for the use of CDPHP and is subject to the terms and conditions of the Consulting Services Agreement between CDPHP and Milliman, Inc. dated February 9, 2011. We understand that this actuarial memorandum will be provided to the New York State Department of Financial Services, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of CDPHP's rate filing process. We understand that the information provided may be considered public documents, and, as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this actuarial memorandum or rate filing to third parties. Likewise, third parties are to place no reliance upon this actuarial memorandum or rate filing prepared for CDPHP by Milliman that would create any legal duty under any theory of law by Milliman to any third party.

**Reliance**

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

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

A data reliance letter is attached to this rate submission.

**Capital District Physicians' Health Plan**  
**Premium Rate Filing**  
**FORMS # 01-0001-2014, 01-0004-2014, 01-0005-2014**

**Identification**

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

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

**Proposed Rates**

CDPHP is filing individual rates with effective dates beginning January 1, 2015 for plans to be marketed off the NYHBE. The plan designs included in this filing are compliant with the EHB in accordance with the ACA. The projected plan claim costs have been derived from the combined base claims experience for CDPHP’s existing small group pools. Plan design pricing considered assumptions for Induced Demand and AV as specified in the HHS Notice of Benefit and Payment Parameters for 2015. Costs associated with ACA taxes and fees have been added to the base period expense in the development of the final premium requirements. Federal Risk Adjustment Program and Federal Transitional Reinsurance Program payments have been incorporated into the premium rate development as further described below.

**Experience Period Premium and Claims**

The base period data used in the development of the medical expenses is the combined small group CDPHP pooled incurred claims and membership for all in-force plans, for the 12 months ending December 2013, paid through February 2014 for CDPHP’s current Capital Area rating region. CDPHP’s Capital Area rating mirrors NYS’s defined Rating Region 1. The impact of NYS Regulation 146 risk adjustment pool and NYS Healthy NY Stop-loss Reimbursement pool was excluded from the base period starting claims costs.

**Worksheet 1 HHS Unified Rate Review Template**

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

Incurred claims and allowed claims presented on Worksheet 1 come directly from CDPHP’s claim payment records in the data warehouse combined with capitated expenses and NYS HCRA surcharges from the accounting general ledger for the base period. Approximately 76% of incurred and allowed claims are processed on CDPHP’s claims system, 17.5% are processed through CDPHP Pharmacy Benefit Manager Caremark, and approximately 6.5% are processed as capitated providers or health related expense such as provider quality bonuses, case management fees, and NYS HCRA surcharges.

Estimates for incurred but not reported (“IBNR”) claims are included and were derived using a standard industry lag methodology. The standard lag methodology used combines large and small group historical lag triangles separated for Inpatient, Outpatient, Professional, and Pharmacy type of services. Large and small group blocks are combined to ensure the credibility of each lag cell. Final estimated reserve levels at the group size level are allocated based upon paid claims by group size during the period. The base period claims include 2 months of paid run-out and therefore, IBNR is 1.1% of the base period starting claim cost.

**Capital District Physicians' Health Plan  
Premium Rate Filing  
FORMS # 01-0001-2014, 01-0004-2014, 01-0005-2014**

**Benefit Categories**

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

**General Overview of Proposed Rate Development**

The general methodology used to develop the premium rates applies factors to the Index Rate for each component of the rate buildup. Each component was compared to the starting net trended per member per month (“PMPM”) claims cost to develop the applicable factor. The rates for the corresponding plan designs were developed by taking the product of the following:

- Base Period Index Rate
- Impact of Essential Health Benefits
- Membership Risk Pool Changes
- Post ACA: Ratio Individual to Small Group risk pool
- Federal Risk Adjustment
- Claim Trend Projection
- Pent Up Demand
- Pricing Actuarial Value without induced demand
- Pricing Actuarial Value – Induced Demand
- Benefits in addition to the Essential Health Benefits
- Administrative Expense
- Profit
- Additional Plan Specific Factors

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

**Index Rate**

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

<u>Base Period In-force plan Index Rate Development</u>		
Average Incurred Claims PMPM	\$329.15	<b>A</b>
Average AV Pricing Value	.8828	<b>B</b>
Induced Demand	<u>1.0209</u>	<b>C</b>
Small Group Index Rate ( <b>Exhibit 18, line 12</b> )	\$365.20	<b>D = A / B / C</b>
Ratio between Individual/Small Pool	<u>1.3016</u>	<b>E</b>
<b>Individual Index Rate</b>	<b>\$475.33</b>	<b>= D * E</b>

**Capital District Physicians' Health Plan  
Premium Rate Filing  
FORMS # 01-0001-2014, 01-0004-2014, 01-0005-2014**

**Post ACA: Ratio to Small Group Risk Pool**

The post ACA ratio was developed by taking the ratio of the allowed claim costs for individuals enrolled in 2014 in On and Off Exchange products compared to the small group pool for the time period of January – March 2014 with two months run-out and adjusted for estimated incurred but not reported claims.

Q1_2014 Individual Pool Allowed Cost:	\$705.32
Q1_2014 Small Group Pool Allowed Cost:	\$400.54
Ratio Individual to SG:	1.7609

This factor was applied consistently across plans on Exhibit 18, line 19.

A similar calculation using experience period Calendar Year 2013 data would produce an expected ratio of 1.3016.

CDPHP recognizes that a number of factors are contributing to the unexpected high utilization in the first quarter of 2014 in the Individual pool, including pent up demand, seasonality and disproportionately higher risk enrolled in the Individual market than expected. We anticipate some stabilization of costs in this market and will monitor this closely throughout 2014. In consideration of the impact on our members, we have capped the average rate change requested. A factor to reduce the overall requested rate change approximately 25% is applied on line 27 of Exhibit 18.

**Membership Projections**

The existing book of business for calendar year 2013 was mapped to a metal tier using the following ranges of AVs as outlined by the Department of Financial Services:

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

The projected membership for 2015 was redistributed based on the current distribution for the plans which have already renewed in Q1 2014. This projection is indicated on Worksheet 2 of the Unified Rate Review Template (URRT).

**Impact of Market Wide Adjustments**

**Changes in Morbidity of the Population Insured**

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

**Impact of compliance with Essential Health benefits**

The impact of the additional costs associated with Essential Health benefits not in the base period experience as noted below is derived on Exhibit A and applied on Exhibit 18, Line 13 consistently for all plans in each metal tier.

- Pediatric Vision – currently a non-covered benefit
- Hearing Aids – currently a non-covered benefit
- Skilled Nursing Facility – EHB changes base contract from 45 days to 200 days
- Gym Reimbursement – currently a non-covered benefit
- Treatment in Residential Facilities – currently a non-covered benefit, new for 1/1/2015
- Exclusion of Orthotics (Standard plans only)

**Capital District Physicians' Health Plan  
Premium Rate Filing  
FORMS # 01-0001-2014, 01-0004-2014, 01-0005-2014**

Impact of changes in the provider network, fee schedules levels, utilization management, and Quality Improvements that apply to the entire market-wide risk pool not included in the claim trend

There are no changes planned for the composition of the provider network, fee schedules levels, utilization management, or quality improvements in the projection period compared to the base period. The pharmacy network offered for the Individual products will be a subset of the network offered for group products. This impact on pricing for the limited pharmacy network is a reduction to the pharmacy unit cost of 0.5%. This is consistent with the existing pharmacy network offered for the individual products. No adjustments were applied outside the claim trend development.

Impact on risk pool in expected covered membership risk characteristics

No adjustment has been made for expected changes due to membership risk characteristics.

Impact of anticipated changes in the distribution of the membership in the risk pool by the standard rating regions

There has been no adjustment to the membership in the risk pool by the standard rating regions. As of February 2014, 75% of the small group membership is located in Region 1.

Federal Risk Adjustment Program

CDPHP relied on the results of the NYS Department of Finance Service Risk Adjustment Simulation Project prepared by Deloitte Consulting. The combined simulation results of CDPHP's two Individual pools were used in the base experience Index Rate development as shown below.

	MMs	<b>Deloitte Estimated RA Transfer Payment PMPM</b>
CDPHP Individual	41,693	(\$64.91)
CDPHP UBI Individual	57,347	(\$8.66)
Weighted		(\$32.31)

The resulting PMPM was converted to a factor based upon overall average Projected Index rate PMPM for all metal tier plans on and off the Exchange. This factor, 1.0665, was applied consistently across plans in each metal tier.

Federal Reinsurance

The estimated Federal reinsurance adjustment is based on calendar year 2013 data for combined CDPHP and UBI data. Based on the attachment point of \$70,000, 50% coinsurance up to a maximum of \$250,000, the reinsurance estimate is (\$14.80) PMPM. This PMPM was converted to a factor based on the projected Index Rate for all metal tiers on and off exchange. This factor, 0.9714, was applied consistently across all plans.

Credibility Adjustment:

The experience period used in the development of the 2015 premium rates is fully credible based on the member months covered in the underlying claims experience and stability of the underlying benefit plan mix covered during the period.

**Capital District Physicians' Health Plan  
Premium Rate Filing  
FORMS # 01-0001-2014, 01-0004-2014, 01-0005-2014**

Claim Trend Projection: Cost and Utilization Trend Factors

The average annual trend factor applied is 5.3%. The effective trend based on 24 months from the midpoint of the base period to the midpoint of the rate period is 10.9%.

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

- Service Mix Intensity: No additional adjustment has been made
- Case Mix: No additional adjustment has been made
- Adverse Selection: No additional adjustment for adverse selection has been incorporated in the annual trend assumptions. A factor of 1.025 was added for the uninsured entering the market. This is consistent with the assumptions previously filed for this block of business.
- Deductible Leveraging: No explicit additional adjustments have been applied
- Inpatient: Medical management programs will hold trend below the industry trend. Programs include Care Management, Diabetic Management, and Readmission Avoidance.
- Outpatient: Increase in the number of outpatient procedures continues to see rebound of pent up demand (pre-ACA population). More procedures are moving to ambulatory surgery centers. CDPHP's patient centered medical home program (EPC) enhances access to primary care services for members thereby decreasing the number of ER visits. Admission review of all requested inpatient stays has resulted in higher trends in observation room care and decreased inpatient stays.
- Professional: Continued movement of services to the more appropriate setting will result in more outpatient/office services. Benefits for physical, occupational and speech therapy services have been expanded with the inclusion of habilitative/rehabilitative services.
- Other Medical: Aggressively addressing non-par lab usage, while also promoting all evidence-based testing to monitor chronic conditions. Outreach with coaching and counseling of utilization outliers through CDPHP's high tech radiology program. More aggressive post discharge management may necessitate more DME and prosthetics. An increase in homecare is expected as more palliative care services are provided.
- Pharmacy: Utilization and cost trends are based on the projected trends from CDPHP's Pharmacy Benefit Manager, Caremark, as well as input from CDPHP's Pharmacy Management. A reduction of 0.5% was applied to the unit cost trend to account for a limited pharmacy network for Individual products.

Annual rate trends are shown in the following table:

Projected Trend Factor 2014	5.2%
Projected Trend Factor 2015	5.4%

**Capital District Physicians' Health Plan  
Premium Rate Filing  
FORMS # 01-0001-2014, 01-0004-2014, 01-0005-2014**

- **Pent-Up Demand:** A factor of 1.025 was added for the uninsured entering the market. This is consistent with the assumptions previously filed for this block of business.

**Plan Level Adjustments**

AV Metal Values

The HHS AV Calculator was used to determine the Actuarial Value for all plans designs submitted in this rate filing.

AV Pricing Values

The average AV pricing value and induced demand for all in force plans included in the base experience period was used as the reference plan for the basis of the AV Pricing Values. The 2012 Milliman Health Cost Guidelines<sup>TM</sup> were used to determine the weighted average cost share, AV, and induced demand factor for the weighted average benefit design for in-force plans in the experience pool. The calculated AV for each proposed plan was determined using the HHS AV calculator. An assumed induced demand factor per metal tier was multiplied by the plan AV to determine the pricing actuarial value. The assumption for the induced demand component was set consistently for each plan within a metal tier, per guidance provided by NYS Department of Financial Services.

Average weighted Induced Demand for the experience period assumed for each Metal Tier:

	<b><u>Induced Demand</u></b>
Platinum	1.0397
Gold	0.9780
Silver	0.9479
Bronze	0.9261

Impact of changes in characteristics for provider network, delivery systems, utilization management, and claim cost for quality improvements

There are no changes planned for the characteristics of the provider network, delivery system, utilization management, or claim costs for quality improvements in the projection period compared to the base period. No adjustments were applied outside the claim trend development.

Benefit in addition to the Essential Health benefits

Unique plan designs have been created to incorporate the following additional benefits (Exhibit C):

Mandatory Make Available Benefits

- Dependent coverage extended from age 26 to 29
- Domestic Partner
- Family Planning

Additional Benefits Available on all Non-Standard Products

- Adult Vision Exam - available once per year
- Skilled Nursing Facility – extends coverage from 200 days to 365 days
- Acupuncture – maximum of 10 visits per year
- Lasik Surgery – maximum reimbursement of \$750

**Capital District Physicians' Health Plan  
Premium Rate Filing  
FORMS # 01-0001-2014, 01-0004-2014, 01-0005-2014**

Administrative Expense Load

The administrative expense load is based on actual 2013 administrative expense, along with 2014 budgeted expense in the current individual market.

Taxes and Fees

**Exchange User Fee:** Per guidance provided by the NYS Department of Finance Services, there is no load for NYS Exchange user fees

**PCORI Fee:** \$2.10 Per Member Per Year (“PMPY”) (Assumes a 5% increase over 2014 fee)

**Risk Adjustment User Fee:** \$0.96 PMPY

**NYS Regulatory Authority license and fees:** Based on a percent of premium using prior year actuals

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

<b>On/Off Exchange – Individual</b>	<b>2015 % of Premium Projected</b>	<b>% of Premium based on 2013 Actuals</b>	<b>2014 Filing % of Premium Projected</b>
General Administrative Expense	10.16%	10.21%	8.88%
Broker Commissions	0.00%	2.19%	0.00%
Quality Improvement	0.93%	0.94%	1.03%
Community Benefits	0.00%	0.06%	0.00%
<b>Subtotal – Excluding ACA Taxes and Fees</b>	<b>11.09%</b>	<b>13.40%</b>	<b>9.91%</b>
NYS Regulatory Authority license and fees	0.86%	1.03%	0.73%
ACA Insurers tax	0.94%	n/a	1.40%
PCORI & Risk Adjustment	0.06%	n/a	0.46%
Federal Reinsurance Fee	0.90%	n/a	1.49%
<b>Total Administrative Expense Including ACA</b>	<b>13.85%</b>	<b>14.43%</b>	<b>13.99%</b>
Profit and contribution to Surplus	2.00%	0.0% (a loss was incurred)	2.00%
<b>Total Retention including Profit</b>	<b>15.85%</b>	<b>14.43%</b>	<b>15.99%</b>

Embrace Health

CDPHP is offering two (2) value based plans, known as Embrace Health. These existing plan designs include an allowance available to cover any cost-sharing for non-preventive medical services. The allowance for these plans designs is \$200, and may be carried over to a maximum amount of \$400 per calendar year. The value of this benefit is the same as filed under the original 2013 rate filing under CAPD-128671097, approved 12/5/12. The factor is developed by taking the ratio of the allowance PMPM to the starting allowed claims expenses. See Exhibit F.

**Additional Factors applied to Premium rate build up**

Child only plans

The child only rates were developed by multiplying the single rate by 0.412 as outlined by the Department of Financial Services.

**Capital District Physicians' Health Plan**  
**Premium Rate Filing**  
**FORMS # 01-0001-2014, 01-0004-2014, 01-0005-2014**

Catastrophic Plan Design

The development of the single rate for the catastrophic plan design includes a factor of 0.63. This factor was calculated by taking the ratio of the average costs, per member per month, for members under the age of thirty, to the average costs of all members for the experience period. The purpose of this factor is to account for the eligibility guidelines, as outlined by HHS, pertaining to this specific plan design.

Conversion Factor

The single conversion factor was calculated using subscribers and members enrolled in Individual HMO and UBI products, including Sole Proprietors, as of Q1 2014. See Exhibit G.

Regional Factors

The regional factor for Region 3 (Mid-Hudson) has been increased from 1.1305 to 1.1805 to account for the recent bankruptcy of St. Francis Hospital which represents approximately 10% of the hospital spend in this rating area. St. Francis hospital was acquired by Westchester Medical Center, currently a non-participating hospital in CDPHP's commercial network. The impact of this network disruption was estimated assuming that all St. Francis services would be redirected to the closest participating hospital, Vassar Hospital. The impact if all services were performed at Vassar Hospital is an increase of 10%. CDPHP anticipates that it will negotiate more favorable reimbursement rates and re-contract directly with St. Francis/Westchester. Therefore, we have included only half of the estimated impact, 5%, in the regional factor adjustment. See Exhibit H.

Dental

CDPHP has entered into a partnership with Delta Dental to provide pediatric dental benefits. These benefits are in compliance with the EHB in accordance with the ACA. CDPHP will assume the marketing, enrollment, billing and renewal responsibilities, while Delta Dental will assume the underwriting risk and administration of the benefits as a standalone contract.

**Capital District Physicians' Health Plan  
Premium Rate Filing  
FORMS # 01-0001-2014, 01-0004-2014, 01-0005-2014**

SMC Pool Impact

CDPHP has received the 2013 Preliminary High Cost Claims Pool Distribution estimate for Individual Direct pay HMO/POS. CDPHP will apply all of this distribution to reduce the overall requested rate change in 2015. A factor of 0.9444 is included on Exhibit 18, line 26 and includes the following:

- a) *the distributions for pool years 2007-12: \$0, All monies were returned to subscribers for this period.*
- b) *the distribution for pool year 2013: \$1,496,648*
- c) *the outstanding amounts from the operation of the Specified Medical Conditions pool for years 1999-2004: \$0*

<b><u>On Exchange</u></b>	2015 Projected PMPM No Benefit Changes	Benefit Changes	2015 Projected PMPM With Benefit Changes	Projected *	Annualized Premium
				Enrollment	
Platinum	\$593.56	0.9%	\$598.63	524	\$3,764,185
Gold	\$542.61	0.9%	\$547.25	375	\$2,465,252
Silver	\$494.07	0.9%	\$498.30	1,706	\$10,201,198
Bronze	\$382.07	0.9%	\$385.34	269	\$1,242,028
Catastrophic	\$247.67	0.9%	\$249.78	50	\$149,868
				2,924	\$17,822,531
<b><u>Off Exchange</u></b>					
Platinum	\$650.00	1.7%	\$660.88	519	\$4,115,168
Gold	\$533.59	1.7%	\$542.53	213	\$1,387,358
Silver	\$482.60	1.7%	\$490.68	270	\$1,587,448
Bronze	\$390.33	1.7%	\$396.87	102	\$485,769
				1,104	\$7,575,742
			Total Earned Premium		\$25,398,273
			SMC refund		\$1,496,648
			% reduction		5.56%
			Factor (Exhibit 18)		0.9444
* Projected enrollment starting assumption is May 2014 enrollment. Assumes 10% loss of membership in Mid Hudson due to impact of increase in regional factor. Increase in Catastrophic members due to more favorable rate position in market.					

**Capital District Physicians' Health Plan  
Premium Rate Filing  
FORMS # 01-0001-2014, 01-0004-2014, 01-0005-2014**

**Projected Loss Ratio**

The projected loss ratio based on the New York State definition is 84.2%.

**Historical Claim Data by Policy Form (Exhibit 17)**

For each experience period represented in this exhibit, incurred claims and membership for all in-force plans, for each 12 month period, includes paid claims and revised estimates for remaining reserves as of February 2014. Exhibit 17 includes data for all rating regions. Incurred claims used in the development of the Index rate on Exhibit 18 is for CDPHP's Capital Area Rating region only.

**Miscellaneous Exhibits**

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

See Exhibit I.

**Terminated Products**

There are no plans designs being terminated for this block of business.

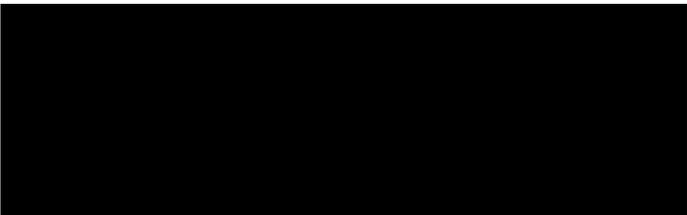
**Capital District Physicians' Health Plan, Inc.**  
**Premium Rate Filing**  
**FORM # 01-0001-2014, 01-0004-2014, 01-0005-2014**

**Actuarial Certification**  
**Individual – On Exchange Plans**

I,  am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries and meet the 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 and Federal Statutes and Regulations (45CFR 156.80(d)).
- The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOPs) including:
  - ASOP No. 5, Incurred Health and Disability Claims
  - ASOP No. 8, Regulatory Filings for Health Plan Entities
  - ASOP No. 12, Risk Classification
  - ASOP No. 23, Data Quality
  - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
  - ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
  - ASOP No. 41, Actuarial Communications
- The expected loss ratio incorporated into the proposed rate tables meets the minimum requirements of the State of New York.
- The benefits are reasonable in relation to the premiums charged.
- The rates are not unfairly discriminatory.
- The projected index rates and allowable modifiers are in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2))
- The AV Calculator was used to determine the AV Metal Values.
- The Essential Health Benefits were calculated in accordance with actuarial standards of practice.

  
6/10/2014

Date

Capital District Physicians' Health Plan  
 Individual On Exchange  
 Essential Health Benefits  
 2015 Rate Filing

Exhibit A

Essential Health Benefits added to base experience			
	Standard plans	Non Standard Plans	
Pediatric Vision Exams/Hardware	\$2.09	\$2.09	
Hearing Evaluations	\$0.01	\$0.01	
Skilled Nursing Facility - 200 days	\$0.06	\$0.06	
Healthy Lifestyle - Gym Membership	\$3.31	\$3.31	
Residential Treatment Facilities	\$2.55	\$2.55	
<u>Removal of Orthotics</u>	<u>(\$0.61)</u>	<u>n/a</u>	
<b>Total</b>	<b>\$7.40</b>	<b>\$8.01</b>	<b>A</b>
Starting Claims cost	\$475.33	\$475.33	<b>B</b>
Factor Applied	1.01533	1.01658	<b>C = 1+(A/(A+B))</b>

Pediatric Vision Exams and Hardware			
1 exam/hardware per year			
Hearing Evaluations			
Data based on Child Health Plus utilization and cost for calendar year 2013			
	Freq	Cost	PMPM
Vision Exams	0.3877	\$38.89	\$1.26
Vision Hardware	0.5830	\$17.21	\$0.84
Hearing Exams	0.0068	\$9.89	\$0.01

Extend SNF benefit from 45 days to 200		Jan 1, 2013 - Dec 31, 2103 as of Feb 28, 2014					
		<u>FREQ</u>	<u>COST</u>	<u>PMPM</u>	<u>COPAY</u>	<u>COPAY PMPM</u>	<u>NET PMPM</u>
Skilled Nursing Facility (45)- 2013 Benefit	A	0.0140	\$344.24	\$0.40	\$16.37	\$0.02	\$0.38
Skilled Nursing Facility (200)- 2014 Base Benefit	D	0.0159	\$344.24	\$0.46	\$16.37	\$0.02	\$0.43
Skilled Nursing Facility (365)- 2015 Base Benefit	F	0.0163	\$344.24	\$0.47	\$16.37	\$0.02	\$0.44
			45 - 200 days	\$0.06			
<b>Member Months</b>							
From Claim Probability Distribution for Skilled Nursing Facility, based claims data from MarketScan 2010-2011							
Annual Cost of 45 days based on current benefit		\$15,490.80					
Annual Cost of 200 Days		\$68,848.00					
Utilization Factor, 200 Days over 45 Days		1.131	C		From previous Milliman pricing, 2014		
Projected Utilization with 200 Day Limit		0.0159	D = A *C				
Utilization Factor, 365 Days over 200 Days		1.0026	E		From previous Milliman pricing, 2014		
Selection Factor		1.0250	F		From previous Milliman pricing, 2014		
Projected Utilization with No Day Limit		0.0163	G = D * E * F				

**Healthy Lifestyle Benefits**

Total Available Allowance \$500

\$500 total benefit, extended to include dependents

\$100 available for Childrens' sports programs

<http://statisticbrain.com/youth-sports-statistics/>

- 60% of kids participate in sports outside of school; assume 50% of these members will be reimbursed for this activity

\$400 available for exercise facilities, weight loss programs and alternative programs such as tai chi, yoga, etc.

- Increased compliance rate to 8% since benefit is now open to all dependent

Total Allowance \$500	(A) Contracts With Children	(B) Allowance	(C) Compliance Rate	(D) Contracts	(E) Allowance	(F) Compliance Rate	(G)=(A)*(B)*(C)*(D)*(E)*(F) Total Dollars	(H) Total Contracts	(I)=(G)/(H)/12 Spread over all (pmpm)
Small Group HMO	29,320	\$100	30%	112,838	\$400	8%	\$4,490,416	112,838	\$3.32
Individual HMO/UBI	13,868	\$100	30%	72,437	\$400	8%	\$2,734,024	72,437	\$3.15
Small Group UBI	125,873	\$100	30%	470,379	\$400	8%	\$18,828,318	470,379	\$3.34
Small Group/Individual	169,061	\$100	30%	655,654	\$400	8%	\$26,052,758	655,654	<b>\$3.31</b>

**Removal of Orthotics (Standard Plans Only)**

Data: Jan 1, 2103 - Dec 31, 2013 as of 02/28/14

Jan 1, 2013 - Dec 31, 2013 as of 02/28/14

<u>FREQ</u>	<u>COST</u>	<u>PMPM</u>
0.056	\$131.29	<b>\$0.61</b>

**Treatment in Residential Facilities**

Total Members 243806  
 # if eating disorder cases 68  
 0.03%

Total January Enrollment							Hi Estimate		Lo Estimate	
	Individual	Small	Sole	Serious Condi Prevalence *w/ Serious cond	members	Assumed % residential care	Total in RC	Assumed % residential care	Total in RC	
<12	43	9,140	111							
12-17	34	6,818	97	4.4%	306	0.81%	2	0.10%	0	
18-25	191	11,565	146	4.1%	488	0.81%	4	0.10%	0	
26-49	641	35,500	402	5.2%	1,900	0.81%	15	0.10%	2	
50+	1,961	31,716	768	3.0%	1,033	0.81%	8	0.10%	1	
	2,870	94,739	1,524		3,727		30		4	
						@200K ea	6,062,210	@200K ea	745,465	
						PMPM	5.10	PMPM	0.63	
						@100K ea	3,031,105	@100K ea	372,732	
						<b>PMPM</b>	<b>2.55</b>	PMPM	0.31	

### Children's Mental Health Problems are Widespread

Mental health and substance abuse problems occur commonly among today's youth 1 and begin at a young age. 2

One in five children birth to 18 has a diagnosable mental disorder. 3

One in 10 youth has serious mental health problems that are severe enough to impair how they function at home, in school, or in the community. 4

The onset of major mental illness may occur as early as 7 to 11 years old. 5

Roughly half of all lifetime mental health disorders start by the mid-teens. 6 7

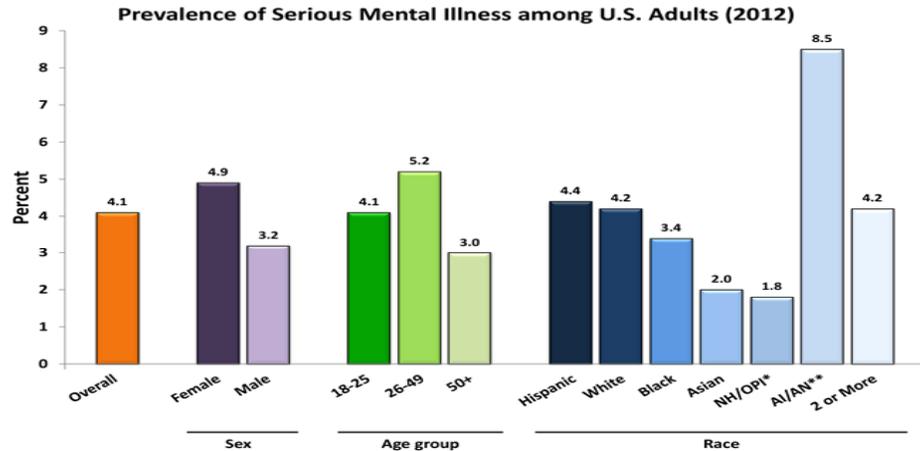
Individual and environmental risk factors that increase the likelihood of mental health problems include receiving public assistance, having unemployed or teenage parents, or being in the foster care system.

These and other factors can be identified and addressed in the early years. 8

Among youths aged 12 to 17, 4.4 percent had serious emotional disorders in 2008. 9

Among youths aged 12 to 17, 4.4 percent had serious emotional disorders in 2008. 9

In 2012, there were an estimated 9.6 million adults aged 18 or older in the U.S. with SMI in the past year. This represented 4.1 percent of all U.S. adults.



\*NH/OPI = Native Hawaiian/Other Pacific Islander  
\*\*AI/AN = American Indian/Alaska Native

**Capital District Physicians' Health Plan  
HMO Individual Product  
Projected Utilization and Cost Trends**

	2013			2014			2015		
	Util	Cost	Total	Util	Cost	Total	Util	Cost	Total
Inpatient Facility	-2.8%	7.4%	4.4%	-2.2%	6.5%	4.2%	-1.8%	5.7%	3.8%
Outpatient Facility	7.5%	0.8%	8.3%	4.5%	2.5%	7.1%	1.3%	4.2%	5.5%
Professional	-1.2%	5.3%	4.0%	0.9%	2.3%	3.2%	1.4%	1.4%	2.9%
Radiology	-1.4%	-1.2%	-2.6%	0.0%	-4.0%	-4.0%	1.0%	-0.4%	0.6%
Pathology	1.5%	10.5%	12.1%	3.0%	-2.6%	0.3%	1.5%	0.8%	2.4%
Prescription Drugs	-0.4%	-0.8%	-1.2%	1.0%	5.0%	6.0%	1.0%	6.0%	7.0%
Other	3.8%	13.3%	17.6%	2.6%	1.5%	4.1%	1.5%	1.5%	3.0%
Caps		17.6%	17.6%		14.9%	14.9%		2.7%	2.7%
Medical	0.4%	5.1%	5.5%	1.6%	2.4%	4.1%	1.3%	2.3%	3.7%
Pharmacy	-0.4%	-0.8%	-1.2%	1.0%	5.0%	6.0%	1.0%	6.0%	7.0%
Total	0.0%	5.4%	5.5%	1.4%	3.8%	5.2%	1.2%	4.1%	5.4%

Capital District Physicians' Health Plan  
Benefits in Addition to the Essential Health Benefits  
2015 Rate Filing

Exhibit C

Mandatory Make Available Benefits	Factor
Age 29	1.0018
Domestic Partner	1.0000
Carve out Family Planning	0.9940

	% of Total	Allowed	Per Member Per Year			
			Paid+WH	Copay	Deductible	Coins
Members 0 - 26 as of 2013	28.62%	\$596.37	\$524.41	\$32.51	\$3.19	\$36.27
Members 27 - 29 as of 2013	0.09%	\$2.93	\$2.51	\$0.18	\$0.05	\$0.19
Members > 30?	0.03%	\$3.06	\$2.90	\$0.09	\$0.04	\$0.04
Total Dependents	28.75%	\$602.37	\$529.83	\$32.78	\$3.28	\$36.49
Subscribers & Spouses	67.34%	\$2,843.86	\$2,540.97	\$139.40	\$17.30	\$146.19
Total All Members	96.10%	\$3,446.23	\$3,070.80	\$172.18	\$20.57	\$182.68

	% of Total	Allowed	Per Member Per Month			Rate Impact
			Paid+WH	Total to 26	Total to 29	
Members 0 - 26 as of 2013	29.79%	\$49.70	\$43.70	\$43.70	\$43.70	
Members 27 - 29 as of 2013	0.10%	\$0.24	\$0.21		\$0.21	
Members > 30?	0.04%	\$0.26	\$0.24		\$0.24	
Total Dependents	29.92%	\$50.20	\$44.15			
Subscribers & Spouses	70.08%	\$236.99	\$211.75	\$211.75	\$211.75	
Total All Members	100.00%	\$287.19	\$255.90	\$255.45	\$255.90	<b>1.0018</b>

Family Planning							Trend 07/1/13 - 07/1/15								
Data based on January - December 2013 paid through 2/28/14							Util	Cost	Gross	Copay	Copay	Net			
	Util	Cost	PMPM	Copay	PMPM	PMPM	Util	Cost	PMPM	Copay	PMPM	PMPM			
Elective Abortion	0.00012	\$1,298.02	\$0.01	\$93.30	\$0.00	\$0.01	1.011	1.057	0.00013	\$1,372.60	\$0.01	\$97.63	\$0.00	\$0.01	
Sterilization	0.00027	\$8,488.91	\$0.19	\$394.41	\$0.01	\$0.18	1.011	1.057	0.00027	\$8,976.63	\$0.20	\$412.71	\$0.01	\$0.19	
Vasectomies	0.00187	\$609.45	\$0.09	\$115.53	\$0.02	\$0.08	1.011	1.057	0.00189	\$644.46	\$0.10	\$120.89	\$0.02	\$0.08	
Contraceptives	0.72296	\$39.36	\$2.37	\$0.00	\$0.00	\$2.37	1.013	1.084	0.73228	\$42.66	\$2.60	\$0.00	\$0.00	\$2.60	
						<b>\$2.64</b>									
														<b>\$2.89</b>	
													Starting claims cost	\$475.33	
													Cost to carve out family planning	<b>0.9940</b>	

Additional Benefits added to base plans (non-standard only)	
	Factor
Adult Vision Exam	1.00353
SNF to 365	1.00002
Acupuncture	1.00010
Lasik	1.00256

Adult Vision Exam - 1 every year								2013/2015 Trend								
	Freq	Cost	PMPM	Copay	Copay PMPM	Net PMPM	Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM		
Vision Exams	0.42431	\$81.73	\$2.89	\$39.24	\$1.39	\$1.50	1.1%	5.7%	0.42879	\$86.43	\$3.09	\$39.24	\$1.40	\$1.69		
														Starting claims cost	\$475.33	
														Cost to add Adult Vision and Hardware	<b>1.00353</b>	

Extend SNF benefit from 200 days to 365 days															
Jan 1, 2013 - Dec 31, 2103 as of Feb 28, 2014															
	Freq	Cost	PMPM	Copay	Copay PMPM	Net PMPM	24 months trend 2013/2015 Trend		FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM	
							Util	Cost							
Skilled Nursing Facility (45)- 2013 Benefit	0.0140	\$344.24	\$0.40	\$16.37	\$0.02	\$0.38	6.5%	6.5%	0.015	\$366.69	\$0.46	\$16.37	\$0.02	\$0.44	
Skilled Nursing Facility (200)- 2014 Base Benefit	0.0159	\$344.24	\$0.46	\$16.37	\$0.02	\$0.43	6.5%	6.5%	0.017	\$366.69	\$0.52	\$16.37	\$0.02	\$0.50	
Skilled Nursing Facility (365)- 2015 Base Benefit	0.0163	\$344.24	\$0.47	\$16.37	\$0.02	\$0.44	6.5%	6.5%	0.017	\$366.69	\$0.53	\$16.37	\$0.02	\$0.51	
														200 - 365 days	\$0.01
														Starting claims cost	\$475.33
														Cost to extend SNF from 200 to 365 days	<b>1.00002</b>

Acupuncture								24 months trend							
Jan 2012 - Dec 2013 as of 01/31/14								2013/2015 Trend							
Based on actual data from large group currently covering benefit								Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
Membermonths	Year	Util	Cost	Gross PMPM	Copay	Copay PMPM	Net PMPM	Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
156670	2012	0.0044	\$171.51	\$0.06	\$57.84	\$0.02	\$0.04								
157414	2013	0.0049	\$161.23	\$0.07	\$54.52	\$0.02	\$0.04	1.1%	5.7%	0.0049	\$170.49	\$0.07	\$54.52	\$0.02	\$0.05
														Starting claim cost	\$475.33
														Cost to add Acupuncture Benefit	<b>1.00010</b>

Lasik Surgery - \$750 Maximum Reimbursement					
% Population who would consider Lasik Surgery (18+)					
71%	of population wears glasses or contacts on regular basis				
43%	would consider having the surgery				
60%	would consider having the surgery if insurance paid for it				
11%	consider having it in next year or so				
Source: <a href="#">Forty Percent of Americans Who Use Glasses Would Consider Laser Eye Surgery.html</a>					
Membership as of December 2013 (18+)					
	0-17	18+	25-43		
Large Group HMO	16898	70228	19818	87126	
Small Group HMO	2604	13525	4101	16129	
Individual HMO	729	8018	1579	8747	
Large Group UBI	13479	56757	18574	70236	
Small Group UBI	14291	68637	22206	82928	
	48001	217165	66278	265166	
Lasik Surgery (\$750 Max)					
Expected Number of Procedures					
	# Proc	Util	\$750 Max Cost	PMPM	
Large Group HMO	1548	0.01776	\$750	\$1.11	
Small Group HMO	320	0.01986	\$750	\$1.24	
Individual HMO	123	0.01410	\$750	\$0.88	
Large Group UBI	1451	0.02065	\$750	\$1.29	
Small Group UBI	1734	0.02091	\$750	\$1.31	
Combined	5176	0.01952	\$750	\$1.22	
				Starting claim cost	\$475.33
				Cost to add Lasik Benefit	<b>1.00256</b>

**CDPHP Universal Benefits, Inc.  
Individual HMO Product  
Regional Area Factors**

Plan Name	Allowance	Value of Allowance	INN DED	O/S COPAY	INN HOSP	OUT SURG	ER	AMB	DME	COIN	OOP/Coins MAX	OON COIN	OON DED	OON MAX	Embedded/Aggregate	Product Line	Product Type
2013 Plan EMBRACES813	\$200	\$4.65	\$1500/\$3000	20%	20%	20%	20%	20%	50%	20%	\$4000/\$8000	N/A	N/A	N/A	Embedded	EPO	Coinsurance
2015 Base Plan IHSX3059	\$200	\$4.65	\$1500/\$3000	20%	20%	20%	20%	20%	50%	20%	\$4000/\$8000	N/A	N/A	N/A	Embedded	EPO	Coinsurance

Allowance Applies to the Following Plan Design

<b>Embrace Health Allowance</b>					
2014 Plan Name	2015 Plan Name	Allowance	Factor	\$ Impact	
IHSX3005	IHSX3059	200	1.010	\$4.65	
IHSX3011	IHSX3061	200	1.010	\$4.65	
IHSX3037	IHSX3077	200	1.010	\$4.65	
IHSX3038	IHSX3078	200	1.010	\$4.65	
IHSX3041	IHSX3063	200	1.010	\$4.65	
IHSX3042	IHSX3064	200	1.010	\$4.65	
IHSX3045	IHSX3079	200	1.010	\$4.65	
IHSX3046	IHSX3080	200	1.010	\$4.65	
IHSF3026	IHSF3031	200	1.010	\$4.65	

**Example of Factor Calculation:**

Allowance	\$4.65	A
Starting Allowed Costs	<del>\$475.33</del>	B
	\$479.98	C = A + B
	1.010	D = C / B

Plan Design IHSX3059 is the base plan with no make available rider  
 Plan Design IHSX3061 is the same base plan with the addition of dependent to age 25  
 The remaining plan designs are the CSR versions of the above two plan

**Capital District Physicians' Health Plan  
Individual  
Conversion Factor Summary - 4-Tier**

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
<b><i>Small Group</i></b>						
<b><u>Four Tier Premiums</u></b>						
Single	72.9%	1.00	0.729	1.000	0.729	
Double	17.5%	2.00	0.350	2.000	0.350	
Emp/Child(ren)	1.3%	2.55	0.032	1.700	0.021	
Family	8.3%	3.84	0.319	2.850	0.237	
Total 4T	100.0%		1.430		1.338	1.069
						<b>1.069</b>

**Capital District Physicians' Health Plan  
HMO Product  
Regional Area Factors**

**EXEMPTION FROM FOIL REQUESTED**

2015 Rating Factors				
Rating Region	Region 1 (Albany Area)	Region 3 (Mid-Hudson Area)	Region 6 (Syracuse Area)	Region 7 (Utica/Watertown Area)
<b>Regional Rating Factor</b>	<b>1.0000</b>	<b>1.1805</b>	<b>1.1215</b>	<b>1.0771</b>
<b>Counties:</b>	Albany Columbia Fulton Greene Montgomery Rensselaer Saratoga Schenectady Schoharie Warren Washington	Delaware Dutchess Orange Ulster	Broome Tioga	Chenango Essex Hamilton Herkimer Madison Oneida Otsego

**Capital District Physicians' Health Plan  
Benefit Summary  
Individual On-Exchange - HMO  
Plan Designs for 2015**

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Product	Product ID	Plan ID with variant	AV	OV	SP	INN	HOSP	OUT	SURG	ER	AMB	DME
01-0001-2014	Ind	HMO	Platinum	IHPX1001	IHPX1007	Standard	94788	94788NY028 94788NY0280053-01	88.1%	15	35	500	100	100	100	100	100	0.1
01-0001-2014	Ind	HMO	Platinum	IHPX1002	IHPX1008	Non-Standard	94788	94788NY028 94788NY0280001-01	89.1%	10	10	500	100	100	100	100	100	0.5
01-0001-2014	Ind	HMO	Platinum	IHPX1003	IHPX1009	Non-Standard	94788	94788NY028 94788NY0280049-01	88.1%	20	20	750	200	75	75	75	75	0.5
01-0001-2014	Ind	HMO	Gold	IHGX2001	IHGX2009	Standard	94788	94788NY028 94788NY0280054-01	79.1%	25	40	1000	100	150	150	150	150	0.2
01-0001-2014	Ind	HMO	Gold	IHGX2002	IHGX2007	Non-Standard	94788	94788NY028 94788NY0280007-01	78.9%	25	50	250	50	75	75	75	75	0.5
01-0001-2014	Ind	HMO	Gold	IHGX2003	IHGX2010	Non-Standard	94788	94788NY028 94788NY0280013-01	82.0%	25	50	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0001-2014	Ind	HMO	Silver	IHSX3001	IHSX3069	Standard	94788	94788NY028 94788NY0280055-01	70.7%	30	50	1500	100	150	150	150	150	0.3
01-0001-2014	Ind	HMO	Silver	IHSX3002	IHSX3070	Standard CSR	94788	94788NY028 94788NY0280055-04	74.0%	30	50	1500	100	150	150	150	150	0.25
01-0001-2014	Ind	HMO	Gold	IHSX3003	IHSX3071	Standard CSR	94788	94788NY028 94788NY0280055-05	86.7%	15	35	250	75	75	75	75	75	0.1
01-0001-2014	Ind	HMO	Silver	IHSX3004	IHSX3072	Standard CSR	94788	94788NY028 94788NY0280055-06	93.4%	10	20	100	25	50	50	50	50	0.05
01-0001-2014	Ind	HMO	Silver	IHSX3005	IHSX3059	Non-Standard	94788	94788NY028 94788NY0280017-01	71.7%	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0001-2014	Ind	HDHMO	Silver	IHSX3006	IHSX3060	Non-Standard	94788	94788NY028 94788NY0280021-01	71.0%	0	0	0	0	0	0	0	0	0
01-0001-2014	Ind	HDHMO	Bronze	IHBX4001	IHBX4021	Standard	94788	94788NY028 94788NY0280059-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
01-0001-2014	Ind	HDHMO	Bronze	IHBX4002	IHBX4017	Non-Standard	94788	94788NY028 94788NY0280029-01	60.3%	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
01-0001-2014	Ind	HDHMO	Bronze	IHBX4003	IHBX4018	Non-Standard	94788	94788NY028 94788NY0280033-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
01-0005-2014	Ind	HDHMO	Bronze	IHCX5001	IHCX5002	Non-Standard	94788	94788NY028 94788NY0280047-01	57.2%	0	0	0	0	0	0	0	0	0
01-0001-2014	Ind	HMO	Platinum	IHNX6001	IHNX6003	Non-Standard	94788	94788NY028 94788NY0280037	83.5%	0	0	0	0	0	0	0	0	0
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1004	IHPX1010	Standard	94788	94788NY028 94788NY0280064-01	88.1%	15	35	500	100	100	100	100	100	0.1
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1005	IHPX1011	Non-Standard	94788	94788NY028 94788NY0280002-01	89.1%	10	10	500	100	100	100	100	100	0.5
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1006	IHPX1012	Non-Standard	94788	94788NY028 94788NY0280050-01	88.1%	20	20	750	200	75	75	75	75	0.5
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2004	IHGX2011	Standard	94788	94788NY028 94788NY0280065-01	79.1%	25	40	1000	100	150	150	150	150	0.2
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2005	IHGX2008	Non-Standard	94788	94788NY028 94788NY0280008-01	78.9%	25	50	250	50	75	75	75	75	0.5
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2006	IHGX2012	Non-Standard	94788	94788NY028 94788NY0280014-01	82.0%	25	50	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3007	IHSX3073	Standard	94788	94788NY028 94788NY0280066-01	70.7%	30	50	1500	100	150	150	150	150	0.3
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3008	IHSX3074	Standard CSR	94788	94788NY028 94788NY0280066-04	74.0%	30	50	1500	100	150	150	150	150	0.25
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHSX3009	IHSX3075	Standard CSR	94788	94788NY028 94788NY0280066-05	86.7%	15	35	250	75	75	75	75	75	0.1
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHSX3010	IHSX3076	Standard CSR	94788	94788NY028 94788NY0280066-06	93.4%	10	20	100	25	50	50	50	50	0.05
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3011	IHSX3061	Non-Standard	94788	94788NY028 94788NY0280018-01	71.7%	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0001-2014;01-0008-2014	Ind	HDHMO	Silver	IHSX3012	IHSX3062	Non-Standard	94788	94788NY028 94788NY0280022-01	71.0%	0	0	0	0	0	0	0	0	0
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4005	IHBX4019	Non-Standard	94788	94788NY028 94788NY0280030-01	60.3%	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4006	IHBX4020	Non-Standard	94788	94788NY028 94788NY0280034-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHNX6002	IHNX6004	Non-Standard	94788	94788NY028 94788NY0280038	83.5%	0	0	0	0	0	0	0	0	0
01-0004-2014	Ind	HMO	Silver	IHPXC005	IHPXC012	Standard	94788	94788NY028 94788NY0280082-01	70.7%	30	50	1500	100	150	150	150	150	0.3
01-0004-2014	Ind	HMO	Bronze	IHGXC006	IHPXC013	Standard	94788	94788NY028 94788NY0280079-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
01-0004-2014	Ind	HMO	Gold	IHSXC007	IHPXC014	Standard	94788	94788NY028 94788NY0280080-01	79.1%	25	40	1000	100	150	150	150	150	0.2
01-0004-2014	Ind	HDHMO	Platinum	IHBXC008	IHPXC018	Standard	94788	94788NY028 94788NY0280081-01	88.1%	15	35	500	100	100	100	100	100	0.1
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4016	IHBX4022	Standard	94788	94788NY028 94788NY0280070-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
01-0004-2014	Ind	HMO	Silver	IHSX3037	IHSX3077	Non-Standard	94788	94788NY028 94788NY0280017-04	73.2%	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3038	IHSX3078	Non-Standard	94788	94788NY028 94788NY0280018-04	73.2%	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0004-2014	Ind	HMO	Silver	IHSX3041	IHSX3063	Non-Standard	94788	94788NY028 94788NY0280017-05	88.0%	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3042	IHSX3064	Non-Standard	94788	94788NY028 94788NY0280018-05	88.0%	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0004-2014	Ind	HMO	Silver	IHSX3045	IHSX3079	Non-Standard	94788	94788NY028 94788NY0280017-06	93.9%	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3046	IHSX3080	Non-Standard	94788	94788NY028 94788NY0280018-06	93.9%	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5
01-0004-2014	Ind	HMO	Silver	IHSX3049	IHSX3065	Non-Standard	94788	94788NY028 94788NY0280021-04	73.3%	0	0	0	0	0	0	0	0	0
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3050	IHSX3066	Non-Standard	94788	94788NY028 94788NY0280022-04	73.3%	0	0	0	0	0	0	0	0	0
01-0004-2014	Ind	HMO	Silver	IHSX3053	IHSX3067	Non-Standard	94788	94788NY028 94788NY0280021-05	86.4%	0	0	0	0	0	0	0	0	0
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3054	IHSX3068	Non-Standard	94788	94788NY028 94788NY0280022-05	86.4%	0	0	0	0	0	0	0	0	0
01-0004-2014	Ind	HMO	Silver	IHSX3057	IHSX3081	Non-Standard	94788	94788NY028 94788NY0280021-06	94.8%	0	0	0	0	0	0	0	0	0
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3058	IHSX3082	Non-Standard	94788	94788NY028 94788NY0280022-06	94.8%	0	0	0	0	0	0	0	0	0
01-0004-2014	Ind	HMO	Silver	IHSXC009	IHSXC015	Standard CSR	94788	94788NY028 94788NY0280082-04	74.0%	30	50	1500	100	150	150	150	150	0.25
01-0004-2014	Ind	HMO	Silver	IHSXC010	IHPXC016	Standard CSR	94788	94788NY028 94788NY0280082-05	86.7%	15	35	250	75	75	75	75	75	0.1
01-0004-2014	Ind	HMO	Silver	IHSXC011	IHPXC017	Standard CSR	94788	94788NY028 94788NY0280082-06	93.4%	10	20	100	25	50	50	50	50	0.05

Capital District Physicians' Health Plan  
Benefit Summary  
Individual On-Exchange - HMO  
Plan Designs for 2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Urgent Care	Diabetic	PT/OT/ST	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OOB COIN
01-0001-2014	Ind	HMO	Platinum	IHPX1001	IHPX1007	55	15	25	0	0	0	2000	4000	N/A
01-0001-2014	Ind	HMO	Platinum	IHPX1002	IHPX1008	40	10	10	0	0	0	6600	13200	N/A
01-0001-2014	Ind	HMO	Platinum	IHPX1003	IHPX1009	30	15	20	0	0	0	3500	7000	N/A
01-0001-2014	Ind	HMO	Gold	IHGX2001	IHGX2009	60	25	30	0	600	1200	4000	8000	N/A
01-0001-2014	Ind	HMO	Gold	IHGX2002	IHGX2007	35	15	50	0	400	800	6600	13200	N/A
01-0001-2014	Ind	HMO	Gold	IHGX2003	IHGX2010	35	15	50	0.2	500	1000	2000	4000	N/A
01-0001-2014	Ind	HMO	Silver	IHSX3001	IHSX3069	70	30	30	0	2000	4000	5500	11000	N/A
01-0001-2014	Ind	HMO	Silver	IHSX3002	IHSX3070	70	30	30	0	1200	2400	5200	10400	N/A
01-0001-2014	Ind	HMO	Gold	IHSX3003	IHSX3071	50	15	25	0	250	500	2000	4000	N/A
01-0001-2014	Ind	HMO	Silver	IHSX3004	IHSX3072	30	10	15	0	0	0	1000	2000	N/A
01-0001-2014	Ind	HMO	Silver	IHSX3005	IHSX3059	0.2	15	0.2	0.2	2000	4000	6000	12000	N/A
01-0001-2014	Ind	HDHMO	Silver	IHSX3006	IHSX3060	0	0	0	0	3000	6000	3000	6000	N/A
01-0001-2014	Ind	HDHMO	Bronze	IHBX4001	IHBX4021	0.5	0.5	0.5	0.5	3000	6000	6350	12700	N/A
01-0001-2014	Ind	HDHMO	Bronze	IHBX4002	IHBX4017	0.5	15	0.5	0.5	3300	6600	6450	12900	N/A
01-0001-2014	Ind	HDHMO	Bronze	IHBX4003	IHBX4018	0.5	15	0.5	0.5	4500	9000	6450	12900	N/A
01-0005-2014	Ind	HDHMO	Bronze	IHCX5001	IHCX5002	0	0	0	0	6600	13200	6600	13200	N/A
01-0001-2014	Ind	HMO	Platinum	IHNX6001	IHNX6003	0	0	0	0	0	0	6350	12700	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1004	IHPX1010	55	15	25	0	0	0	2000	4000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1005	IHPX1011	40	10	10	0	0	0	6600	13200	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1006	IHPX1012	30	15	20	0	0	0	3500	7000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2004	IHGX2011	60	25	30	0	600	1200	4000	8000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2005	IHGX2008	35	15	50	0	400	800	6600	13200	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2006	IHGX2012	35	15	50	0.2	500	1000	2000	4000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3007	IHSX3073	70	30	30	0	2000	4000	5500	11000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3008	IHSX3074	70	30	30	0	1200	2400	5200	10400	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHSX3009	IHSX3075	50	15	25	0	250	500	2000	4000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHSX3010	IHSX3076	30	10	15	0	0	0	1000	2000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3011	IHSX3061	0.2	15	0.2	0.2	2000	4000	6000	12000	N/A
01-0001-2014;01-0008-2014	Ind	HDHMO	Silver	IHSX3012	IHSX3062	0	0	0	0	3000	6000	3000	6000	N/A
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4005	IHBX4019	0.5	15	0.5	0.5	3300	6600	6450	12900	N/A
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4006	IHBX4020	0.5	15	0.5	0.5	4500	9000	6450	12900	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHNX6002	IHNX6004	0	0	0	0	0	0	6350	12700	N/A
01-0004-2014	Ind	HMO	Silver	IHPXC005	IHPXC012	70	30	30	0	2000	4000	5500	11000	N/A
01-0004-2014	Ind	HMO	Bronze	IHGXC006	IHPXC013	0.5	0.5	0.5	0.5	3000	6000	6350	12700	N/A
01-0004-2014	Ind	HMO	Gold	IHSXC007	IHPXC014	60	25	30	0	600	1200	4000	8000	N/A
01-0004-2014	Ind	HDHMO	Platinum	IHBXC008	IHPXC018	55	15	25	0	0	0	2000	4000	N/A
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4016	IHBX4022	0.5	0.5	0.5	0.5	3000	6000	6350	12700	N/A
01-0004-2014	Ind	HMO	Silver	IHSX3037	IHSX3077	0.2	15	0.2	0.2	1250	2500	4000	8000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3038	IHSX3078	0.2	15	0.2	0.2	1250	2500	4000	8000	N/A
01-0004-2014	Ind	HMO	Silver	IHSX3041	IHSX3063	0.2	15	0.2	0.2	500	1000	1000	2000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3042	IHSX3064	0.2	15	0.2	0.2	500	1000	1000	2000	N/A
01-0004-2014	Ind	HMO	Silver	IHSX3045	IHSX3079	0.2	15	0.2	0.2	0	0	500	1000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3046	IHSX3080	0.2	15	0.2	0.2	0	0	500	1000	N/A
01-0004-2014	Ind	HMO	Silver	IHSX3049	IHSX3065	0	0	0	0	2500	5000	3000	6000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3050	IHSX3066	0	0	0	0	2500	5000	3000	6000	N/A
01-0004-2014	Ind	HMO	Silver	IHSX3053	IHSX3067	0	0	0	0	750	1500	1500	3000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3054	IHSX3068	0	0	0	0	750	1500	1500	3000	N/A
01-0004-2014	Ind	HMO	Silver	IHSX3057	IHSX3081	0	0	0	0	200	400	500	1000	N/A
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3058	IHSX3082	0	0	0	0	200	400	500	1000	N/A
01-0004-2014	Ind	HMO	Silver	IHSXC009	IHSXC015	70	30	30	0	1200	2400	5200	10400	N/A
01-0004-2014	Ind	HMO	Silver	IHSXC010	IHPXC016	50	15	25	0	250	500	2000	4000	N/A
01-0004-2014	Ind	HMO	Silver	IHSXC011	IHPXC017	30	10	15	0	0	0	1000	2000	N/A

**Capital District Physicians' Health Plan  
Benefit Summary  
Individual On-Exchange - HMO  
Plan Designs for 2015**

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/Embedded	Product Line
01-0001-2014	Ind	HMO	Platinum	IHPX1001	IHPX1007	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Platinum	IHPX1002	IHPX1008	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Platinum	IHPX1003	IHPX1009	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Gold	IHGX2001	IHGX2009	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Gold	IHGX2002	IHGX2007	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Gold	IHGX2003	IHGX2010	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Silver	IHSX3001	IHSX3069	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Silver	IHSX3002	IHSX3070	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Gold	IHSX3003	IHSX3071	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Silver	IHSX3004	IHSX3072	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HMO	Silver	IHSX3005	IHSX3059	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014	Ind	HDHMO	Silver	IHSX3006	IHSX3060	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014	Ind	HDHMO	Bronze	IHBX4001	IHBX4021	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014	Ind	HDHMO	Bronze	IHBX4002	IHBX4017	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014	Ind	HDHMO	Bronze	IHBX4003	IHBX4018	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0005-2014	Ind	HDHMO	Bronze	IHCX5001	IHCX5002	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014	Ind	HMO	Platinum	IHNX6001	IHNX6003	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1004	IHPX1010	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1005	IHPX1011	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1006	IHPX1012	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2004	IHGX2011	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2005	IHGX2008	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2006	IHGX2012	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3007	IHSX3073	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3008	IHSX3074	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHSX3009	IHSX3075	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHSX3010	IHSX3076	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3011	IHSX3061	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HDHMO	Silver	IHSX3012	IHSX3062	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4005	IHBX4019	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4006	IHBX4020	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHNX6002	IHNX6004	N/A	N/A	N/A	N/A	Embedded	HMO
01-0004-2014	Ind	HMO	Silver	IHPXC005	IHPXC012	N/A	N/A	N/A	N/A	Embedded	HMO
01-0004-2014	Ind	HMO	Bronze	IHGXC006	IHPXC013	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0004-2014	Ind	HMO	Gold	IHSXC007	IHPXC014	N/A	N/A	N/A	N/A	Embedded	HMO
01-0004-2014	Ind	HDHMO	Platinum	IHBXC008	IHPXC018	N/A	N/A	N/A	N/A	Embedded	HMO
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4016	IHBX4022	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0004-2014	Ind	HMO	Silver	IHSX3037	IHSX3077	N/A	N/A	N/A	N/A	Aggregate	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3038	IHSX3078	N/A	N/A	N/A	N/A	Aggregate	HMO
01-0004-2014	Ind	HMO	Silver	IHSX3041	IHSX3063	N/A	N/A	N/A	N/A	Aggregate	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3042	IHSX3064	N/A	N/A	N/A	N/A	Aggregate	HMO
01-0004-2014	Ind	HMO	Silver	IHSX3045	IHSX3079	N/A	N/A	N/A	N/A	Aggregate	HMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3046	IHSX3080	N/A	N/A	N/A	N/A	Aggregate	HMO
01-0004-2014	Ind	HMO	Silver	IHSX3049	IHSX3065	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3050	IHSX3066	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0004-2014	Ind	HMO	Silver	IHSX3053	IHSX3067	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3054	IHSX3068	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0004-2014	Ind	HMO	Silver	IHSX3057	IHSX3081	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3058	IHSX3082	N/A	N/A	N/A	N/A	Aggregate	HDHMO
01-0004-2014	Ind	HMO	Silver	IHSXC009	IHSXC015	N/A	N/A	N/A	N/A	Embedded	HMO
01-0004-2014	Ind	HMO	Silver	IHSXC010	IHPXC016	N/A	N/A	N/A	N/A	Embedded	HMO
01-0004-2014	Ind	HMO	Silver	IHSXC011	IHPXC017	N/A	N/A	N/A	N/A	Embedded	HMO

**Capital District Physicians' Health Plan  
Benefit Summary  
Individual On-Exchange - HMO  
Plan Designs for 2015**

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Benefit Type	Rx Benefit	Riders	Additional non EHB Benefits
01-0001-2014	Ind	HMO	Platinum	IHPX1001	IHPX1007	Copayment	\$10/\$30/\$60	No Riders	No Riders
01-0001-2014	Ind	HMO	Platinum	IHPX1002	IHPX1008	Copayment	\$10/\$40/\$70	No Riders	Adult Vision Exam
01-0001-2014	Ind	HMO	Platinum	IHPX1003	IHPX1009	Copayment	\$4/\$30/\$60	No Riders	Adult Vision Exam
01-0001-2014	Ind	HMO	Gold	IHGX2001	IHGX2009	Copayment	\$10/\$35/\$70	No Riders	No Riders
01-0001-2014	Ind	HMO	Gold	IHGX2002	IHGX2007	Copayment	\$4/\$30/\$60	No Riders	Adult Vision Exam
01-0001-2014	Ind	HMO	Gold	IHGX2003	IHGX2010	Transitional	\$4/50%/50%	No Riders	Adult Vision Exam
01-0001-2014	Ind	HMO	Silver	IHSX3001	IHSX3069	Copayment	\$10/\$35/\$70	No Riders	No Riders
01-0001-2014	Ind	HMO	Silver	IHSX3002	IHSX3070	Copayment	\$10/\$35/\$70	No Riders	No Riders
01-0001-2014	Ind	HMO	Gold	IHSX3003	IHSX3071	Copayment	\$9/\$20/\$40	No Riders	No Riders
01-0001-2014	Ind	HMO	Silver	IHSX3004	IHSX3072	Copayment	\$6/\$15/\$30	No Riders	No Riders
01-0001-2014	Ind	HMO	Silver	IHSX3005	IHSX3059	Coinsurance	10%/25%/40%	No Riders	Adult Vision Exam
01-0001-2014	Ind	HDHMO	Silver	IHSX3006	IHSX3060	Qualified High Deductible	\$10/\$50/\$80	No Riders	Adult Vision Exam
01-0001-2014	Ind	HDHMO	Bronze	IHBX4001	IHBX4021	Qualified High Deductible	\$10/\$35/\$70	No Riders	No Riders
01-0001-2014	Ind	HDHMO	Bronze	IHBX4002	IHBX4017	Qualified High Deductible	\$4/50%/50%	No Riders	Adult Vision Exam
01-0001-2014	Ind	HDHMO	Bronze	IHBX4003	IHBX4018	Qualified High Deductible	50%/50%/50%	No Riders	Adult Vision Exam
01-0005-2014	Ind	HDHMO	Bronze	IHCX5001	IHCX5002	Qualified High Deductible	\$0/\$0/\$0	No Riders	No Riders
01-0001-2014	Ind	HMO	Platinum	IHNX6001	IHNX6003	Copayment	\$0/\$0/\$0	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1004	IHPX1010	Copayment	\$10/\$30/\$60	Age 29	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1005	IHPX1011	Copayment	\$10/\$40/\$70	Age 29	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1006	IHPX1012	Copayment	\$4/\$30/\$60	Age 29	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2004	IHGX2011	Copayment	\$10/\$35/\$70	Age 29	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2005	IHGX2008	Copayment	\$4/\$30/\$60	Age 29	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2006	IHGX2012	Transitional	\$4/50%/50%	Age 29	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3007	IHSX3073	Copayment	\$10/\$35/\$70	Age 29	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3008	IHSX3074	Copayment	\$10/\$35/\$70	Age 29	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHSX3009	IHSX3075	Copayment	\$9/\$20/\$40	Age 29	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHSX3010	IHSX3076	Copayment	\$6/\$15/\$30	Age 29	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3011	IHSX3061	Coinsurance	10%/25%/40%	Age 29	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HDHMO	Silver	IHSX3012	IHSX3062	Qualified High Deductible	\$10/\$50/\$80	Age 29	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4005	IHBX4019	Qualified High Deductible	\$4/50%/50%	Age 29	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4006	IHBX4020	Qualified High Deductible	50%/50%/50%	Age 29	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHNX6002	IHNX6004	Copayment	\$0/\$0/\$0	Age 29	No Riders
01-0004-2014	Ind	HMO	Silver	IHPXC005	IHPXC012	Copayment	\$10/\$35/\$70	No Riders	No Riders
01-0004-2014	Ind	HMO	Bronze	IHGXC006	IHPXC013	Qualified High Deductible	\$10/\$35/\$70	No Riders	No Riders
01-0004-2014	Ind	HMO	Gold	IHSXC007	IHPXC014	Copayment	\$10/\$35/\$70	No Riders	No Riders
01-0004-2014	Ind	HDHMO	Platinum	IHBXC008	IHPXC018	Copayment	\$10/\$30/\$60	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4016	IHBX4022	Qualified High Deductible	\$10/\$35/\$70	Age 29	No Riders
01-0004-2014	Ind	HMO	Silver	IHSX3037	IHSX3077	Coinsurance	50%/50%/50%	No Riders	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3038	IHSX3078	Coinsurance	50%/50%/50%	Age 29	Adult Vision Exam
01-0004-2014	Ind	HMO	Silver	IHSX3041	IHSX3063	Coinsurance	50%/50%/50%	No Riders	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3042	IHSX3064	Coinsurance	50%/50%/50%	Age 29	Adult Vision Exam
01-0004-2014	Ind	HMO	Silver	IHSX3045	IHSX3079	Coinsurance	50%/50%/50%	No Riders	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3046	IHSX3080	Coinsurance	50%/50%/50%	Age 29	Adult Vision Exam
01-0004-2014	Ind	HMO	Silver	IHSX3049	IHSX3065	Qualified High Deductible	\$10/\$50/\$80	No Riders	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3050	IHSX3066	Qualified High Deductible	\$10/\$50/\$80	Age 29	Adult Vision Exam
01-0004-2014	Ind	HMO	Silver	IHSX3053	IHSX3067	Qualified High Deductible	\$10/\$50/\$80	No Riders	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3054	IHSX3068	Qualified High Deductible	\$10/\$50/\$80	Age 29	Adult Vision Exam
01-0004-2014	Ind	HMO	Silver	IHSX3057	IHSX3081	Qualified High Deductible	\$10/\$50/\$80	No Riders	Adult Vision Exam
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3058	IHSX3082	Qualified High Deductible	\$10/\$50/\$80	Age 29	Adult Vision Exam
01-0004-2014	Ind	HMO	Silver	IHSXC009	IHSXC015	Copayment	\$10/\$35/\$70	No Riders	No Riders
01-0004-2014	Ind	HMO	Silver	IHSXC010	IHPXC016	Copayment	\$9/\$20/\$40	No Riders	No Riders
01-0004-2014	Ind	HMO	Silver	IHSXC011	IHPXC017	Copayment	\$6/\$15/\$30	No Riders	No Riders

**Capital District Physicians' Health Plan  
Benefit Summary  
Individual On-Exchange - HMO  
Plan Designs for 2015**

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Additional non EHB Benefits	Additional non EHB Benefits	Additional non EHB Benefits
01-0001-2014	Ind	HMO	Platinum	IHPX1001	IHPX1007	No Riders	No Riders	No Riders
01-0001-2014	Ind	HMO	Platinum	IHPX1002	IHPX1008	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014	Ind	HMO	Platinum	IHPX1003	IHPX1009	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014	Ind	HMO	Gold	IHGX2001	IHGX2009	No Riders	No Riders	No Riders
01-0001-2014	Ind	HMO	Gold	IHGX2002	IHGX2007	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014	Ind	HMO	Gold	IHGX2003	IHGX2010	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014	Ind	HMO	Silver	IHSX3001	IHSX3069	No Riders	No Riders	No Riders
01-0001-2014	Ind	HMO	Silver	IHSX3002	IHSX3070	No Riders	No Riders	No Riders
01-0001-2014	Ind	HMO	Gold	IHSX3003	IHSX3071	No Riders	No Riders	No Riders
01-0001-2014	Ind	HMO	Silver	IHSX3004	IHSX3072	No Riders	No Riders	No Riders
01-0001-2014	Ind	HMO	Silver	IHSX3005	IHSX3059	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014	Ind	HDHMO	Silver	IHSX3006	IHSX3060	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014	Ind	HDHMO	Bronze	IHBX4001	IHBX4021	No Riders	No Riders	No Riders
01-0001-2014	Ind	HDHMO	Bronze	IHBX4002	IHBX4017	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014	Ind	HDHMO	Bronze	IHBX4003	IHBX4018	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0005-2014	Ind	HDHMO	Bronze	IHCX5001	IHCX5002	No Riders	No Riders	No Riders
01-0001-2014	Ind	HMO	Platinum	IHNX6001	IHNX6003	No Riders	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1004	IHPX1010	No Riders	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1005	IHPX1011	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHPX1006	IHPX1012	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2004	IHGX2011	No Riders	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2005	IHGX2008	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHGX2006	IHGX2012	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3007	IHSX3073	No Riders	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3008	IHSX3074	No Riders	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Gold	IHSX3009	IHSX3075	No Riders	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHSX3010	IHSX3076	No Riders	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3011	IHSX3061	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HDHMO	Silver	IHSX3012	IHSX3062	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4005	IHBX4019	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4006	IHBX4020	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Platinum	IHNX6002	IHNX6004	No Riders	No Riders	No Riders
01-0004-2014	Ind	HMO	Silver	IHPXC005	IHPXC012	No Riders	No Riders	No Riders
01-0004-2014	Ind	HMO	Bronze	IHGXC006	IHPXC013	No Riders	No Riders	No Riders
01-0004-2014	Ind	HMO	Gold	IHSXC007	IHPXC014	No Riders	No Riders	No Riders
01-0004-2014	Ind	HDHMO	Platinum	IHBXC008	IHPXC018	No Riders	No Riders	No Riders
01-0001-2014;01-0008-2014	Ind	HDHMO	Bronze	IHBX4016	IHBX4022	No Riders	No Riders	No Riders
01-0004-2014	Ind	HMO	Silver	IHSX3037	IHSX3077	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3038	IHSX3078	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0004-2014	Ind	HMO	Silver	IHSX3041	IHSX3063	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3042	IHSX3064	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0004-2014	Ind	HMO	Silver	IHSX3045	IHSX3079	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3046	IHSX3080	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0004-2014	Ind	HMO	Silver	IHSX3049	IHSX3065	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3050	IHSX3066	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0004-2014	Ind	HMO	Silver	IHSX3053	IHSX3067	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3054	IHSX3068	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0004-2014	Ind	HMO	Silver	IHSX3057	IHSX3081	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0001-2014;01-0008-2014	Ind	HMO	Silver	IHSX3058	IHSX3082	SNF - 200 to 365 days	Acupuncture	Lasik Surgery (\$750 Max)
01-0004-2014	Ind	HMO	Silver	IHSXC009	IHSXC015	No Riders	No Riders	No Riders
01-0004-2014	Ind	HMO	Silver	IHSXC010	IHPXC016	No Riders	No Riders	No Riders
01-0004-2014	Ind	HMO	Silver	IHSXC011	IHPXC017	No Riders	No Riders	No Riders



April 25, 2014

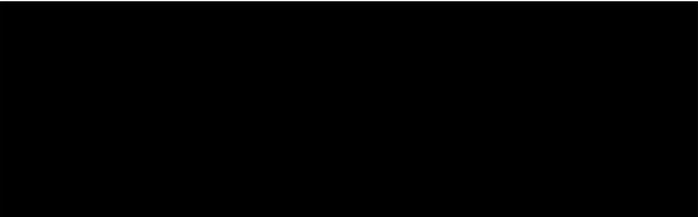
Ms. Susan E. Pantely, FSA, MAAA  
Principal and consulting Actuary  
Milliman Inc.  
650 California Street  
San Francisco, CA 94108

RE: Data Reliance Statement for 2015 Rate Filing

Dear Ms. Pantely,

I, Bethany Smith, Senior Vice President of Finance and CFO of Capital District Physicians' Health Plan (CDPHP) and CDPHP Universal Benefits, Inc, hereby affirm that the listings, summaries, exhibits, and analyses relating to the data prepared for and submitted to Ms. Susan E. Pantely, Principal and Consulting Actuary at Milliman, Inc. in support of the actuarial 2015 Rate filings were prepared under my direction and, to the best of my knowledge and belief, are accurate and complete and are the same as or derived from the records and other data which form the basis of the Premium Rate Filings, effective January 1, 2015.

Sincerely,



Capital District Physicians' Health Plan Inc.

**Capital District Physicians' Health Plan  
Premium Rate Filing  
FORMS # 01-0001-2014, 01-0004-2014, 01-0005-2014**

**ACTUARIAL MEMORANDUM**

**Individual New York Health Benefit Exchange  
On-Exchange Plan Filing**

**General Information**

**Company Legal Name:** Capital District Physicians' Health Plan

**State:** New York

**HIOS Issuer ID:** 94788

**QHP Template SERFF #:** CAPD-129571359

**Market:** Individual

**Effective Date:** January through December 2015

**Primary Contact Name:** [REDACTED]

**Primary Contact Telephone Number:** [REDACTED]

**Primary Contact Email Address:** [REDACTED]

**Overview**

This document contains the Actuarial Memorandum for Capital District Physicians' Health Plan ("CDPHP") individual comprehensive medical block of business, effective January 1, 2015. These individual rates are guaranteed 12 months after the group's effective date. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

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

The information in this actuarial memorandum has been prepared for the use of CDPHP and is subject to the terms and conditions of the Consulting Services Agreement between CDPHP and Milliman, Inc. dated February 9, 2011. We understand that this actuarial memorandum will be provided to the New York State Department of Financial Services, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of CDPHP's rate filing process. We understand that the information provided may be considered public documents, and, as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this actuarial memorandum or rate filing to third parties. Likewise, third parties are to place no reliance upon this actuarial memorandum or rate filing prepared for CDPHP by Milliman that would create any legal duty under any theory of law by Milliman to any third party.

**Reliance**

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

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

A data reliance letter is attached to this rate submission.

**Capital District Physicians' Health Plan**  
**Premium Rate Filing**  
**FORMS # 01-0001-2014, 01-0004-2014, 01-0005-2014**

**Identification**

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

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

**Proposed Rates**

CDPHP is filing individual rates with effective dates beginning January 1, 2015 for plans to be marketed off the NYHBE. The plan designs included in this filing are compliant with the EHB in accordance with the ACA. The projected plan claim costs have been derived from the combined base claims experience for CDPHP's existing small group pools. Plan design pricing considered assumptions for Induced Demand and AV as specified in the HHS Notice of Benefit and Payment Parameters for 2015. Costs associated with ACA taxes and fees have been added to the base period expense in the development of the final premium requirements. Federal Risk Adjustment Program and Federal Transitional Reinsurance Program payments have been incorporated into the premium rate development as further described below.

**Experience Period Premium and Claims**

The base period data used in the development of the medical expenses is the combined small group CDPHP pooled incurred claims and membership for all in-force plans, for the 12 months ending December 2013, paid through February 2014 for CDPHP's current Capital Area rating region. CDPHP's Capital Area rating mirrors NYS's defined Rating Region 1. The impact of NYS Regulation 146 risk adjustment pool and NYS Healthy NY Stop-loss Reimbursement pool was excluded from the base period starting claims costs.

**Worksheet 1 HHS Unified Rate Review Template**

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

Incurred claims and allowed claims presented on Worksheet 1 come directly from CDPHP's claim payment records in the data warehouse combined with capitated expenses and NYS HCRA surcharges from the accounting general ledger for the base period. Approximately 76% of incurred and allowed claims are processed on CDPHP's claims system, 17.5% are processed through CDPHP Pharmacy Benefit Manager Caremark, and approximately 6.5% are processed as capitated providers or health related expense such as provider quality bonuses, case management fees, and NYS HCRA surcharges.

Estimates for incurred but not reported ("IBNR") claims are included and were derived using a standard industry lag methodology. The standard lag methodology used combines large and small group historical lag triangles separated for Inpatient, Outpatient, Professional, and Pharmacy type of services. Large and small group blocks are combined to ensure the credibility of each lag cell. Final estimated reserve levels at the group size level are allocated based upon paid claims by group size during the period. The base period claims include 2 months of paid run-out and therefore, IBNR is 1.1% of the base period starting claim cost.

**Capital District Physicians' Health Plan  
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**Benefit Categories**

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

**General Overview of Proposed Rate Development**

The general methodology used to develop the premium rates applies factors to the Index Rate for each component of the rate buildup. Each component was compared to the starting net trended per member per month ("PMPM") claims cost to develop the applicable factor. The rates for the corresponding plan designs were developed by taking the product of the following:

- Base Period Index Rate
- Impact of Essential Health Benefits
- Membership Risk Pool Changes
- Post ACA: Ratio Individual to Small Group risk pool
- Federal Risk Adjustment
- Claim Trend Projection
- Pent Up Demand
- Pricing Actuarial Value without induced demand
- Pricing Actuarial Value – Induced Demand
- Benefits in addition to the Essential Health Benefits
- Administrative Expense
- Profit
- Additional Plan Specific Factors

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

**Index Rate**

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

<u>Base Period In-force plan Index Rate Development</u>		
Average Incurred Claims PMPM	\$329.15	<b>A</b>
Average AV Pricing Value	.8828	<b>B</b>
Induced Demand	<u>1.0209</u>	<b>C</b>
Small Group Index Rate ( <b>Exhibit 18, line 12</b> )	\$365.20	<b>D = A / B / C</b>
Ratio between Individual/Small Pool	<u>1.3016</u>	<b>E</b>
<b>Individual Index Rate</b>	<b>\$475.33</b>	<b>= D * E</b>

**Capital District Physicians' Health Plan  
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FORMS # 01-0001-2014, 01-0004-2014, 01-0005-2014**

**Post ACA: Ratio to Small Group Risk Pool**

The post ACA ratio was developed by taking the ratio of the allowed claim costs for individuals enrolled in 2014 in On and Off Exchange products compared to the small group pool for the time period of January – March 2014 with two months run-out and adjusted for estimated incurred but not reported claims.

Q1_2014 Individual Pool Allowed Cost:	\$705.32
Q1_2014 Small Group Pool Allowed Cost:	\$400.54
Ratio Individual to SG:	1.7609

This factor was applied consistently across plans on Exhibit 18, line 19.

A similar calculation using experience period Calendar Year 2013 data would produce an expected ratio of 1.3016.

CDPHP recognizes that a number of factors are contributing to the unexpected high utilization in the first quarter of 2014 in the Individual pool, including pent up demand, seasonality and disproportionately higher risk enrolled in the Individual market than expected. We anticipate some stabilization of costs in this market and will monitor this closely throughout 2014. In consideration of the impact on our members, we have capped the average rate change requested. A factor to reduce the overall requested rate change approximately 25% is applied on line 27 of Exhibit 18.

**Membership Projections**

The existing book of business for calendar year 2013 was mapped to a metal tier using the following ranges of AVs as outlined by the Department of Financial Services:

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

The projected membership for 2015 was redistributed based on the current distribution for the plans which have already renewed in Q1 2014. This projection is indicated on Worksheet 2 of the Unified Rate Review Template (URRT).

**Impact of Market Wide Adjustments**

**Changes in Morbidity of the Population Insured**

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

**Impact of compliance with Essential Health benefits**

The impact of the additional costs associated with Essential Health benefits not in the base period experience as noted below is derived on Exhibit A and applied on Exhibit 18, Line 13 consistently for all plans in each metal tier.

- Pediatric Vision – currently a non-covered benefit
- Hearing Aids – currently a non-covered benefit
- Skilled Nursing Facility – EHB changes base contract from 45 days to 200 days
- Gym Reimbursement – currently a non-covered benefit
- Treatment in Residential Facilities – currently a non-covered benefit, new for 1/1/2015
- Exclusion of Orthotics (Standard plans only)

**Capital District Physicians' Health Plan  
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Impact of changes in the provider network, fee schedules levels, utilization management, and Quality Improvements that apply to the entire market-wide risk pool not included in the claim trend

There are no changes planned for the composition of the provider network, fee schedules levels, utilization management, or quality improvements in the projection period compared to the base period. The pharmacy network offered for the Individual products will be a subset of the network offered for group products. This impact on pricing for the limited pharmacy network is a reduction to the pharmacy unit cost of 0.5%. This is consistent with the existing pharmacy network offered for the individual products. No adjustments were applied outside the claim trend development.

Impact on risk pool in expected covered membership risk characteristics

No adjustment has been made for expected changes due to membership risk characteristics.

Impact of anticipated changes in the distribution of the membership in the risk pool by the standard rating regions

There has been no adjustment to the membership in the risk pool by the standard rating regions. As of February 2014, 75% of the small group membership is located in Region 1.

Federal Risk Adjustment Program

CDPHP relied on the results of the NYS Department of Finance Service Risk Adjustment Simulation Project prepared by Deloitte Consulting. The combined simulation results of CDPHP's two Individual pools were used in the base experience Index Rate development as shown below.

	MMs	<b>Deloitte Estimated RA Transfer Payment PMPM</b>
CDPHP Individual	41,693	(\$64.91)
CDPHP UBI Individual	57,347	(\$8.66)
Weighted		(\$32.31)

The resulting PMPM was converted to a factor based upon overall average Projected Index rate PMPM for all metal tier plans on and off the Exchange. This factor, 1.0665, was applied consistently across plans in each metal tier.

Federal Reinsurance

The estimated Federal reinsurance adjustment is based on calendar year 2013 data for combined CDPHP and UBI data. Based on the attachment point of \$70,000, 50% coinsurance up to a maximum of \$250,000, the reinsurance estimate is (\$14.80) PMPM. This PMPM was converted to a factor based on the projected Index Rate for all metal tiers on and off exchange. This factor, 0.9714, was applied consistently across all plans.

Credibility Adjustment:

The experience period used in the development of the 2015 premium rates is fully credible based on the member months covered in the underlying claims experience and stability of the underlying benefit plan mix covered during the period.

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Claim Trend Projection: Cost and Utilization Trend Factors

The average annual trend factor applied is 5.3%. The effective trend based on 24 months from the midpoint of the base period to the midpoint of the rate period is 10.9%.

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

- Service Mix Intensity: No additional adjustment has been made
- Case Mix: No additional adjustment has been made
- Adverse Selection: No additional adjustment for adverse selection has been incorporated in the annual trend assumptions. A factor of 1.025 was added for the uninsured entering the market. This is consistent with the assumptions previously filed for this block of business.
- Deductible Leveraging: No explicit additional adjustments have been applied
- Inpatient: Medical management programs will hold trend below the industry trend. Programs include Care Management, Diabetic Management, and Readmission Avoidance.
- Outpatient: Increase in the number of outpatient procedures continues to see rebound of pent up demand (pre-ACA population). More procedures are moving to ambulatory surgery centers. CDPHP's patient centered medical home program (EPC) enhances access to primary care services for members thereby decreasing the number of ER visits. Admission review of all requested inpatient stays has resulted in higher trends in observation room care and decreased inpatient stays.
- Professional: Continued movement of services to the more appropriate setting will result in more outpatient/office services. Benefits for physical, occupational and speech therapy services have been expanded with the inclusion of habilitative/rehabilitative services.
- Other Medical: Aggressively addressing non-par lab usage, while also promoting all evidence-based testing to monitor chronic conditions. Outreach with coaching and counseling of utilization outliers through CDPHP's high tech radiology program. More aggressive post discharge management may necessitate more DME and prosthetics. An increase in homecare is expected as more palliative care services are provided.
- Pharmacy: Utilization and cost trends are based on the projected trends from CDPHP's Pharmacy Benefit Manager, Caremark, as well as input from CDPHP's Pharmacy Management. A reduction of 0.5% was applied to the unit cost trend to account for a limited pharmacy network for Individual products.

Annual rate trends are shown in the following table:

Projected Trend Factor 2014	5.2%
Projected Trend Factor 2015	5.4%

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- **Pent-Up Demand:** A factor of 1.025 was added for the uninsured entering the market. This is consistent with the assumptions previously filed for this block of business.

**Plan Level Adjustments**

AV Metal Values

The HHS AV Calculator was used to determine the Actuarial Value for all plans designs submitted in this rate filing.

AV Pricing Values

The average AV pricing value and induced demand for all in force plans included in the base experience period was used as the reference plan for the basis of the AV Pricing Values. The 2012 Milliman Health Cost Guidelines<sup>TM</sup> were used to determine the weighted average cost share, AV, and induced demand factor for the weighted average benefit design for in-force plans in the experience pool. The calculated AV for each proposed plan was determined using the HHS AV calculator. An assumed induced demand factor per metal tier was multiplied by the plan AV to determine the pricing actuarial value. The assumption for the induced demand component was set consistently for each plan within a metal tier, per guidance provided by NYS Department of Financial Services.

Average weighted Induced Demand for the experience period assumed for each Metal Tier:

	<b><u>Induced Demand</u></b>
Platinum	1.0397
Gold	0.9780
Silver	0.9479
Bronze	0.9261

Impact of changes in characteristics for provider network, delivery systems, utilization management, and claim cost for quality improvements

There are no changes planned for the characteristics of the provider network, delivery system, utilization management, or claim costs for quality improvements in the projection period compared to the base period. No adjustments were applied outside the claim trend development.

Benefit in addition to the Essential Health benefits

Unique plan designs have been created to incorporate the following additional benefits (Exhibit C):

Mandatory Make Available Benefits

- Dependent coverage extended from age 26 to 29
- Domestic Partner
- Family Planning

Additional Benefits Available on all Non-Standard Products

- Adult Vision Exam - available once per year
- Skilled Nursing Facility – extends coverage from 200 days to 365 days
- Acupuncture – maximum of 10 visits per year
- Lasik Surgery – maximum reimbursement of \$750

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Administrative Expense Load

The administrative expense load is based on actual 2013 administrative expense, along with 2014 budgeted expense in the current individual market.

Taxes and Fees

**Exchange User Fee:** Per guidance provided by the NYS Department of Finance Services, there is no load for NYS Exchange user fees

**PCORI Fee:** \$2.10 Per Member Per Year (“PMPY”) (Assumes a 5% increase over 2014 fee)

**Risk Adjustment User Fee:** \$0.96 PMPY

**NYS Regulatory Authority license and fees:** Based on a percent of premium using prior year actuals

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

<b>On/Off Exchange – Individual</b>	<b>2015 % of Premium Projected</b>	<b>% of Premium based on 2013 Actuals</b>	<b>2014 Filing % of Premium Projected</b>
General Administrative Expense	10.16%	10.21%	8.88%
Broker Commissions	0.00%	2.19%	0.00%
Quality Improvement	0.93%	0.94%	1.03%
Community Benefits	0.00%	0.06%	0.00%
<b>Subtotal – Excluding ACA Taxes and Fees</b>	<b>11.09%</b>	<b>13.40%</b>	<b>9.91%</b>
NYS Regulatory Authority license and fees	0.86%	1.03%	0.73%
ACA Insurers tax	0.94%	n/a	1.40%
PCORI & Risk Adjustment	0.06%	n/a	0.46%
Federal Reinsurance Fee	0.90%	n/a	1.49%
<b>Total Administrative Expense Including ACA</b>	<b>13.85%</b>	<b>14.43%</b>	<b>13.99%</b>
Profit and contribution to Surplus	2.00%	0.0% (a loss was incurred)	2.00%
<b>Total Retention including Profit</b>	<b>15.85%</b>	<b>14.43%</b>	<b>15.99%</b>

Embrace Health

CDPHP is offering two (2) value based plans, known as Embrace Health. These existing plan designs include an allowance available to cover any cost-sharing for non-preventive medical services. The allowance for these plans designs is \$200, and may be carried over to a maximum amount of \$400 per calendar year. The value of this benefit is the same as filed under the original 2013 rate filing under CAPD-128671097, approved 12/5/12. The factor is developed by taking the ratio of the allowance PMPM to the starting allowed claims expenses. See Exhibit F.

Additional Factors applied to Premium rate build up

Child only plans

The child only rates were developed by multiplying the single rate by 0.412 as outlined by the Department of Financial Services.

**Capital District Physicians' Health Plan**  
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Catastrophic Plan Design

The development of the single rate for the catastrophic plan design includes a factor of 0.63. This factor was calculated by taking the ratio of the average costs, per member per month, for members under the age of thirty, to the average costs of all members for the experience period. The purpose of this factor is to account for the eligibility guidelines, as outlined by HHS, pertaining to this specific plan design.

Conversion Factor

The single conversion factor was calculated using subscribers and members enrolled in Individual HMO and UBI products, including Sole Proprietors, as of Q1 2014. See Exhibit G.

Regional Factors

The regional factor for Region 3 (Mid-Hudson) has been increased from 1.1305 to 1.1805 to account for the recent bankruptcy of St. Francis Hospital which represents approximately 10% of the hospital spend in this rating area. St. Francis hospital was acquired by Westchester Medical Center, currently a non-participating hospital in CDPHP's commercial network. The impact of this network disruption was estimated assuming that all St. Francis services would be redirected to the closest participating hospital, Vassar Hospital. The impact if all services were performed at Vassar Hospital is an increase of 10%. CDPHP anticipates that it will negotiate more favorable reimbursement rates and re-contract directly with St. Francis/Westchester. Therefore, we have included only half of the estimated impact, 5%, in the regional factor adjustment. See Exhibit H.

Dental

CDPHP has entered into a partnership with Delta Dental to provide pediatric dental benefits. These benefits are in compliance with the EHB in accordance with the ACA. CDPHP will assume the marketing, enrollment, billing and renewal responsibilities, while Delta Dental will assume the underwriting risk and administration of the benefits as a standalone contract.

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SMC Pool Impact

CDPHP has received the 2013 Preliminary High Cost Claims Pool Distribution estimate for Individual Direct pay HMO/POS. CDPHP will apply all of this distribution to reduce the overall requested rate change in 2015. A factor of 0.9444 is included on Exhibit 18, line 26 and includes the following:

- a) *the distributions for pool years 2007-12: \$0, All monies were returned to subscribers for this period.*
- b) *the distribution for pool year 2013: \$1,496,648*
- c) *the outstanding amounts from the operation of the Specified Medical Conditions pool for years 1999-2004: \$0*

<b><u>On Exchange</u></b>	2015 Projected PMPM	Benefit Changes	2015 Projected PMPM	Projected *	Annualized
	No Benefit Changes		With Benefit Changes		
Platinum	\$593.56	0.9%	\$598.63	524	\$3,764,185
Gold	\$542.61	0.9%	\$547.25	375	\$2,465,252
Silver	\$494.07	0.9%	\$498.30	1,706	\$10,201,198
Bronze	\$382.07	0.9%	\$385.34	269	\$1,242,028
Catastrophic	\$247.67	0.9%	\$249.78	50	\$149,868
				2,924	\$17,822,531
<b><u>Off Exchange</u></b>					
Platinum	\$650.00	1.7%	\$660.88	519	\$4,115,168
Gold	\$533.59	1.7%	\$542.53	213	\$1,387,358
Silver	\$482.60	1.7%	\$490.68	270	\$1,587,448
Bronze	\$390.33	1.7%	\$396.87	102	\$485,769
				1,104	\$7,575,742
Total Earned Premium					\$25,398,273
SMC refund					\$1,496,648
% reduction					5.56%
Factor (Exhibit 18)					0.9444
<p><i>* Projected enrollment starting assumption is May 2014 enrollment. Assumes 10% loss of membership in Mid Hudson due to impact of increase in regional factor. Increase in Catastrophic members due to more favorable rate position in market.</i></p>					

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**Projected Loss Ratio**

The projected loss ratio based on the New York State definition is 84.2%.

**Historical Claim Data by Policy Form (Exhibit 17)**

For each experience period represented in this exhibit, incurred claims and membership for all in-force plans, for each 12 month period, includes paid claims and revised estimates for remaining reserves as of February 2014. Exhibit 17 includes data for all rating regions. Incurred claims used in the development of the Index rate on Exhibit 18 is for CDPHP's Capital Area Rating region only.

**Miscellaneous Exhibits**

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

See Exhibit I.

**Terminated Products**

There are no plans designs being terminated for this block of business.

Plan Name 2014: IHCX5001  
 Plan Name 2015: IHCX5002

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,600.00
Coinsurance (% Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$6,600.00
OOP Maximum if Separate (\$)		

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

57.2%

Catastrophic

Individual  
 HMO  
 On

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

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

57.2%

Plan Name 2014: Plan Name 2015:  
 IHNX6001 IHNX6003  
 IHNX6002 IHNX6004

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?

Desired Metal Tier: **Bronze**

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Insurer's Cost Share)	99.99%	99.99%
OOP Maximum (\$)		
OOP Maximum if Separate (\$)	\$1.00	\$0.00

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

100.0%  
Native American

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

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.  
 100.0%

Individual  
HMO  
On

Plan Name 2014: Plan Name 2015:  
 IHBX4001 IHBX4021  
 IHGXC006 IHPXC013  
 IHBX4016 IHBX4022

User Inputs for Plan Parameters

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

\*\*\*\*\*STANDARD BRONZE PLAN (3-5-2013)\*\*\*\*\*

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,000.00
		50.00%
		\$6,350.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

62.0%

Bronze Std

Individual  
HMO  
On

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00

Options for Additional Benefit Design Limits:

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

\*\*\*\*\*STANDARD BRONZE PLAN (3-5-2013)\*\*\*\*\*

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Calculation Successful.  
 62.0%  
 Bronze

Plan Name 2014: Plan Name 2015:  
 IHPX1001 IHPX1007  
 IHPX1004 IHPX1010  
 IHBXC008 IHPXC018

User Inputs for Plan Parameters

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

\*\*\*\*\*STANDARD PLATINUM PLAN (3-5-2013)\*\*\*\*\*

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$2,000.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

88.1%

Platinum Std

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.280%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93.750%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Calculation Successful.  
 88.1%  
 Platinum

\*\*\*\*\*STANDARD PLATINUM PLAN (3-5-2013)\*\*\*\*\*

Individual  
 HMO  
 On

Plan Name 2014: Plan Name 2015:  
 IHGX2001 IHGX2009  
 IHGX2004 IHGX2011  
 IHSXC007 IHPXC014

User Inputs for Plan Parameters

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

\*\*\*\*\*STANDARD GOLD PLAN (3-5-2013)\*\*\*\*\*

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design

	Medical	Drug	Combined
Deductible (\$)	\$600.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design

	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

79.0%

Gold Std

Individual  
HMO  
On

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	96.120%		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	93.220%		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Calculation Successful.  
 79.0%  
 Gold

\*\*\*\*\*STANDARD GOLD PLAN (3-5-2013)\*\*\*\*\*

Plan Name 2014: Plan Name 2015:  
 IHSX3004 IHSX3072  
 IHSX3010 IHSX3076  
 IHSXC011 IHPXC017

**User Inputs for Plan Parameters**

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$1,000.00		
OOP Maximum if Separate (\$)			

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

93.4%  
 Silver CSR 100-150 FPL

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	98.48%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	97.76%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$6.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

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

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.43%

Platinum

Individual  
 HMO  
 On

Plan Name 2014: IHSX3002  
 Plan Name 2015: IHSX3070  
 IHSX3008 IHSX3074  
 IHSXC009 IHSXC015

**User Inputs for Plan Parameters**

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,200.00	\$0.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$5,200.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

74.0%  
 Silver CSR 200-250 FPL

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92.34%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

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

**Output**

Calculate  
 Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.  
 73.99%  
 Silver

Individual  
 HMO  
 On

Plan Name 2014: Plan Name 2015:  
 IHSX3003 IHSX3071  
 IHSX3009 IHSX3075  
 IHSXC010 IHPXC016

**User Inputs for Plan Parameters**

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$250.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,000.00		
OOP Maximum if Separate (\$)			

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

86.70%  
 Silver CSR 150-200 FPL

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.83%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	94.60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$9.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

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

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.

86.66%

Gold

Individual  
 HMO  
 On

Plan Name 2014: Plan Name 2015:  
 IHSX3001 IHSX3069  
 IHSX3007 IHSX3073  
 IHPXC005 IHPXC012

User Inputs for Plan Parameters

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

\*\*\*\*\*STANDARD SILVER PLAN (3-5-2013)\*\*\*\*\*

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$5,500.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

70.7%

Silver Std

Individual  
HMO  
On

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.570%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92.340%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Calculation Successful.  
 70.7%  
 Silver

\*\*\*\*\*STANDARD SILVER PLAN (3-5-2013)\*\*\*\*\*

Plan Name 2014: Plan Name 2015:  
 IHPX1002 IHPX1008  
 IHPX1005 IHPX1011

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$): 50.00	50.00	
Coinsurance (% Insurer's Cost Share): 100.00%	100.00%	
OOP Maximum (\$):	56,450.00	
OOP Maximum if Separate (\$):		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Platinum 89.1%  
  
 Individual  
 HMO  
 On

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	97%		<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96%		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Actuarial Value:  
Metal Tier:

Calculation Successful.

89.1%  
Platinum

Plan Name 2014: Plan Name 2015:  
 IHGX2003 IHGX2010  
 IHGX2006 IHGX2012

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
OOP Maximum (\$)	\$2,000.00	
OOP Maximum if Separate (\$)		

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

Gold 82.0%  
  
 Individual  
 HMO  
 On

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	78%		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Calculation Successful.  
 82.0%  
 Gold

Plan Name 2014: Plan Name 2015:  
 IHGX2002 IHGX2007  
 IHGX2005 IHGX2008

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$400.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$6,450.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Gold 78.9%  
  
 Individual  
 HMO  
 On

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHS&A)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	98%		<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	78%		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Calculation Successful.  
 78.9%  
 Gold

Plan Name 2014: Plan Name 2015:  
 IHPX1003 IHPX1009  
 IHPX1006 IHPX1012

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$) 50.00	50.00	
Coinsurance (% Insurer's Cost Share) 100.00%	100.00%	
OOP Maximum (\$) 53,500.00		
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Platinum 88.1%  
 Individual  
 HMO  
 On

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSAs)	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	91%		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Calculation Successful.  
 88.1%  
 Platinum

Plan Name 2014: Plan Name 2015:  
 IHBX4003 IHBX4018  
 IHBX4006 IHBX4020

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$4,500.00
Coinsurance (%; Insurer's Cost Share)			50.00%
OOP Maximum (\$)			\$6,450.00
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Bronze 58.6%

Individual  
HMO  
On

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	50.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	50.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Calculation Successful.  
 58.6%  
 Bronze

Plan Name 2014: IHBX4002  
 Plan Name 2015: IHBX4017  
 IHBX4005 IHBX4019

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,300.00
Coinsurance (% Insurer's Cost Share)		50.00%
OOP Maximum (\$)		\$6,450.00
OOP Maximum if Separate (\$)		

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

Bronze 60.3%

Individual  
HMO  
On

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 60.3%  
 Metal Tier: Bronze

Plan Name 2014: IHSX3045  
 Plan Name 2015: IHSX3079  
 IHSX3046 IHSX3080

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$): 50.00	50.00	
Coinsurance (% Insurer's Cost Share): 80.00%	100.00%	
OOP Maximum (\$): \$500.00		
OOP Maximum if Separate (\$):		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Platinum 93.9%  
 Individual  
 HMO  
 On

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

Options for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.  
 93.9%  
 Platinum

Plan Name 2014: Plan Name 2015:  
 IHSX3041 IHSX3063  
 IHSX3042 IHSX3064

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
OOP Maximum (\$)	\$1,000.00	
OOP Maximum if Separate (\$)		

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

Gold 88.0%  
  
 Individual  
 HMO  
 On

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

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.  
 88.0%  
 Gold

Plan Name 2014: IHSX3037  
 Plan Name 2015: IHSX3077  
 IHSX3038 IHSX3078

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,250.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

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

Silver 73.2%  
 Individual  
 HMO  
 On

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSa)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.  
 73.2%  
 Silver

Plan Name 2014: Plan Name 2015:  
 IHSX3005 IHSX3059  
 IHSX3011 IHSX3061

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?

Desired Metal Tier Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
OOP Maximum (\$)	\$6,000.00	
OOP Maximum if Separate (\$)		

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

Silver 71.7%  
  
 Individual  
 HMO  
 On

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an injury or illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Calculation Successful.  
 71.7%  
 Silver

Plan Name 2014: Plan Name 2015:  
 IHSX3057 IHSX3081  
 IHSX3058 IHSX3082

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POG Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$) \$200.00
		Coinsurance (% Insurer's Cost Share) 100.00%
		OOP Maximum (\$) \$500.00
		OOP Maximum if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Platinum 94.8%  
  
 Individual HMO On

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

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.  
 94.8%  
 Platinum

Plan Name 2014: Plan Name 2015:  
 IHSX3053 IHSX3067  
 IHSX3054 IHSX3068

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$) 5750.00
		Coinsurance (% Insurer's Cost Share) 100.00%
		OOP Maximum (\$) 51,500.00
		OOP Maximum if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Gold 86.4%  
  
 Individual  
 HMO  
 On

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

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.  
 86.4%  
 Gold

Plan Name 2014: Plan Name 2015:  
 IHSX3049 IHSX3065  
 IHSX3050 IHSX3066

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Deductible (\$)   
 Coinsurance (% Insurer's Cost Share)   
 OOP Maximum (\$)   
 OOP Maximum if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		100.00%
		\$3,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Silver 73.3%  
 Individual  
 HMO  
 On

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

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.  
 73.3%  
 Silver

Plan Name 2014: IHSX3006  
 Plan Name 2015: IHSX3062

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$3,000.00
Coinsurance (% Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$3,000.00
OOP Maximum if Separate (\$)			

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

Silver 71.0%  
 Individual HMO On

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Calculation Successful.  
 71.0%  
 Silver

**EXHIBIT 13**  
**NARRATIVE SUMMARY**  
**Individual On-Exchange**

**Company Name:** Capital District Physicians' Health Plan, Inc.

**NAIC Code:** 95491

**SERFF Tracking #:** CAPD- 129571359

Capital District Physicians' Health Plan, Inc. (CDPHP) offers a Health Maintenance Organization (HMO) product on a community rated basis to Individuals via the NY State of Health Benefits Exchange.

CDPHP has filed a request for approval by the New York State Department of Financial Services of changes to premium rates. Policyholders will receive rate adjustments upon their renewal in 2015.

The increase requested is due to:

- Expected changes in medical and pharmacy trend (expected increases in claim costs): +5.4%
- Corrections for past pricing: +7.1%
- Demographic and aging changes: -9.0%
- Federal Risk Adjustment and Federal Transitional Reinsurance program changes: +4.8%
- Changes in benefits: +1.1% (varies by benefit plan)
- Changes in administrative expenses: -0.1%

Medical and pharmacy trends are typically broken into two components, utilization and cost. CDPHP expects to see increases in utilization due to advances in medical technology, increased frequency of genetic testing, and increased use of specialty pharmaceuticals used to manage rare and complex medical conditions. These increases will be held lower than industry-wide trends due to CDPHP medical management programs which include care management, disease management, medical therapy management, and hospital readmission avoidance.

The changes in utilization of medical and pharmacy services have been impacted by:

- Growth in Enhanced Primary Care (EPC) provider practices and quality incentive programs which will have a favorable impact on inpatient and ER services. (The Enhanced Primary Care program is an innovative CDPHP program designed to improve coordination of care and promote delivery of cost-effective services through greater use of technology and efficiency in the physician's office.)
- Movement of services to more cost-effective outpatient settings such as freestanding surgical centers.
- Expected increase in mental health services due to new behavioral health mandates and mental health parity requirements in the Affordable Care Act (ACA).

CDPHP negotiates reimbursement rates with hospitals on an annual or semiannual basis. CDPHP contracts with CVS Caremark for pharmacy benefit management. The unit cost increases projected for medical and pharmacy are:

- Facility: 6% to 7% (this is an average negotiated increase)
- Professional: 1.5% (effective July 1, 2015)
- Pharmacy costs: 5.95%. This is due to the increased use and associated high cost of specialty drugs; for example the cost of Hep C pharmaceuticals.

A pricing correction of +7.1% was applied to the 2015 rates. Pricing corrections are made to correct for an over/underestimating of medical trend in prior year's pricing.

Revised demographic assumptions resulted in a -9.0 % impact on premiums. This adjustment is due to a change in single/family mix and the expected age of the underlying population.

The impact of the Federal Risk adjustment program as estimated by the New York State Department of Financial Services resulted in -4.1% decrease in rates.

Changes to the Federal Transitional Reinsurance program reimbursements for high cost cases will increase premiums by 8.9%.

Changes to 2015 benefits impact the rates. The 2014 behavioral health residential care mandate will impact premium rates in 2015 by +0.8%. Federal changes to out of pocket maximums and deductibles will reduce premiums, on average by -0.3%.

Enhanced benefits were added to all non-standard products will increase premiums 0.6%.

- Lasik surgery allowance
- Acupuncture
- Skilled nursing days increased from 200 to 365.

Changes to administrative expenses, profit, and Federal ACA fees will impact the 2015 rates by -0.1%.

- General administrative cost decreased approximately +1.3%.
- ACA insurer tax will decrease in 2015 with an impact of -0.5%.
- Federal Reinsurance fee: -0.6%.
- Other Federal ACA fees: -0.4 %.
- NYS Regulatory Licenses fees: +0.1%.
- Profit load: unchanged

**EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY**

**Company** Capital District Physicians' Health Plan  
**NAIC Code:** 95491  
**SERFF Trac** CAPD-129571359  
**Market Segment:** Individuals On Exchange

- 1) Please complete this Narrative Summary and Numerical Summary for each market segment for which you are submitted a rate filing.
- 2) The Narrative Summary must be in plain English and should clearly and simply explain the reasons for the requested rate adjustment.
- 3) The purpose of the Narrative Summary is to provide a written explanation to the company's policyholders to help them understand the reasons why a rate increase is needed.
- 4) The purpose of the Numerical Summary is to provide a clear and simple overview of the requested rate adjustment.
- 5) These Summaries will be public documents and will be posted on DFS's website and furnished by DFS to the public upon request.
- 6) The company should submit these Summaries to DFS ten (10) days before submitting a rate adjustment filing.
- 7) A draft of these Summaries and of the Initial Notice must be included in a "Prior Approval Prefiling" submitted to DFS via SERFF.
- 8) Once reviewed by DFS, these Summaries must be posted to a location on its website that is publicly available and accessible without the need for a user ID/password.
- 9) Links should be provided on key pages of the company's website so that the information may be easily located.
- 10) Any change(s) made to the Narrative Summary/Numerical Summary subsequent to the posting must be submitted to DFS with the specific change(s) identified.
- 11) This exhibit must be submitted as an Excel file and as a PDF file.

**A. Average 2014 and 2015 Premium Rates:**

- 1) Average Monthly Premium Rates for Individual Only on Individual Plans and First Quarter Rates for Employee Only on Small Group Plans.
- 2) Premium Rates are Average Arithmetic Premium Rates for All Plans Combined and for all Regions combined.
- 3) Premium Rates are with Through Age 29, with Domestic Partner and with Family Planning Coverage.
- 4) Premium Rates for 2015 should be Consistent with the Premium Rates reflected in Exhibit 23.
- 5) Premium Rates for 2014 should be on a Consistent Basis as the Premium Rates for 2015.

	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	\$ 638.32	\$ 554.77	\$ 473.36	\$ 389.76	NA
2015 Premium Rates	\$ 679.69	\$ 579.72	\$ 501.23	\$ 413.64	NA

**B. Weighted Average Annual Percentage Requested Adjustments [Per Exhibit 14A for Individual Plans and Exhibit 14B for Small Group Plans]\*:**

	2014 to 2015
Requested Rate Adjustment	8.5%

**C. Weighted Average Annual Percentage Requested Adjustments for each of the Past Three Years [Per Exhibits 4A-4D] [If Applicable]\*:**

	2011 to 2012	2012 to 2013	2013 to 2014
Average Rate Adjustment	NA	NA	NA

**D. Average Medical Loss Ratios [MLR] for All Policies Impacted [Ratios of Incurred Claims to Earned Premiums] [If Applicable]\*:**

	2011	2012	2013
MLR	NA	NA	NA

**E. Claim Trend Rates and Average Ratios to Earned Premiums [Per Exhibit 19 for 2014-15 and Comparable Exhibits for 2013] [If Applicable]\*:**

	2013	2014	2015
Annual Claim Trend Rates	NA	5.19%	5.29%
Expense Ratios	NA	13.99%	13.85%
Pre Tax Profit Ratios	NA	2.00%	2.00%

\* If product was not offered in a particular year, indicate "N/A" in the applicable box.

EXHIBIT 14A

EXHIBIT 14 - PART A: SUMMARY OF REQUESTED PERCENTAGE CHANGES TO EXISTING RATES

-- for Individual Medical Plans

Company Name: Capital District Physicians' Health Plan  
 NAIC Code: 95491  
 SERFF Tracking #: CAPD-129571359  
 Market Segment: Individuals On Exchange

- 1) Use this Exhibit for Individual Medical Plans. Individual market ACA compliant plans must use non-rolling rates where rates change each January 1.
- 2) The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.
- 3) Market segment refers to Individual plans.
- 4) The requested percentage rate change reflects the expected change in premium rates that would apply to the contract holder on that contract holder's next rate change date for each contract holder within the indicated combination of metal level, rating region, and product name.
- 5) The product name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/metal level when communicating with DFS). A separate row is to be used for each combination of metal level, rating region, and product name.
- 6) If the percentage changes (lowest and highest and weighted average) are identical for all the rating regions, then separate rows by rating region need not be used, and "All Regions" can be shown in the Rating Region column. If the rate change range information differs by rating region, then separate rows need to be used for each rating region the insurer uses. Rating region names used on this exhibit are to use the standard rating region names developed by DFS (e.g., Albany Area, Buffalo Area, etc.).
- 7) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).
- 8) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that metal level, and rating region, including any applicable riders. This includes benefit designs included in this rate filing which have no actual members.
- 9) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that metal level, and rating region, including any applicable riders. This includes plan designs included in this rate filing which have no actual members.
- 10) The weighted average percentage should be developed based on annualized premium volume or membership for that metal level, and rating region, including any applicable riders.
- 11) This exhibit must be submitted as an Excel file and as a PDF file.

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	1/1/2015	Platinum	1 - Albany Area	HDHMO	HDHMO	6.38%	6.38%	6.38%
Individual	1/1/2015	Gold	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Silver	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Bronze	1 - Albany Area	HDHMO	HDHMO	6.37%	7.14%	7.01%
Individual	1/1/2015	Catastrophic	1 - Albany Area	HDHMO	HDHMO	-32.34%	-32.34%	-32.34%
Individual	1/1/2015	Platinum	3 - Mid Hudson Area	HDHMO	HDHMO	11.08%	11.08%	11.08%
Individual	1/1/2015	Gold	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Silver	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Bronze	3 - Mid Hudson Area	HDHMO	HDHMO	11.08%	11.88%	11.68%
Individual	1/1/2015	Catastrophic	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Platinum	6 - Syracuse Area	HDHMO	HDHMO	6.38%	6.38%	6.38%
Individual	1/1/2015	Gold	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Silver	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Bronze	6 - Syracuse Area	HDHMO	HDHMO	7.14%	7.14%	7.14%
Individual	1/1/2015	Catastrophic	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Platinum	7 - Utica/Watertown Area	HDHMO	HDHMO	6.38%	6.38%	6.38%
Individual	1/1/2015	Gold	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Silver	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Bronze	7 - Utica/Watertown Area	HDHMO	HDHMO	7.14%	7.14%	7.14%
Individual	1/1/2015	Catastrophic	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Platinum	1 - Albany Area	HMO	HMO	-9.16%	6.98%	6.22%
Individual	1/1/2015	Gold	1 - Albany Area	HMO	HMO	0.47%	10.08%	4.66%
Individual	1/1/2015	Silver	1 - Albany Area	HMO	HMO	-21.93%	13.82%	8.53%
Individual	1/1/2015	Bronze	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Catastrophic	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%

EXHIBIT 14A

Individual	1/1/2015	Platinum	3 - Mid Hudson Area	HMO	HMO	-5.14%	11.72%	10.78%
Individual	1/1/2015	Gold	3 - Mid Hudson Area	HMO	HMO	0.00%	14.95%	9.98%
Individual	1/1/2015	Silver	3 - Mid Hudson Area	HMO	HMO	-18.48%	18.86%	14.25%
Individual	1/1/2015	Bronze	3 - Mid Hudson Area	HMO	HMO	7.35%	7.35%	7.35%
Individual	1/1/2015	Catastrophic	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Platinum	6 - Syracuse Area	HMO	HMO	1.01%	6.98%	5.69%
Individual	1/1/2015	Gold	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Silver	6 - Syracuse Area	HMO	HMO	4.54%	13.82%	8.67%
Individual	1/1/2015	Bronze	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Catastrophic	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Platinum	7 - Utica/Watertown Area	HMO	HMO	5.19%	6.98%	6.03%
Individual	1/1/2015	Gold	7 - Utica/Watertown Area	HMO	HMO	0.47%	10.08%	4.45%
Individual	1/1/2015	Silver	7 - Utica/Watertown Area	HMO	HMO	4.54%	13.82%	7.66%
Individual	1/1/2015	Bronze	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	1/1/2015	Catastrophic	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Platinum	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Gold	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Silver	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Bronze	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Catastrophic	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Platinum	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Gold	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Silver	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Bronze	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Catastrophic	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Platinum	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Gold	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Silver	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Bronze	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Catastrophic	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Platinum	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Gold	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Silver	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Bronze	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Catastrophic	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Platinum	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Gold	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Silver	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Bronze	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Catastrophic	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Platinum	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Gold	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Silver	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Bronze	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Catastrophic	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Platinum	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Gold	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Silver	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Bronze	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Catastrophic	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Platinum	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Gold	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Silver	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Bronze	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	4/1/2015	Catastrophic	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Platinum	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Gold	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Silver	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Bronze	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Catastrophic	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Platinum	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Gold	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Silver	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Bronze	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%

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Individual	7/1/2015	Catastrophic	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Platinum	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Gold	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Silver	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Bronze	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Catastrophic	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Platinum	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Gold	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Silver	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Bronze	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Catastrophic	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Platinum	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Gold	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Silver	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Bronze	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Catastrophic	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Platinum	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Gold	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Silver	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Bronze	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Catastrophic	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Platinum	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Gold	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Silver	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Bronze	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Catastrophic	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Platinum	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Gold	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Silver	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Bronze	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	7/1/2015	Catastrophic	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Platinum	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Gold	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Silver	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Bronze	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Catastrophic	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Platinum	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Gold	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Silver	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Bronze	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Catastrophic	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Platinum	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Gold	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Silver	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Bronze	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Catastrophic	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Platinum	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Gold	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Silver	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Bronze	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Catastrophic	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Platinum	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Gold	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Silver	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Bronze	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Catastrophic	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Platinum	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Gold	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Silver	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Bronze	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Catastrophic	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Platinum	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Gold	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Silver	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%

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Individual	10/1/2015	Bronze	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Catastrophic	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Platinum	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Gold	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Silver	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Bronze	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Individual	10/1/2015	Catastrophic	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%



Individual	7/1/2015	Platinum	6 - Syracuse Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Platinum	7 - Utica/Waterstown Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Gold	1 - Albany Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Gold	3 - Mid Hudson Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Gold	6 - Syracuse Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Gold	7 - Utica/Waterstown Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Silver	1 - Albany Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Silver	3 - Mid Hudson Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Silver	6 - Syracuse Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Silver	7 - Utica/Waterstown Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Bronze	1 - Albany Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Bronze	3 - Mid Hudson Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Bronze	6 - Syracuse Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Bronze	7 - Utica/Waterstown Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Catastrophic	1 - Albany Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Catastrophic	3 - Mid Hudson Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Catastrophic	6 - Syracuse Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	7/1/2015	Catastrophic	7 - Utica/Waterstown Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Platinum	1 - Albany Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Platinum	3 - Mid Hudson Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Platinum	6 - Syracuse Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Platinum	7 - Utica/Waterstown Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Gold	1 - Albany Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Gold	3 - Mid Hudson Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Gold	6 - Syracuse Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Gold	7 - Utica/Waterstown Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Silver	1 - Albany Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Silver	3 - Mid Hudson Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Silver	6 - Syracuse Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Silver	7 - Utica/Waterstown Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Bronze	1 - Albany Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Bronze	3 - Mid Hudson Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Bronze	6 - Syracuse Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Bronze	7 - Utica/Waterstown Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Catastrophic	1 - Albany Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Catastrophic	3 - Mid Hudson Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Catastrophic	6 - Syracuse Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	10/1/2015	Catastrophic	7 - Utica/Waterstown Area	0.0%	\$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Market Segment Total:</b>				8.5%	\$13,760,072.64	2,434	1,836	5	0	792	765	732	140	0	0	0	0	0	0



EXHIBIT 17: HISTORICAL CLAIM DATA

EXHIBIT 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Capitol District Physicians' Health Plan  
 NAIC Code: 95491  
 SERFF Number: CAPD-129571359  
 Market Segment: Individuals On Exchange

- 1) Complete a separate ROW for each base medical policy form included in the rate adjustment filing.
  - Information requested applies to New York State business only and for all rating regions combined.
  - Include riders that may be available with that policy form in each policy form response. Discontinued policy forms and products are to be included in the Exhibit.
  - Insert additional rows as needed to include all base medical policy forms included in a particular market segment for Small Groups and Small Group HNY Business.
  - Add a row with the aggregate values for that entire market segment (including any Small Group Healthy NY and enter an appropriate identifier in column 1b (such as TOTAL).
- 2) In Column 4, market segment refers to Small Group, Small Group Sole Proprietors and Small Group Healthy NY Business.
- 3) Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, and Consumer Health Plans. Indicate appropriate designation for policy form, etc.
- 4) 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).
- 5) Note that many cells include a drop down list. Use the drop down list for entries.
- 6) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- 7) This exhibit must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form										Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)												
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identification	3. Effective date of rate change (mm/dd/yy)	4. Market Segment [drop down menu]	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change	14.1 Beginning Date of the experience period (mm/dd/yy)	14.2 Ending Date of the experience period (mm/dd/yy)	14.3 Member months for experience period	14.4 Earned premiums for experience period (\$)	14.5 Standardized earned premiums for experience period (\$)	14.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	14.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	14.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) (\$)	14.9 Adjustment to the incurred claims for the period due to receipts from the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)		
HMO SG	HMO	HMO	HMO	01/01/15	SG-All Others	HMO	Yes	Open	2,514	13,468	XX	01/01/13	12/31/13	173,054	70,711,611	73,973,467	60,608,425	60,607,985	0	3,397,501	9,481,062	XX
HMO SP	HMO	HMO	HMO	01/01/15	SG-Sole P	HMO	Yes	Open	3,087	4,164	XX	01/01/13	12/31/13	6,336	3,360,554	3,482,121	3,781,025	3,785,887	0	124,392	211,617	XX
											XX											XX
											XX											XX
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											XX											XX

EXHIBIT 17: HISTORICAL CLAIM DATA

EXHIBIT 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)										Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)												
15.1 Beginning date of the experience period (mm/dd/yy)	15.2 Ending Date of the experience period (mm/dd/yy)	15.3 Member months for experience period	15.4 Earned premiums for experience period (\$)	15.5 Standardized earned premiums for experience period (\$)	15.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	15.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	15.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) (\$)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	16.1 Beginning date of the experience period (mm/dd/yy)	16.2 Ending Date of the experience period (mm/dd/yy)	16.3 Member months for experience period	16.4 Earned premiums for experience period (\$)	16.5 Standardized earned premiums for experience period (\$)	16.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	16.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	16.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) (\$)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)			
XX	01/01/12	12/31/12	210,650	78,695,005	88,715,870	66,900,709	64,001,086	0	2,855,613	11,535,864	XX	01/01/11	12/31/11	230,832	83,419,722	102,589,627	69,392,393	69,982,387	0	2,467,827	11,302,650	XX
XX	01/01/12	12/31/12	6,909	3,304,807	3,725,766	3,398,815	3,682,793	0	93,547	3,115	XX	01/01/11	12/31/11	8,846	4,130,900	5,080,363	4,207,598	4,086,544	0	94,570	433,132	XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
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XX											XX											XX

**Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet**

Company Name: Capital District Physicians' Health Plan  
 NAIC Code: 95491  
 SERFF Number: CAPD-129571359  
 Market Segment: Individuals On Exchange

Separate column for each plan design (on or off Exchange)

Line #	General								
1	Product*	94788	94788	94788	94788	94788	94788	94788	94788
2	Product ID*	94788NY028	94788NY028						
3	Metal Level (or catastrophic)*	Platinum	Platinum	Gold	Gold	Silver	Silver	Bronze	
4	AV Metal Value (HHS Calculator)*	89.05%	88.14%	78.93%	81.97%	71.67%	70.98%	60.25%	
5	AV Pricing Value (total, risk pool experience based)*	90.13%	90.13%	90.13%	90.13%	90.13%	90.13%	90.13%	
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HDMO	HDMO	
7	Plan Name*	IHPX1008	IHPX1009	IHGX2007	IHGX2010	IHSX3059	IHSX3060	IHBX4017	
8	HIOS Plan ID*	94788NY0280001	94788NY0280049	94788NY0280007	94788NY0280013	94788NY0280017	94788NY0280021	94788NY0280029	
9	Exchange Plan?*	Yes							

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

**Experience Period Index Rate**

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period	63966891.48							
10B	Member-Months for Latest Experience Period	194339							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	329.15							
11	Average Pricing Actuarial Value reflected in experience period	0.901							
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>365.20</b>							

**Market Wide Adjustments to the AV Adjusted Experience Period Index Rate**

13	Impact of adjusting experience period data to EHB benefit level	1.0166							
14	Market wide adjustment for changes in provider network **	1.0000							
15	Market wide adjustment for fee schedule changes **	1.0000							
16	Market wide adjustment for utilization management changes **	1.0000							
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **	1.0000							
18	Impact on risk pool of changes in expected covered membership risk characteristics **	1.0000							
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool (Indiv. Only)</b>	<b>1.7609</b>							
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1.0000							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)	1.0492							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	0.9785							
23	Impact of adjustments due to experience period claim data not being sufficiently credible	1.0000							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	1.1089							
25	Other - Pent Up Demand Factor	1.0250							
26	Other 2 SMC Pool Refund	0.9444							
27	Other 3 - Factor to cap rates	0.8050							
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	<b>1.588</b>	<b>1.588</b>	<b>1.588</b>	<b>1.588</b>	<b>1.588</b>	<b>1.588</b>	<b>1.588</b>	<b>1.588</b>

\*\* Not Included in Claim Trend Adjustment

**Plan Level Adjustments**

29	Pricing actuarial value (without induced demand factor) #	0.8905	0.8814	0.7893	0.8197	0.7167	0.7098	0.6025	
30	Pricing actuarial value (only the induced demand factor) #	1.0370	1.0370	0.9780	0.9780	0.9479	0.9479	0.9261	
31	Impact of provider network characteristics ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
32	Impact of delivery system characteristics ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
33	Impact of utilization management practices ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
35	Benefits in additional to EHB (greater than 1.00)	1.0062	1.0062	1.0062	1.0062	1.0062	1.0062	1.0062	
36	Administrative costs (excluding Exchange user fees and profits)	1.1646	1.1646	1.1646	1.1646	1.1646	1.1646	1.1646	
37	Profit/Contribution to surplus margins	1.0204	1.0204	1.0204	1.0204	1.0204	1.0204	1.0204	
38	Impact of eligibility categories (catastrophic plans only)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
41	Other - Child Only Factor	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
42	Other - Allowance for Embrace Health	1.0000	1.0000	1.0000	1.0000	1.0098	1.0000	1.0000	
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>1.104</b>	<b>1.093</b>	<b>0.923</b>	<b>0.959</b>	<b>0.820</b>	<b>0.805</b>	<b>0.667</b>	

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

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>640.44</b>	<b>633.90</b>	<b>535.31</b>	<b>555.94</b>	<b>475.76</b>	<b>466.62</b>	<b>387.00</b>	
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**Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet**

Company Name: Capital District Physicians' Heal  
 NAIC Code: 95491  
 SERFF Number: CAPD-129571359  
 Market Segment: Individuals On Exchange

Line #	General							
1	Product*	94788	94788	94788	94788	94788	94788	94788
2	Product ID*	94788NY028						
3	Metal Level (or catastrophic)*	Bronze	Bronze	Platinum	Platinum	Platinum	Gold	Gold
4	AV Metal Value (HHS Calculator)*	58.56%	57.17%	83.54%	89.05%	88.14%	78.93%	81.97%
5	AV Pricing Value (total, risk pool experience based)*	90.13%	90.13%	90.13%	90.13%	90.13%	90.13%	90.13%
6	Plan Type*	HDHMO	HDHMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	IHBX4018	IHCX5002	IHNX6003	IHPX1011	IHPX1012	IHGX2008	IHGX2012
8	HIOS Plan ID*	94788NY0280033	94788NY0280047	94788NY0280037	94788NY0280002	94788NY0280050	94788NY0280008	94788NY0280014
9	Exchange Plan?*	Yes						

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

Experience Period Index Rate								
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>365.20</b>						

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate								
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **							
18	Impact on risk pool of changes in expected covered membership risk characteristics **							
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool (Indiv. Only)</b>							
20	Adjustment for changes in distribution of risk pool membership by rating regions **							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
23	Impact of adjustments due to experience period claim data not being sufficiently credible							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
25	Other - Pent Up Demand Factor							
26	Other 2 - SMC Pool Refund							
27	Other 3 - Factor to cap rates							
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	<b>1.588</b>						

\*\* Not Included in Claim Trend Adjustment

Plan Level Adjustments								
29	Pricing actuarial value (without induced demand factor) #	0.5856	0.5717	0.8354	0.8905	0.8814	0.7893	0.8197
30	Pricing actuarial value (only the induced demand factor) #	0.9261	0.9261	1.0370	1.0370	1.0370	0.9780	0.9780
31	Impact of provider network characteristics ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
32	Impact of delivery system characteristics ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
33	Impact of utilization management practices ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
35	Benefits in additional to EHB (greater than 1.00)	1.0062	1.0000	1.0000	1.0080	1.0080	1.0080	1.0080
36	Administrative costs (excluding Exchange user fees and profits)	1.1646	1.1646	1.1646	1.1646	1.1646	1.1646	1.1646
37	Profit/Contribution to surplus margins	1.0204	1.0204	1.0204	1.0204	1.0204	1.0204	1.0204
38	Impact of eligibility categories (catastrophic plans only)	1.0000	0.6315	1.0000	1.0000	1.0000	1.0000	1.0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
41	Other - Child Only Factor	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
42	Other - Allowance for Embrace Health	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>0.648</b>	<b>0.397</b>	<b>1.029</b>	<b>1.106</b>	<b>1.095</b>	<b>0.925</b>	<b>0.960</b>

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

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>376.12</b>	<b>230.46</b>	<b>597.05</b>	<b>641.57</b>	<b>635.02</b>	<b>536.26</b>	<b>556.92</b>
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**Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet**

Company Name: Capital District Physicians' Heal  
 NAIC Code: 95491  
 SERFF Number: CAPD-129571359  
 Market Segment: Individuals On Exchange

Line #	General							
1	Product*	94788	94788	94788	94788	94788	94788	94788
2	Product ID*	94788NY028						
3	Metal Level (or catastrophic)*	Silver	Silver	Bronze	Bronze	Platinum	Silver	Silver
4	AV Metal Value (HHS Calculator)*	71.67%	70.98%	60.25%	58.56%	83.54%	73.18%	73.18%
5	AV Pricing Value (total, risk pool experience based)*	90.13%	90.13%	90.13%	90.13%	90.13%	90.13%	90.13%
6	Plan Type*	HMO	HDHMO	HDHMO	HDHMO	HMO	HMO	HMO
7	Plan Name*	IHSX3061	IHSX3062	IHBX4019	IHBX4020	IHNX6004	IHSX3077	IHSX3078
8	HIOS Plan ID*	94788NY0280018	94788NY0280022	94788NY0280030	94788NY0280034	94788NY0280038	94788NY0280017	94788NY0280018
9	Exchange Plan?*	Yes						

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

Experience Period Index Rate								
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>365.20</b>						

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate								
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **							
18	Impact on risk pool of changes in expected covered membership risk characteristics **							
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool (Indiv. Only)</b>							
20	Adjustment for changes in distribution of risk pool membership by rating regions **							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
23	Impact of adjustments due to experience period claim data not being sufficiently credible							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
25	Other - Pent Up Demand Factor							
26	Other 2 - SMC Pool Refund							
27	Other 3 - Factor to cap rates							
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	<b>1.588</b>						

\*\* Not Included in Claim Trend Adjustment

Plan Level Adjustments								
29	Pricing actuarial value (without induced demand factor) #	0.7167	0.7098	0.6025	0.5856	0.8354	0.7167	0.7167
30	Pricing actuarial value (only the induced demand factor) #	0.9479	0.9479	0.9261	0.9261	1.0370	0.9479	0.9479
31	Impact of provider network characteristics ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
32	Impact of delivery system characteristics ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
33	Impact of utilization management practices ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
35	Benefits in additional to EHB (greater than 1.00)	1.0080	1.0080	1.0080	1.0080	1.0018	1.0062	1.0080
36	Administrative costs (excluding Exchange user fees and profits)	1.1646	1.1646	1.1646	1.1646	1.1646	1.1646	1.1646
37	Profit/Contribution to surplus margins	1.0204	1.0204	1.0204	1.0204	1.0204	1.0204	1.0204
38	Impact of eligibility categories (catastrophic plans only)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
41	Other - Child Only Factor	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
42	Other - Allowance for Embrace Health	1.0098	1.0000	1.0000	1.0000	1.0000	1.0098	1.0098
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>0.822</b>	<b>0.806</b>	<b>0.668</b>	<b>0.650</b>	<b>1.031</b>	<b>0.820</b>	<b>0.822</b>

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

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>476.60</b>	<b>467.44</b>	<b>387.69</b>	<b>376.78</b>	<b>598.11</b>	<b>475.76</b>	<b>476.60</b>
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**Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet**

Company Name: Capital District Physicians' Heal  
 NAIC Code: 95491  
 SERFF Number: CAPD-129571359  
 Market Segment: Individuals On Exchange

Line #	General							
1	Product*	94788	94788	94788	94788	94788	94788	94788
2	Product ID*	94788NY028						
3	Metal Level (or catastrophic)*	Silver						
4	AV Metal Value (HHS Calculator)*	87.97%	87.97%	93.88%	93.88%	73.31%	73.31%	86.38%
5	AV Pricing Value (total, risk pool experience based)*	90.13%	90.13%	90.13%	90.13%	90.13%	90.13%	90.13%
6	Plan Type*	HMO						
7	Plan Name*	IHSX3063	IHSX3064	IHSX3079	IHSX3080	IHSX3065	IHSX3066	IHSX3067
8	HIOS Plan ID*	94788NY0280017	94788NY0280018	94788NY0280017	94788NY0280018	94788NY0280021	94788NY0280022	94788NY0280021
9	Exchange Plan?*	Yes						

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

Experience Period Index Rate								
10A	Incurring Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims (L10A/L10B) (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>365.20</b>						

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate								
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **							
18	Impact on risk pool of changes in expected covered membership risk characteristics **							
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool (Indiv. Only)</b>							
20	Adjustment for changes in distribution of risk pool membership by rating regions **							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
23	Impact of adjustments due to experience period claim data not being sufficiently credible							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
25	Other - Pent Up Demand Factor							
26	Other 2 - SMC Pool Refund							
27	Other 3 - Factor to cap rates							
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	<b>1.588</b>						

\*\* Not Included in Claim Trend Adjustment

Plan Level Adjustments								
29	Pricing actuarial value (without induced demand factor) #	0.7167	0.7167	0.7167	0.7167	0.7098	0.7098	0.7098
30	Pricing actuarial value (only the induced demand factor) #	0.9479	0.9479	0.9479	0.9479	0.9479	0.9479	0.9479
31	Impact of provider network characteristics ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
32	Impact of delivery system characteristics ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
33	Impact of utilization management practices ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
35	Benefits in addition to EHB (greater than 1.00)	1.0062	1.0080	1.0062	1.0080	1.0062	1.0080	1.0062
36	Administrative costs (excluding Exchange user fees and profits)	1.1646	1.1646	1.1646	1.1646	1.1646	1.1646	1.1646
37	Profit/Contribution to surplus margins	1.0204	1.0204	1.0204	1.0204	1.0204	1.0204	1.0204
38	Impact of eligibility categories (catastrophic plans only)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
41	Other - Child Only Factor	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
42	Other - Allowance for Embrace Health	1.0098	1.0098	1.0098	1.0098	1.0098	1.0098	1.0098
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>0.820</b>	<b>0.822</b>	<b>0.820</b>	<b>0.822</b>	<b>0.805</b>	<b>0.806</b>	<b>0.805</b>

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

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>475.76</b>	<b>476.60</b>	<b>475.76</b>	<b>476.60</b>	<b>466.62</b>	<b>467.44</b>	<b>466.62</b>
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**Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet**

Company Name: Capital District Physicians' Heal  
 NAIC Code: 95491  
 SERFF Number: CAPD-129571359  
 Market Segment: Individuals On Exchange

Line #	General			
1	Product*	94788	94788	94788
2	Product ID*	94788NY028	94788NY028	94788NY028
3	Metal Level (or catastrophic)*	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	86.38%	94.84%	94.84%
5	AV Pricing Value (total, risk pool experience based)*	90.13%	90.13%	90.13%
6	Plan Type*	HMO	HMO	HMO
7	Plan Name*	IHSX3068	IHSX3081	IHSX3082
8	HIOS Plan ID*	94788NY0280022	94788NY0280021	94788NY0280022
9	Exchange Plan?*	Yes	Yes	Yes

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

Experience Period Index Rate				
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period			
10B	Member-Months for Latest Experience Period			
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)			
11	Average Pricing Actuarial Value reflected in experience period			
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>365.20</b>	<b>365.20</b>	<b>365.20</b>

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate				
13	Impact of adjusting experience period data to EHB benefit level			
14	Market wide adjustment for changes in provider network **			
15	Market wide adjustment for fee schedule changes **			
16	Market wide adjustment for utilization management changes **			
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **			
18	Impact on risk pool of changes in expected covered membership risk characteristics **			
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]</b>			
20	Adjustment for changes in distribution of risk pool membership by rating regions **			
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)			
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)			
23	Impact of adjustments due to experience period claim data not being sufficiently credible			
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)			
25	Other - Pent Up Demand Factor			
26	Other 2 SMC Pool Refund			
27	Other 3 - Factor to cap rates			
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	<b>1.588</b>	<b>1.588</b>	<b>1.588</b>

\*\* Not Included in Claim Trend Adjustment

Plan Level Adjustments				
29	Pricing actuarial value (without induced demand factor) #	0.7098	0.7098	0.7098
30	Pricing actuarial value (only the induced demand factor) #	0.9479	0.9479	0.9479
31	Impact of provider network characteristics ##	1.0000	1.0000	1.0000
32	Impact of delivery system characteristics ##	1.0000	1.0000	1.0000
33	Impact of utilization management practices ##	1.0000	1.0000	1.0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.0000	1.0000	1.0000
35	Benefits in additional to EHB (greater than 1.00)	1.0080	1.0062	1.0080
36	Administrative costs (excluding Exchange user fees and profits)	1.1646	1.1646	1.1646
37	Profit/Contribution to surplus margins	1.0204	1.0204	1.0204
38	Impact of eligibility categories (catastrophic plans only)	1.0000	1.0000	1.0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.0000	1.0000	1.0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.0000	1.0000	1.0000
41	Other - Child Only Factor	1.0000	1.0000	1.0000
42	Other - Allowance for Embrace Health	1.0000	1.0000	1.0000
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>0.806</b>	<b>0.805</b>	<b>0.806</b>

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

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>467.44</b>	<b>466.62</b>	<b>467.44</b>
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**Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet**

Company Name: Capital District Physicians' Health Plan  
 NAIC Code: 95491  
 SERFF Number: CAPD-129571359  
 Market Segment: Individuals On Exchange

Separate column for each plan design (on or off Exchange)

Line #	General							
1	Product*	94788	94788	94788	94788	94788	94788	94788
2	Product ID*	94788NY028						
3	Metal Level (or catastrophic)*	Platinum	Gold	Silver	Silver	Gold	Silver	Bronze
4	AV Metal Value (HHS Calculator)*	88.12%	79.05%	70.69%	73.99%	86.66%	93.43%	61.99%
5	AV Pricing Value (total, risk pool experience based)*	90.13%	90.13%	90.13%	90.13%	90.13%	90.13%	90.13%
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HDMO
7	Plan Name*	IHPX1007	IHGX2009	IHSX3069	IHSX3070	IHSX3071	IHSX3072	IHBX4021
8	HIOS Plan ID*	94788NY0280053	94788NY0280054	94788NY0280055	94788NY0280055	94788NY0280055	94788NY0280055	94788NY0280059
9	Exchange Plan?*	Yes						

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

**Experience Period Index Rate**

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period	63966891.48						
10B	Member-Months for Latest Experience Period	194339						
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	329.15						
11	Average Pricing Actuarial Value reflected in experience period	0.901						
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>365.20</b>						

**Market Wide Adjustments to the AV Adjusted Experience Period Index Rate**

13	Impact of adjusting experience period data to EHB benefit level	1.0153						
14	Market wide adjustment for changes in provider network **	1.0000						
15	Market wide adjustment for fee schedule changes **	1.0000						
16	Market wide adjustment for utilization management changes **	1.0000						
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **	1.0000						
18	Impact on risk pool of changes in expected covered membership risk characteristics **	1.0000						
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool (Indiv. Only)</b>	<b>1.7609</b>						
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1.0000						
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)	1.0492						
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	0.9785						
23	Impact of adjustments due to experience period claim data not being sufficiently credible	1.0000						
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	1.1089						
25	Other - Pent Up Demand Factor	1.0250						
26	Other 2 - SMC Pool Refund	0.9444						
27	Other 3 - Factor to cap rates	0.8050						
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	<b>1.586</b>	<b>1.586</b>	<b>1.586</b>	<b>1.586</b>	<b>1.586</b>	<b>1.586</b>	<b>1.586</b>

\*\* Not Included in Claim Trend Adjustment

**Plan Level Adjustments**

29	Pricing actuarial value (without induced demand factor) #	0.8812	0.7905	0.7069	0.7069	0.7069	0.7069	0.6199
30	Pricing actuarial value (only the induced demand factor) #	1.0370	0.9780	0.9479	0.9479	0.9479	0.9479	0.9261
31	Impact of provider network characteristics ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
32	Impact of delivery system characteristics ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
33	Impact of utilization management practices ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
35	Benefits in additional to EHB (greater than 1.00)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
36	Administrative costs (excluding Exchange user fees and profits)	1.1646	1.1646	1.1646	1.1646	1.1646	1.1646	1.1646
37	Profit/Contribution to surplus margins	1.0204	1.0204	1.0204	1.0204	1.0204	1.0204	1.0204
38	Impact of eligibility categories (catastrophic plans only)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
41	Other - Child Only Factor	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
42	Other - Allowance for Embrace Health	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>1.086</b>	<b>0.919</b>	<b>0.796</b>	<b>0.796</b>	<b>0.796</b>	<b>0.796</b>	<b>0.682</b>

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

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>629.05</b>	<b>532.17</b>	<b>461.24</b>	<b>461.24</b>	<b>461.24</b>	<b>461.24</b>	<b>395.23</b>
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**Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet**

Company Name: Capital District Physicians' Heal  
 NAIC Code: 95491  
 SERFF Number: CAPD-129571359  
 Market Segment: Individuals On Exchange

Line #	General							
1	Product*	94788	94788	94788	94788	94788	94788	94788
2	Product ID*	94788NY028						
3	Metal Level (or catastrophic)*	Platinum	Gold	Silver	Silver	Gold	Platinum	Silver
4	AV Metal Value (HHS Calculator)*	88.12%	79.05%	70.69%	73.99%	86.66%	93.43%	70.69%
5	AV Pricing Value (total, risk pool experience based)*	90.13%	90.13%	90.13%	90.13%	90.13%	90.13%	90.13%
6	Plan Type*	HMO						
7	Plan Name*	IHPX1010	IHGX2011	IHSX3073	IHSX3074	IHSX3075	IHSX3076	IHPXC012
8	HIOS Plan ID*	94788NY0280064	94788NY0280065	94788NY0280066	94788NY0280066	94788NY0280066	94788NY0280066	94788NY0280082
9	Exchange Plan?*	Yes						

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

Experience Period Index Rate								
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>365.20</b>						

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate								
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **							
18	Impact on risk pool of changes in expected covered membership risk characteristics **							
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool (Indiv. Only)</b>							
20	Adjustment for changes in distribution of risk pool membership by rating regions **							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
23	Impact of adjustments due to experience period claim data not being sufficiently credible							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
25	Other - Pent Up Demand Factor							
26	Other 2 - SMC Pool Refund							
27	Other 3 - Factor to cap rates							
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	<b>1.586</b>						

\*\* Not Included in Claim Trend Adjustment

Plan Level Adjustments								
29	Pricing actuarial value (without induced demand factor) #	0.8812	0.7905	0.7069	0.7069	0.7069	0.7069	0.7069
30	Pricing actuarial value (only the induced demand factor) #	1.0370	0.9780	0.9479	0.9479	0.9479	0.9479	0.9479
31	Impact of provider network characteristics ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
32	Impact of delivery system characteristics ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
33	Impact of utilization management practices ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
35	Benefits in additional to EHB (greater than 1.00)	1.0018	1.0018	1.0018	1.0018	1.0018	1.0018	1.0000
36	Administrative costs (excluding Exchange user fees and profits)	1.1646	1.1646	1.1646	1.1646	1.1646	1.1646	1.1646
37	Profit/Contribution to surplus margins	1.0204	1.0204	1.0204	1.0204	1.0204	1.0204	1.0204
38	Impact of eligibility categories (catastrophic plans only)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
41	Other - Child Only Factor	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.4120
42	Other - Allowance for Embrace Health	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>1.088</b>	<b>0.920</b>	<b>0.798</b>	<b>0.798</b>	<b>0.798</b>	<b>0.798</b>	<b>0.328</b>

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

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>630.16</b>	<b>533.11</b>	<b>462.06</b>	<b>462.06</b>	<b>462.06</b>	<b>462.06</b>	<b>190.03</b>
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**Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet**

Company Name: Capital District Physicians' Heal  
 NAIC Code: 95491  
 SERFF Number: CAPD-129571359  
 Market Segment: Individuals On Exchange

Line #	General							
1	Product*	94788	94788	94788	94788	94788	94788	94788
2	Product ID*	94788NY028						
3	Metal Level (or catastrophic)*	Bronze	Gold	Platinum	Bronze	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	61.99%	79.05%	88.12%	61.99%	73.99%	86.66%	93.43%
5	AV Pricing Value (total, risk pool experience based)*	90.13%	90.13%	90.13%	90.13%	90.13%	90.13%	90.13%
6	Plan Type*	HMO	HMO	HDHMO	HDHMO	HMO	HMO	HMO
7	Plan Name*	IHPXC013	IHPXC014	IHPXC018	IHBX4022	IHSXC015	IHPXC016	IHPXC017
8	HIOS Plan ID*	94788NY0280079	94788NY0280080	94788NY0280081	94788NY0280070	94788NY0280082	94788NY0280082	94788NY0280082
9	Exchange Plan?*	Yes						

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

Experience Period Index Rate								
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>365.20</b>						

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate								
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **							
18	Impact on risk pool of changes in expected covered membership risk characteristics **							
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool (Indiv. Only)</b>							
20	Adjustment for changes in distribution of risk pool membership by rating regions **							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
23	Impact of adjustments due to experience period claim data not being sufficiently credible							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
25	Other - Pent Up Demand Factor							
26	Other 2 - SMC Pool Refund							
27	Other 3 - Factor to cap rates							
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	<b>1.586</b>						

\*\* Not Included in Claim Trend Adjustment

Plan Level Adjustments								
29	Pricing actuarial value (without induced demand factor) #	0.6199	0.7905	0.8812	0.6199	0.7069	0.7069	0.7069
30	Pricing actuarial value (only the induced demand factor) #	0.9261	0.9780	1.0370	0.9261	0.9479	0.9479	0.9479
31	Impact of provider network characteristics ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
32	Impact of delivery system characteristics ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
33	Impact of utilization management practices ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
35	Benefits in additional to EHB (greater than 1.00)	1.0000	1.0000	1.0000	1.0018	1.0000	1.0000	1.0000
36	Administrative costs (excluding Exchange user fees and profits)	1.1646	1.1646	1.1646	1.1646	1.1646	1.1646	1.1646
37	Profit/Contribution to surplus margins	1.0204	1.0204	1.0204	1.0204	1.0204	1.0204	1.0204
38	Impact of eligibility categories (catastrophic plans only)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
41	Other - Child Only Factor	0.4120	0.4120	0.4120	1.0000	0.4120	0.4120	0.4120
42	Other - Allowance for Embrace Health	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>0.281</b>	<b>0.378</b>	<b>0.447</b>	<b>0.683</b>	<b>0.328</b>	<b>0.328</b>	<b>0.328</b>

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

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>162.84</b>	<b>219.25</b>	<b>259.17</b>	<b>395.93</b>	<b>190.03</b>	<b>190.03</b>	<b>190.03</b>
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**Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet**

Company Name: Capital District Physicians' Health Plan  
 NAIC Code: 95491  
 SERFF Number: CAPD-129571359  
 Market Segment: Individuals On Exchange

Separate column for each plan design (on or off Exchange)

Line #	General	
1	Product*	
2	Product ID*	
3	Metal Level (or catastrophic)*	
4	AV Metal Value (HHS Calculator)*	
5	AV Pricing Value (total, risk pool experience based)*	
6	Plan Type*	
7	Plan Name*	
8	HIOS Plan ID*	
9	Exchange Plan?*	

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

**Experience Period Index Rate**

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period	34523119.49
10B	Member-Months for Latest Experience Period	82850.00
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	416.69
11	Average Pricing Actuarial Value reflected in experience period	0.88
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>475.33</b>

**Market Wide Adjustments to the AV Adjusted Experience Period Index Rate**

13	Impact of adjusting experience period data to EHB benefit level	
14	Market wide adjustment for changes in provider network **	
15	Market wide adjustment for fee schedule changes **	
16	Market wide adjustment for utilization management changes **	
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **	
18	Impact on risk pool of changes in expected covered membership risk characteristics **	
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]</b>	
20	Adjustment for changes in distribution of risk pool membership by rating regions **	
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)	
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	
23	Impact of adjustments due to experience period claim data not being sufficiently credible	
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	
25	Other - Pent Up Demand Factor	
26	Other 2 (specify)	
27	Other - Adjustment for HD claim costs	
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	<b>0.000</b>

\*\* Not Included in Claim Trend Adjustment

**Plan Level Adjustments**

29	Pricing actuarial value (without induced demand factor) #	
30	Pricing actuarial value (only the induced demand factor) #	
31	Impact of provider network characteristics ##	
32	Impact of delivery system characteristics ##	
33	Impact of utilization management practices ##	
34	Impact on claim costs from quality improvement and cost containment initiatives ##	
35	Benefits in additional to EHB (greater than 1.00)	
36	Administrative costs (excluding Exchange user fees and profits)	
37	Profit/Contribution to surplus margins	
38	Impact of eligibility categories (catastrophic plans only)	
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	
41	Other - Child Only Factor	
42	Other - Allowance for Embrace Health	
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>0.000</b>

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

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>0.00</b>
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EXHIBIT 19 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN

Company Name: Capitol District Physicians' Health Plan  
 NAIC Code: 95491  
 SERFF Number: CAPD-129571359  
 Market Segment: Individuals On Exchange

- 1) Complete a separate ROW for Metal Level/Product
  - Information should be for all the benefits included in that plan design including any riders (medical, drugs, etc).
  - Enter in column 1 the Metal Tier level. Use the drop down menu.
  - Enter in column 2 the plan designation as to On/Off Plan and Std/Non Standard Plan. Use the drop down menu.
  - Enter in column 3 the Estimated Membership as of a recent date mm/dd/yyyy; enter the date in column heading.
  - Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.
- 2) The average claim trend is the average annualized claim trend that is used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).
- 3) Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components and profit margin included in the requested rates and the average annual claim trend assumed.
- 4) Enter the corresponding information requested for the immediately prior rate and form filing. This refers to the various expense components in the requested rates submitted for the immediately prior rate and form filing and the average claim trend assumed. If there is no immediately prior rate and form filing, enter the data from the initial rate and form filing.
- 5) **ACA Fees** are to be entered in columns 6.5 and 16.5.
- 6) This exhibit must be submitted as an Excel file and as a PDF file.

		For the rate period included in this rate adjustment filing											For the rate period included in this rate adjustment filing									
1. Metal Level [drop down menu]	2. On/Off Exchange Designation and Standard/Non Std [drop down menu]	3. Estimated Membership as of 03/31/2014	4.1 Period assumed - beginning date (mm/dd/yy)	4.2 Period assumed - ending date (mm/dd/yy)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contrib ution to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10			
Platinum	On Exchange - Non-Std	130	XX 01/01/15	12/31/15	5.29%	0.86%	0.93%	0.00%	0.00%	1.90%	10.16%	13.85%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.85%	XX	
Platinum	On Exchange - Std	343	XX 01/01/15	12/31/15	5.29%	0.86%	0.93%	0.00%	0.00%	1.90%	10.16%	13.85%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.85%	XX	
Gold	On Exchange - Non-Std	216	XX 01/01/15	12/31/15	5.29%	0.86%	0.93%	0.00%	0.00%	1.90%	10.16%	13.85%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.85%	XX	
Gold	On Exchange - Std	128	XX 01/01/15	12/31/15	5.29%	0.86%	0.93%	0.00%	0.00%	1.90%	10.16%	13.85%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.85%	XX	
Silver	On Exchange - Non-Std	681	XX 01/01/15	12/31/15	5.29%	0.86%	0.93%	0.00%	0.00%	1.90%	10.16%	13.85%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.85%	XX	
Silver	On Exchange - Std	724	XX 01/01/15	12/31/15	5.29%	0.86%	0.93%	0.00%	0.00%	1.90%	10.16%	13.85%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.85%	XX	
Bronze	On Exchange - Non-Std	173	XX 01/01/15	12/31/15	5.29%	0.86%	0.93%	0.00%	0.00%	1.90%	10.16%	13.85%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.85%	XX	
Bronze	On Exchange - Std	38	XX 01/01/15	12/31/15	5.29%	0.86%	0.93%	0.00%	0.00%	1.90%	10.16%	13.85%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.85%	XX	
Catastrophic	On Exchange - Std	1	XX 01/01/15	12/31/15	5.29%	0.86%	0.93%	0.00%	0.00%	1.90%	10.16%	13.85%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.85%	XX	
			XX									0.00%								0.00%	XX	
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EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: Capitol District Physicians' Health Plan  
 NAIC Code: 95491  
 SERFF Number: CAPD-129571359  
 Market Segment: Individuals On Exchange

- 1) This exhibit is to help DFS reconcile the 14 digit HIOS IDs used to the different plan designs and to reconcile the rate manual to the binder rate template.
- 2) The HIOS IDs should be without the variants after the hyphen.
- 3) Column 3: Enter Metal Level. Use drop down menu.
- 4) Column 4: Enter On/Off Plan Designation. Use drop down menu.
- 5) Column 5: Enter Standard/Non Standard Plan Designation. Use drop down menu.
- 6) Column 6: Enter coverage of children to 26th birthday (26) or to 30th birthday. Use drop down menu.
- 7) Column 7: Enter Yes/No for coverage of Domestic Partner. Use drop down menu.
- 8) Column 8: Enter Yes/No for coverage of Family Planning. Use drop down menu.
- 9) Column 9: Enter Yes/No for coverage of Embedded Pediatric Dental. Use drop down menu.
- 10) Column 10: Enter Yes/No for coverage of Out of Network Benefits [PPO or POS]. Use drop down menu.
- 11) Column 11: Indicate if the plan design includes benefits in addition to the EHB benefits (yes) or (no). Use drop down menu.
- 12) This exhibit must be submitted as an Excel and as PDF file.

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
94788NY0280053	IHPX1007	Platinum	Both	Yes	26	YES	INCLUDED	NO	No	No
94788NY0280001	IHPX1008	Platinum	Both	No	26	YES	INCLUDED	NO	No	Yes
94788NY0280049	IHPX1009	Platinum	Both	No	26	YES	INCLUDED	NO	No	Yes
94788NY0280054	IHGX2009	Gold	Both	Yes	26	YES	INCLUDED	NO	No	No
94788NY0280007	IHGX2007	Gold	Both	No	26	YES	INCLUDED	NO	No	Yes
94788NY0280013	IHGX2010	Gold	Both	No	26	YES	INCLUDED	NO	No	Yes
94788NY0280055	IHSX3069	Silver	Both	Yes	26	YES	INCLUDED	NO	No	No
94788NY0280055	IHSX3070	Silver	Both	Yes	26	YES	INCLUDED	NO	No	No
94788NY0280055	IHSX3071	Gold	Both	Yes	26	YES	INCLUDED	NO	No	No
94788NY0280055	IHSX3072	Silver	Both	Yes	26	YES	INCLUDED	NO	No	No
94788NY0280017	IHSX3059	Silver	Both	No	26	YES	INCLUDED	NO	No	Yes
94788NY0280021	IHSX3060	Silver	Both	No	26	YES	INCLUDED	NO	No	Yes
94788NY0280059	IHBX4021	Bronze	Both	Yes	26	YES	INCLUDED	NO	No	No
94788NY0280029	IHBX4017	Bronze	Both	No	26	YES	INCLUDED	NO	No	Yes
94788NY0280033	IHBX4018	Bronze	Both	No	26	YES	INCLUDED	NO	No	Yes
94788NY0280047	IHCX5002	Bronze	On	No	26	YES	INCLUDED	NO	No	No
94788NY0280037	IHNX6003	Platinum	On	No	26	YES	INCLUDED	NO	No	No
94788NY0280064	IHPX1010	Platinum	Both	Yes	30	YES	INCLUDED	NO	No	No
94788NY0280002	IHPX1011	Platinum	Both	No	30	YES	INCLUDED	NO	No	Yes
94788NY0280050	IHPX1012	Platinum	Both	No	30	YES	INCLUDED	NO	No	Yes
94788NY0280065	IHGX2011	Gold	Both	Yes	30	YES	INCLUDED	NO	No	No
94788NY0280008	IHGX2008	Gold	Both	No	30	YES	INCLUDED	NO	No	Yes
94788NY0280014	IHGX2012	Gold	Both	No	30	YES	INCLUDED	NO	No	Yes
94788NY0280066	IHSX3073	Silver	Both	Yes	30	YES	INCLUDED	NO	No	No
94788NY0280066	IHSX3074	Silver	Both	Yes	30	YES	INCLUDED	NO	No	No
94788NY0280066	IHSX3075	Gold	Both	Yes	30	YES	INCLUDED	NO	No	No
94788NY0280066	IHSX3076	Platinum	Both	Yes	30	YES	INCLUDED	NO	No	No
94788NY0280018	IHSX3061	Silver	Both	No	30	YES	INCLUDED	NO	No	Yes
94788NY0280022	IHSX3062	Silver	Both	No	30	YES	INCLUDED	NO	No	Yes
94788NY0280030	IHBX4019	Bronze	Both	No	30	YES	INCLUDED	NO	No	Yes
94788NY0280034	IHBX4020	Bronze	Both	No	30	YES	INCLUDED	NO	No	Yes
94788NY0280038	IHNX6004	Platinum	On	No	30	YES	INCLUDED	NO	No	No
94788NY0280082	IHPXC012	Silver	Both	Yes	26	YES	INCLUDED	NO	No	No
94788NY0280079	IHPXC013	Bronze	Both	Yes	26	YES	INCLUDED	NO	No	No
94788NY0280080	IHPXC014	Gold	Both	Yes	26	YES	INCLUDED	NO	No	No
94788NY0280081	IHPXC018	Platinum	Both	Yes	26	YES	INCLUDED	NO	No	No
94788NY0280070	IHBX4022	Bronze	Both	Yes	30	YES	INCLUDED	NO	No	No
94788NY0280017	IHSX3077	Silver	Both	No	26	YES	INCLUDED	NO	No	Yes
94788NY0280018	IHSX3078	Silver	Both	No	30	YES	INCLUDED	NO	No	Yes
94788NY0280017	IHSX3063	Silver	Both	No	26	YES	INCLUDED	NO	No	Yes
94788NY0280018	IHSX3064	Silver	Both	No	30	YES	INCLUDED	NO	No	Yes
94788NY0280017	IHSX3079	Silver	Both	No	26	YES	INCLUDED	NO	No	Yes
94788NY0280018	IHSX3080	Silver	Both	No	30	YES	INCLUDED	NO	No	Yes
94788NY0280021	IHSX3065	Silver	Both	No	26	YES	INCLUDED	NO	No	Yes
94788NY0280022	IHSX3066	Silver	Both	No	30	YES	INCLUDED	NO	No	Yes
94788NY0280021	IHSX3067	Silver	Both	No	26	YES	INCLUDED	NO	No	Yes
94788NY0280022	IHSX3068	Silver	Both	No	30	YES	INCLUDED	NO	No	Yes
94788NY0280021	IHSX3081	Silver	Both	No	26	YES	INCLUDED	NO	No	Yes
94788NY0280022	IHSX3082	Silver	Both	No	30	YES	INCLUDED	NO	No	Yes
94788NY0280082	IHSXC015	Silver	Both	Yes	26	YES	INCLUDED	NO	No	No
94788NY0280082	IHPXC016	Silver	Both	Yes	26	YES	INCLUDED	NO	No	No
94788NY0280082	IHPXC017	Silver	Both	Yes	26	YES	INCLUDED	NO	No	No

**EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS**

Company Name: Capitol District Physicians' Health Plan  
 NAIC Code: 95491  
 SERFF Number: CAPD-129571359  
 Market Segment: Individuals On Exchange

- 1) Information requested applies to New York State business only, for all rating regions combined for Small Groups and Small Group Healthy New York Plans. (Small Group Sole Proprietor plan to be excluded)
- 2) Include riders that may be available with policy forms. Discontinued policy forms and products are to be included in the Exhibit.
- 3) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- 4) This exhibit must be submitted as an Excel file and as a PDF file.

Experience Period:	1/1/13 - 12/31/13						1/1/12 - 12/31/12						1/1/11 - 12/31/11					
1. Medical and Hospital	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
Inpatient Hospital	835	11,459,657	17,279	13,724	0.048	663.21	958	12,122,820	20,604	12,654	0.046	588.37	1,080	13,998,631	22,300	12,962	0.048	627.74
Inpatient Mental Health	58	406,527	17,279	7,009	0.003	23.53	67	486,688	20,604	7,264	0.003	23.62	71	555,972	22,300	7,831	0.003	24.93
Inpatient Alcohol and Sub. Abuse	12	32,456	17,279	2,705	0.001	1.88	38	48,063	20,604	1,265	0.002	2.33	42	92,358	22,300	2,199	0.002	4.14
Newborn Birth Services	90	196,451	17,279	2,183	0.005	11.37	125	295,683	20,604	2,365	0.006	14.35	133	336,278	22,300	2,528	0.006	15.08
Primary Care	52,937	7,466,344	17,279	141	3.064	432.11	62,600	8,011,853	20,604	128	3.038	388.85	62,784	7,905,563	22,300	126	2.815	354.51
Physician Specialty Services	50,080	13,331,810	17,279	266	2.898	771.56	56,195	13,497,245	20,604	240	2.727	655.08	58,357	15,325,628	22,300	263	2.617	687.25
Ambulatory Surgery	2,726	8,275,000	17,279	3,036	0.158	478.91	3,117	8,995,909	20,604	2,886	0.151	436.61	3,420	9,622,704	22,300	2,814	0.153	431.51
Other Professional Services	238	154,851	17,279	651	0.014	8.96	0	0	20,604	0	0.000	0.00	0	0	22,300	0	0.000	0.00
Special Therapies	26,252	3,363,703	17,279	128	1.519	194.67	25,711	2,967,642	20,604	115	1.248	144.03	27,271	3,636,951	22,300	133	1.223	163.09
Out-of-Area Other	0	0	17,279	0	0.000	0.00	0	0	20,604	0	0.000	0.00	0	0	22,300	0	0.000	0.00
Emergency Room	2,648	2,547,948	17,279	962	0.153	147.46	3,296	2,836,027	20,604	860	0.160	137.64	3,572	3,084,289	22,300	863	0.160	138.31
Outpatient Mental Health	11,816	1,018,985	17,279	86	0.684	58.97	11,786	1,051,934	20,604	89	0.572	51.05	12,222	1,093,883	22,300	90	0.548	49.05
Outpatient Drug & Alcohol Treatment	1,662	99,158	17,279	60	0.096	5.74	1,970	103,625	20,604	53	0.096	5.03	2,005	111,072	22,300	55	0.090	4.98
Dental (excluding Orthodontia)	0	0	17,279	0	0.000	0.00	0	0	20,604	0	0.000	0.00	4,590	319,142	1,393	70	3.295	229.10
Pharmacy	178,997	11,710,996	15,912	65	11.249	735.99	203,532	12,813,472	19,147	63	10.630	669.22	214,869	12,973,696	20,792	60	10.334	623.98
Durable Medical Equipment	2,338	447,285	17,279	191	0.135	25.89	2,720	503,147	20,604	185	0.132	24.42	2,256	479,767	22,300	213	0.101	21.51
Home Health Care	732	172,343	17,279	235	0.042	9.97	695	102,674	20,604	148	0.034	4.98	708	108,569	22,300	153	0.032	4.87
Transportation - Emergent	926	548,449	17,279	592	0.054	31.74	1,158	526,202	20,604	454	0.056	25.54	1,049	484,199	22,300	462	0.047	21.71
Diagnostic Testing, Lab & X-Ray	90,576	6,861,070	17,279	76	5.242	397.08	107,758	7,802,851	20,604	72	5.230	378.71	114,907	8,374,780	22,300	73	5.153	375.55
Family Planning	12,538	520,488	17,279	42	0.726	30.12	14,929	599,769	20,604	40	0.725	29.11	15,598	618,410	22,300	40	0.699	27.73
Vision Care (incl. eyeglasses)	950	52,160	17,279	55	0.055	3.02	1,346	72,243	20,604	54	0.065	3.51	1,554	82,167	22,300	53	0.070	3.68
Pharmacy (Non Prescription Drugs)	11,377	3,686,568	17,279	324	0.658	213.36	8,470	1,701,525	20,604	201	0.411	82.58	8,778	1,949,663	22,300	222	0.394	87.43
Speech & Hearing	1,256	59,338	17,279	47	0.073	3.43	1,480	61,645	20,604	42	0.072	2.99	1,796	68,634	22,300	38	0.081	3.08
Other Medical	2,037	4,348,439	17,279	2,135	0.118	251.66	7,995	6,814,032	20,604	852	0.388	330.71	8,594	6,572,295	22,300	765	0.385	294.72
<b>Total Medical &amp; Hospital</b>	<b>451,081</b>	<b>76,760,024</b>	<b>17,279</b>	<b>170</b>	<b>26.106</b>	<b>4,442.39</b>	<b>515,946</b>	<b>81,415,052</b>	<b>20,604</b>	<b>158</b>	<b>25.041</b>	<b>3,951.42</b>	<b>545,656</b>	<b>87,794,651</b>	<b>22,300</b>	<b>161</b>	<b>24.469</b>	<b>3,936.98</b>

**EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES**

**Company Name:** Capital District Physicians' Health Plan  
**NAIC Code:** 95491  
**SERFF Number:** CAPD-129571359  
**Market Segment:** Individuals On Exchange

- 1) Purpose of this Exhibit is to summarize all Premium Rates for all Metal Levels and for all Regions.
- 2) Premium rates are Calendar Year 2015 premium rates for Individual Only on Individual Plans and First Quarter 2015 premium rates for Employee Only on Small Group Plans.
- 3) Premium rates are only for plans with the following benefit provisions:
  - (a) Through Age 29; **and**
  - (b) With Domestic Partner; **and**
  - (c) With Family Planning.
- 4) This exhibit must be submitted as an Excel and as a PDF file.

SUMMARY OF REQUESTED 2015 PREMIUM RATES													
1. HIOS ID PLAN (14 Digits)	2. Metal Level or Catastrophic	3. Exchange [Ind/Sml Grp]	4. On/Off Exchange	5. Plan Type [Std or Non Std]	6. Pediatric Dental [Yes/No]	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
						Albany	Buffalo	Mid-Hudson	New York	Rochester	Syracuse	Utica	Long Island
94788NY0280064	Platinum	IND	On	Standard	No	673.89		795.53			755.77	725.85	
94788NY0280002	Platinum	IND	On	Non-Standard	No	686.10		809.94			769.46	739.00	
94788NY0280050	Platinum	IND	On	Non-Standard	No	679.09		801.67			761.60	731.45	
94788NY0280065	Gold	IND	On	Standard	No	570.11		673.01			639.37	614.06	
94788NY0280008	Gold	IND	On	Non-Standard	No	573.47		676.98			643.15	617.69	
94788NY0280014	Gold	IND	On	Non-Standard	No	595.57		703.07			667.93	641.49	
94788NY0280066	Silver	IND	On	Standard	No	494.12		583.31			554.16	532.22	
94788NY0280018	Silver	IND	On	Non-Standard	No	509.68		601.68			571.61	548.98	
94788NY0280022	Silver	IND	On	Non-Standard	No	499.88		590.11			560.62	538.42	
94788NY0280030	Bronze	IND	On	Non-Standard	No	414.59		489.43			464.97	446.56	
94788NY0280034	Bronze	IND	On	Non-Standard	No	402.93		475.66			451.89	434.00	
94788NY0280038	NA	IND	On	Non-Standard	No	639.62		755.07			717.33	688.93	
94788NY0280070	Bronze	IND	On	Standard	No	423.41		499.83			474.85	456.05	

CDPHP®  
500 Patroon Creek Blvd.  
Albany, NY 12206-1057



[Date]

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

Re: Notice of Proposed Premium Rate Change  
[Plan Name and HIOS Plan ID number]

Dear [Name]:

[Capital District Physicians Health Plan, Inc.] is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

### **Proposed Premium Rate Change**

If approved, the percentage change to your premium is \_\_\_\_%.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features you select on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

### **Why We Are Requesting a Rate Change**

The increase requested is due to: increases in medical and pharmacy trend (expected increases in claim costs); corrections for past pricing; demographic and aging changes; Federal Risk Adjustment and Federal Transitional Reinsurance program changes, as well as Federal taxes due to the Affordable Care Act; changes in benefits; and changes in administrative expenses.

CDPHP expects to see increases in utilization due to advances in medical technology, increased frequency of genetic testing, and increased use of new specialty pharmaceuticals used to manage rare and complex medical conditions, such as the drug Sovaldi for treatment of Hepatitis C.

### **30-day Comment Period**

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact [CDPHP] for additional information at:

[Capital District Physicians Health Plan, Inc.]  
[500 Patroon Creek Blvd  
Albany, NY 12206  
[1-800-777-2273]  
www.cdphp.com

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services  
Health Bureau – Premium Rate Adjustments  
1 State Street  
New York, NY, 10004  
Email: [premiumrateincreases@dfs.ny.gov](mailto:premiumrateincreases@dfs.ny.gov)  
DFS Website: [www.dfs.ny.gov/healthinsurancepremiums](http://www.dfs.ny.gov/healthinsurancepremiums)

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer, which is [Capital District Physicians' Health Plan, Inc.]
2. The name of your plan, which is [Insert Plan Name]
3. Indicate you have individual coverage
4. Your HIOS identification number, which is [**Insert the HIOS ID #**]

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

### **Plain English Summary of Rate Change**

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

[Capital District Physicians' Health Plan, Inc.] website: [www.cdphp.com](http://www.cdphp.com)

DFS website: [www.dfs.ny.gov/healthinsurancepremiums](http://www.dfs.ny.gov/healthinsurancepremiums)

### **Notice of Approved Premium Rate**

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

Sincerely,  
Patricia Lushkevich  
Vice President, Internal Operations  
Capital District Physicians' Health Plan, Inc.

Capital District Physicians' Health Plan, Inc.  
500 Patroon Creek Blvd.  
Albany, NY 12206-1057



[Date]

[Subscriber Name]  
[Address]  
[City, State ZIP]

Member ID:

Dear Subscriber:

As you should be aware, the Affordable Care Act (ACA) is affecting your health insurance options for next year. Your current policy is ending on December 31, 2013, but CDPHP® is committed to making it simple to select a new policy for 2014.

The CDPHP individual plan options available to you are listed on the enclosed form. You have a variety of options from which to choose and the option to purchase all coverage offered by CDPHP in the individual market. CDPHP member service representatives are available weekdays from 8 a.m. to 8 p.m. at (518) 641-3050 or 1-855-236-7113 to answer your questions.

You may buy coverage directly from CDPHP or from the new health benefits marketplace, NY State of Health™, at [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov). NY State of Health can help you calculate costs, compare insurance plans and prices, determine eligibility for tax credits, and enroll in coverage online, in person, over the phone, or by mail. You can now purchase insurance through NY State of Health in October, with coverage starting January 1, 2014. Individuals may only qualify to receive federal tax credits to help pay for insurance offered through the NY State of Health marketplace. Tax credits are not available when coverage is purchased directly from CDPHP.

Medicare-eligible individuals currently covered under a CDPHP individual direct payment policy who do not convert to one of the replacement policies noted on the application/selection form will not be able to purchase a metal level ACA-compliant policy from another insurer due to federal anti-duplication rules. These members may instead purchase a Medicare Supplement Insurance policy, a Medicare Advantage Plan, and/or a Medicare Part D Prescription Drug Plan.

If you would like to purchase a CDPHP plan through the NY State of Health marketplace, you do not need to submit the enclosed forms. Instead, go directly to [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov) to view plans and enroll. For help with NY State of Health, please call their customer service center at 1-855-355-5777. As of October 1 they will be open Monday-Friday from 8 a.m. to 8 p.m. and Saturdays from 9 a.m. to 1 p.m.

If you would prefer to enroll directly through CDPHP, please complete, sign, and date the enclosed selection form and enrollment application, returning them to: CDPHP Member Services, 500 Patroon Creek Blvd, Albany, NY 12206. As always, we thank you for your business and look forward to continuing to meet your health care coverage needs.

Sincerely,  
Patricia Lushkevich  
Vice President, Internal Operations  
Capital District Physicians' Health Plan, Inc.

## CDPHP Individual Health Plan Rate Sheet - Region 1 (Albany)



Monthly premium rates vary by region, based on the county in which you live. Region 1 (Albany Area) includes the following counties: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington.

**Important Note:** To purchase a CDPHP health plan from the NY State of Health™ Individual Marketplace, and to check eligibility for tax credits and other cost-saving plan options, visit [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov) or call 1-855-355-5777.

Medical Plans												
	Bronze HDHMO 3300 RX2	Bronze HDHMO 5000 RX1	Bronze Standard HDHMO 3000 RX6	Silver Embrace Health* HMO RX1	Silver HDHMO 3000 RX8	Silver Standard HMO 30/50 RX6	Gold HMO 25/50 RX3	Gold HMO Hybrid 25/50 RX2	Gold Standard HMO 25/40 RX6	Platinum HMO 30/30 RX7	Platinum HMO 20/20 RX4	Platinum Standard HMO 15/35 RX5
Office Visit	50%	50%	50%	20%	0%	\$30	\$25	\$25	\$25	\$30	\$20	\$15
Specialist Visit	50%	50%	50%	20%	0%	\$50	\$50	\$50	\$40	\$30	\$20	\$35
Inpatient Hospital	50%	50%	50%	20%	0%	\$1,500	\$250	20%	\$1,000	\$500	\$750	\$500
Outpatient Surgery	50%	50%	50%	20%	0%	\$100	\$50	20%	\$100	\$100	\$200	\$100
ER/ Ambulance	50%	50%	50%	20%	0%	\$150	\$75	20%	\$150	\$100	\$75	\$100
In-Network Deductible (Single/Family)	\$3,300/\$6,600	\$5,000/\$10,000	\$3,000/\$6,000	\$1,500/\$3,000	\$3,000/\$6,000	\$2,000/\$4,000	\$500/\$1,000	\$500/\$1,000	\$600/\$1,200	\$0/\$0	\$0/\$0	\$0/\$0
Out-of-Pocket Max (Single/Family)	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$4,000/\$8,000	\$3,000/\$6,000	\$5,500/\$11,000	\$6,350/\$12,700	\$2,000/\$4,000	\$4,000/\$8,000	\$6,350/\$12,700	\$3,500/\$7,000	\$2,000/\$4,000
Prescription Drug (Tier-1/Tier-2/Tier-3)	\$4/50%/50%	50%/50%/50%	\$10/\$35/\$70	50%/50%/50%	\$10/\$50/\$80	\$10/\$35/\$70	\$4/\$30/\$60	\$4/50%/50%	\$10/\$35/\$70	\$10/\$40/\$70	\$10/\$25/\$40	\$10/\$30/\$60
<b>MONTHLY RATES</b>												
Subscriber Only	\$381.91	\$368.64	\$391.34	\$468.80	\$459.96	\$458.12	\$555.15	\$531.72	\$538.43	\$623.22	\$633.40	\$613.47
Subscriber + Spouse/Domestic Partner	\$763.82	\$737.28	\$782.68	\$937.61	\$919.92	\$916.25	\$1,110.29	\$1,063.44	\$1,076.86	\$1,246.44	\$1,266.81	\$1,226.94
Subscriber + Child(ren)	\$649.24	\$626.69	\$665.28	\$796.96	\$781.93	\$778.81	\$943.75	\$903.92	\$915.33	\$1,059.47	\$1,076.78	\$1,042.89
Subscriber + Child(ren) + Dependent Through 29	\$664.83	\$641.73	\$681.25	\$815.91	\$800.70	\$797.50	\$966.40	\$925.62	\$937.30	\$1,084.90	\$1,102.63	\$1,067.92
Family	\$1,088.44	\$1,050.62	\$1,115.32	\$1,336.09	\$1,310.89	\$1,305.66	\$1,582.17	\$1,515.40	\$1,534.53	\$1,776.18	\$1,805.20	\$1,748.38
Family + Dependent Through 29	\$1,114.56	\$1,075.84	\$1,142.09	\$1,367.85	\$1,342.35	\$1,336.99	\$1,620.14	\$1,551.77	\$1,571.36	\$1,818.80	\$1,848.52	\$1,790.34

\*Includes \$200 debit card funded by CDPHP to use on qualified health-related expenses.

Skilled Nursing Facility Extended Coverage Rider	
Subscriber Only	\$0.05
Subscriber + Spouse/Domestic Partner	\$0.10
Subscriber + Child(ren)	\$0.09
Family	\$0.14

See reverse for information about Pediatric Dental Coverage.

## Essential Pediatric Dental Coverage

In an effort to make health care more accessible, the Affordable Care Act (ACA) requires that all individual health plans provide coverage for a range of core services known as Essential Health Benefits (EHBs), one of which is pediatric dental care. In order to ensure that CDPHP members are covered appropriately, we are providing the essential coverage through a pediatric plan offered by Delta Dental of New York, Inc. (Delta Dental). On the CDPHP Enrollment Application, you are asked if you and any applicable dependents are receiving the essential pediatric coverage. If you answer no, we will enroll you and applicable dependents in the pediatric plan through Delta Dental. You will be billed for all enrolled individuals (subscribers and dependents) who are 18 years of age or younger. See the reverse of this form for details about the pediatric plan offered through Delta Dental and the rates that apply.

### Pediatric Dental Coverage through Delta Dental of New York

	Plan 70
Diagnostic	100%
Preventive	100%
Basic Restorative	50%
Oral Surgery	50%
Endodontics	50%
Periodontics	50%
Major Restorative	50%
Prosthodontics	50%
Implants	0%
TMJ (temporomandibular joint)	50%
Orthodontics	50%*
Annual out-of-pocket maximum per Individual	\$700 for PPO providers / No maximum for Premier or Non-Participating providers**
Annual out-of-pocket maximum per 2+ Individual	\$1,400 for PPO providers / No maximum for Premier or Non-Participating providers**
Annual Maximum per person	N/A
Lifetime TMJ Maximum per person	N/A
Ortho Maximum	N/A
Deductible/patient	\$40
Deductible/person	N/A
Deductible/family	N/A
Deductible waived for D&P	No
Max waived for D&P	N/A
Copayment	N/A

**Monthly Rate Per Individual < 19:** \$16.06

Monthly pediatric plan rates are valid for effective dates: January 1, 2014 through December 1, 2014.

\*Orthodontic Services are covered for medical necessity only.

\*\*Diagnostic and preventive services do not contribute to the annual maximum.

Note: Percentages are based on Delta Dental's applicable maximum plan allowance or dentist's actual fee, whichever is less.

The Delta Dental Pediatric Dental Plan offers the Delta Dental PPO<sup>SM</sup> dental provider network. Visit [www.deltadentalins.com](http://www.deltadentalins.com) to search for a dental provider.

## CDPHP Individual Health Plan Rate Sheet - Region 3 (Mid-Hudson)



Monthly premium rates vary by region, based on the county in which you live. Region 3 (Mid-Hudson Area) includes the following counties: Delaware, Dutchess, Orange, and Ulster.

**Important Note:** To purchase a CDPHP health plan from the NY State of Health™ Individual Marketplace, and to check eligibility for tax credits and other cost-saving plan options, visit [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov) or call 1-855-355-5777.

Medical Plans												
	Bronze HDHMO 3300 RX2	Bronze HDHMO 5000 RX1	Bronze Standard HDHMO 3000 RX6	Silver Embrace Health* HMO RX1	Silver HDHMO 3000 RX8	Silver Standard HMO 30/50 RX6	Gold HMO 25/50 RX3	Gold HMO Hybrid 25/50 RX2	Gold Standard HMO 25/40 RX6	Platinum HMO 30/30 RX7	Platinum HMO 20/20 RX4	Platinum Standard HMO 15/35 RX5
Office Visit	50%	50%	50%	20%	0%	\$30	\$25	\$25	\$25	\$30	\$20	\$15
Specialist Visit	50%	50%	50%	20%	0%	\$50	\$50	\$50	\$40	\$30	\$20	\$35
Inpatient Hospital	50%	50%	50%	20%	0%	\$1,500	\$250	20%	\$1,000	\$500	\$750	\$500
Outpatient Surgery	50%	50%	50%	20%	0%	\$100	\$50	20%	\$100	\$100	\$200	\$100
ER/ Ambulance	50%	50%	50%	20%	0%	\$150	\$75	20%	\$150	\$100	\$75	\$100
In-Network Deductible (Single/Family)	\$,3300/\$6,600	\$5,000/\$10,000	\$3,000/\$6,000	\$1,500/\$3,000	\$3,000/\$6,000	\$2,000/\$4,000	\$500/\$1,000	\$500/\$1,000	\$600/\$1,200	\$0/\$0	\$0/\$0	\$0/\$0
Out-of-Pocket Max (Single/Family)	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$4,000/\$8,000	\$3,000/\$6,000	\$5,500/\$11,000	\$6,350/\$12,700	\$2,000/\$4,000	\$4,000/\$8,000	\$6,350/\$12,700	\$3,500/\$7,000	\$2,000/\$4,000
Prescription Drug (Tier-1/Tier-2/Tier-3)	\$4/50%/50%	50%/50%/50%	\$10/\$35/\$70	50%/50%/50%	\$10/\$50/\$80	\$10/\$35/\$70	\$4/\$30/\$60	\$4/50%/50%	\$10/\$35/\$70	\$10/\$40/\$70	\$10/\$25/\$40	\$10/\$30/\$60
MONTHLY RATES												
Subscriber Only	\$431.75	\$416.75	\$442.41	\$529.98	\$519.99	\$517.91	\$627.59	\$601.11	\$608.70	\$704.55	\$716.06	\$693.53
Subscriber + Spouse/Domestic Partner	\$863.49	\$833.49	\$884.82	\$1,059.96	\$1,039.97	\$1,035.82	\$1,255.19	\$1,202.22	\$1,217.39	\$1,409.10	\$1,432.12	\$1,387.05
Subscriber + Child(ren)	\$733.97	\$708.47	\$752.10	\$900.97	\$883.97	\$880.45	\$1,066.91	\$1,021.88	\$1,034.78	\$1,197.73	\$1,217.31	\$1,178.99
Subscriber + Child(ren) + Dependent Through 29	\$751.58	\$725.47	\$770.15	\$922.38	\$905.19	\$901.58	\$1,092.52	\$1,046.41	\$1,059.62	\$1,226.48	\$1,246.52	\$1,207.29
Family	\$1,230.48	\$1,187.73	\$1,260.87	\$1,510.45	\$1,481.96	\$1,476.04	\$1,788.64	\$1,713.16	\$1,734.78	\$2,007.97	\$2,040.78	\$1,976.55
Family + Dependent Through 29	\$1,260.01	\$1,216.23	\$1,291.14	\$1,546.35	\$1,517.52	\$1,511.47	\$1,831.57	\$1,754.27	\$1,776.42	\$2,056.16	\$2,089.76	\$2,023.98

\*Includes \$200 debit card funded by CDPHP to use on qualified health-related expenses.

Skilled Nursing Facility Extended Coverage Rider	
Subscriber Only	\$0.05
Subscriber + Spouse/Domestic Partner	\$0.10
Subscriber + Child(ren)	\$0.10
Family	\$0.16

See reverse for information about Pediatric Dental Coverage.

## Essential Pediatric Dental Coverage

In an effort to make health care more accessible, the Affordable Care Act (ACA) requires that all individual health plans provide coverage for a range of core services known as Essential Health Benefits (EHBs), one of which is pediatric dental care. In order to ensure that CDPHP members are covered appropriately, we are providing the essential coverage through a pediatric plan offered by Delta Dental of New York, Inc. (Delta Dental). On the CDPHP Enrollment Application, you are asked if you and any applicable dependents are receiving the essential pediatric coverage. If you answer no, we will enroll you and applicable dependents in the pediatric plan through Delta Dental. You will be billed for all enrolled individuals (subscribers and dependents) who are 18 years of age or younger. See the reverse of this form for details about the pediatric plan offered through Delta Dental and the rates that apply.

### Pediatric Dental Coverage through Delta Dental of New York

	Plan 70
Diagnostic	100%
Preventive	100%
Basic Restorative	50%
Oral Surgery	50%
Endodontics	50%
Periodontics	50%
Major Restorative	50%
Prosthodontics	50%
Implants	0%
TMJ (temporomandibular joint)	50%
Orthodontics	50%*
Annual out-of-pocket maximum per Individual	\$700 for PPO providers / No maximum for Premier or Non-Participating providers**
Annual out-of-pocket maximum per 2+ Individual	\$1,400 for PPO providers / No maximum for Premier or Non-Participating providers**
Annual Maximum per person	N/A
Lifetime TMJ Maximum per person	N/A
Ortho Maximum	N/A
Deductible/patient	\$40
Deductible/person	N/A
Deductible/family	N/A
Deductible waived for D&P	No
Max waived for D&P	N/A
Copayment	N/A

#### Monthly Rate Per Individual < 19: \$17.20

Monthly pediatric plan rates are valid for effective dates: January 1, 2014 through December 1, 2014.

\*Orthodontic Services are covered for medical necessity only.

\*\*Diagnostic and preventive services do not contribute to the annual maximum.

Note: Percentages are based on Delta Dental's applicable maximum plan allowance or dentist's actual fee, whichever is less.

The Delta Dental Pediatric Dental Plan offers the Delta Dental PPO<sup>SM</sup> dental provider network. Visit [www.deltadentalins.com](http://www.deltadentalins.com) to search for a dental provider.

## CDPHP Individual Health Plan Rate Sheet - Region 6 (Syracuse)



Monthly premium rates vary by region, based on the county in which you live. Region 6 (Syracuse Area) includes Broome and Tioga counties.

**Important Note:** To purchase a CDPHP health plan from the NY State of Health™ Individual Marketplace, and to check eligibility for tax credits and other cost-saving plan options, visit [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov) or call 1-855-355-5777.

Medical Plans												
	Bronze HDHMO 3300 RX2	Bronze HDHMO 5000 RX1	Bronze Standard HDHMO 3000 RX6	Silver Embrace Health* HMO RX1	Silver HDHMO 3000 RX8	Silver Standard HMO 30/50 RX6	Gold HMO 25/50 RX3	Gold HMO Hybrid 25/50 RX2	Gold Standard HMO 25/40 RX6	Platinum HMO 30/30 RX7	Platinum HMO 20/20 RX4	Platinum Standard HMO 15/35 RX5
Office Visit	50%	50%	50%	20%	0%	\$30	\$25	\$25	\$25	\$30	\$20	\$15
Specialist Visit	50%	50%	50%	20%	0%	\$50	\$50	\$50	\$40	\$30	\$20	\$35
Inpatient Hospital	50%	50%	50%	20%	0%	\$1,500	\$250	20%	\$1,000	\$500	\$750	\$500
Outpatient Surgery	50%	50%	50%	20%	0%	\$100	\$50	20%	\$100	\$100	\$200	\$100
ER/ Ambulance	50%	50%	50%	20%	0%	\$150	\$75	20%	\$150	\$100	\$75	\$100
In-Network Deductible (Single/Family)	\$,3300/\$6,600	\$5,000/\$10,000	\$3,000/\$6,000	\$1,500/\$3,000	\$3,000/\$6,000	\$2,000/\$4,000	\$500/\$1,000	\$500/\$1,000	\$600/\$1,200	\$0/\$0	\$0/\$0	\$0/\$0
Out-of-Pocket Max (Single/Family)	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$4,000/\$8,000	\$3,000/\$6,000	\$5,500/\$11,000	\$6,350/\$12,700	\$2,000/\$4,000	\$4,000/\$8,000	\$6,350/\$12,700	\$3,500/\$7,000	\$2,000/\$4,000
Prescription Drug (Tier-1/Tier-2/Tier-3)	\$4/50%/50%	50%/50%/50%	\$10/\$35/\$70	50%/50%/50%	\$10/\$50/\$80	\$10/\$35/\$70	\$4/\$30/\$60	\$4/50%/50%	\$10/\$35/\$70	\$10/\$40/\$70	\$10/\$25/\$40	\$10/\$30/\$60
MONTHLY RATES												
Subscriber Only	\$428.31	\$413.43	\$438.89	\$525.76	\$515.85	\$513.79	\$622.60	\$596.32	\$603.85	\$698.94	\$710.36	\$688.00
Subscriber + Spouse/Domestic Partner	\$856.62	\$826.86	\$877.78	\$1,051.52	\$1,031.69	\$1,027.57	\$1,245.20	\$1,192.65	\$1,207.70	\$1,397.88	\$1,420.72	\$1,376.01
Subscriber + Child(ren)	\$728.13	\$702.83	\$746.11	\$893.80	\$876.94	\$873.44	\$1,058.42	\$1,013.75	\$1,026.55	\$1,188.20	\$1,207.61	\$1,169.61
Subscriber + Child(ren) + Dependent Through 29	\$745.60	\$719.70	\$764.02	\$915.04	\$897.98	\$894.40	\$1,083.82	\$1,038.08	\$1,051.18	\$1,216.72	\$1,236.60	\$1,197.68
Family	\$1,220.68	\$1,178.27	\$1,250.84	\$1,498.42	\$1,470.16	\$1,464.29	\$1,774.40	\$1,699.52	\$1,720.97	\$1,991.98	\$2,024.53	\$1,960.81
Family + Dependent Through 29	\$1,249.98	\$1,206.55	\$1,280.86	\$1,534.04	\$1,505.44	\$1,499.44	\$1,816.99	\$1,740.31	\$1,762.28	\$2,039.79	\$2,073.12	\$2,007.87

\*Includes \$200 debit card funded by CDPHP to use on qualified health-related expenses.

Skilled Nursing Facility Extended Coverage Rider	
Subscriber Only	\$0.05
Subscriber + Spouse/Domestic Partner	\$0.10
Subscriber + Child(ren)	\$0.10
Family	\$0.16

See reverse for information about Pediatric Dental Coverage.

## Essential Pediatric Dental Coverage

In an effort to make health care more accessible, the Affordable Care Act (ACA) requires that all individual health plans provide coverage for a range of core services known as Essential Health Benefits (EHBs), one of which is pediatric dental care. In order to ensure that CDPHP members are covered appropriately, we are providing the essential coverage through a pediatric plan offered by Delta Dental of New York, Inc. (Delta Dental). On the CDPHP Enrollment Application, you are asked if you and any applicable dependents are receiving the essential pediatric coverage. If you answer no, we will enroll you and applicable dependents in the pediatric plan through Delta Dental. You will be billed for all enrolled individuals (subscribers and dependents) who are 18 years of age or younger. See the reverse of this form for details about the pediatric plan offered through Delta Dental and the rates that apply.

### Pediatric Dental Coverage through Delta Dental of New York

	Plan 70
Diagnostic	100%
Preventive	100%
Basic Restorative	50%
Oral Surgery	50%
Endodontics	50%
Periodontics	50%
Major Restorative	50%
Prosthodontics	50%
Implants	0%
TMJ (temporomandibular joint)	50%
Orthodontics	50%*
Annual out-of-pocket maximum per Individual	\$700 for PPO providers / No maximum for Premier or Non-Participating providers**
Annual out-of-pocket maximum per 2+ Individual	\$1,400 for PPO providers / No maximum for Premier or Non-Participating providers**
Annual Maximum per person	N/A
Lifetime TMJ Maximum per person	N/A
Ortho Maximum	N/A
Deductible/patient	\$40
Deductible/person	N/A
Deductible/family	N/A
Deductible waived for D&P	No
Max waived for D&P	N/A
Copayment	N/A

**Monthly Rate Per Individual < 19: \$15.56**

Monthly pediatric plan rates are valid for effective dates: January 1, 2014 through December 1, 2014.

\*Orthodontic Services are covered for medical necessity only.

\*\*Diagnostic and preventive services do not contribute to the annual maximum.

Note: Percentages are based on Delta Dental's applicable maximum plan allowance or dentist's actual fee, whichever is less.

The Delta Dental Pediatric Dental Plan offers the Delta Dental PPO<sup>SM</sup> dental provider network. Visit [www.deltadentalins.com](http://www.deltadentalins.com) to search for a dental provider.

## CDPHP Individual Health Plan Rate Sheet - Region 7 (Utica)



Monthly premium rates vary by region, based on the county in which you live. Region 7 (Utica Area) includes the following counties: Chenango, Essex, Hamilton, Herkimer, Madison, Oneida, and Otsego.

**Important Note:** To purchase a CDPHP health plan from the NY State of Health™ Individual Marketplace, and to check eligibility for tax credits and other cost-saving plan options, visit [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov) or call 1-855-355-5777.

Medical Plans												
	Bronze HDHMO 3300 RX2	Bronze HDHMO 5000 RX1	Bronze Standard HDHMO 3000 RX6	Silver Embrace Health* HMO RX1	Silver HDHMO 3000 RX8	Silver Standard HMO 30/50 RX6	Gold HMO 25/50 RX3	Gold HMO Hybrid 25/50 RX2	Gold Standard HMO 25/40 RX6	Platinum HMO 30/30 RX7	Platinum HMO 20/20 RX4	Platinum Standard HMO 15/35 RX5
Office Visit	50%	50%	50%	20%	0%	\$30	\$25	\$25	\$25	\$30	\$20	\$15
Specialist Visit	50%	50%	50%	20%	0%	\$50	\$50	\$50	\$40	\$30	\$20	\$35
Inpatient Hospital	50%	50%	50%	20%	0%	\$1,500	\$250	20%	\$1,000	\$500	\$750	\$500
Outpatient Surgery	50%	50%	50%	20%	0%	\$100	\$50	20%	\$100	\$100	\$200	\$100
ER/ Ambulance	50%	50%	50%	20%	0%	\$150	\$75	20%	\$150	\$100	\$75	\$100
In-Network Deductible (Single/Family)	\$,3300/\$6,600	\$5,000/\$10,000	\$3,000/\$6,000	\$1,500/\$3,000	\$3,000/\$6,000	\$2,000/\$4,000	\$500/\$1,000	\$500/\$1,000	\$600/\$1,200	\$0/\$0	\$0/\$0	\$0/\$0
Out-of-Pocket Max (Single/Family)	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$4,000/\$8,000	\$3,000/\$6,000	\$5,500/\$11,000	\$6,350/\$12,700	\$2,000/\$4,000	\$4,000/\$8,000	\$6,350/\$12,700	\$3,500/\$7,000	\$2,000/\$4,000
Prescription Drug (Tier-1/Tier-2/Tier-3)	\$4/50%/50%	50%/50%/50%	\$10/\$35/\$70	50%/50%/50%	\$10/\$50/\$80	\$10/\$35/\$70	\$4/\$30/\$60	\$4/50%/50%	\$10/\$35/\$70	\$10/\$40/\$70	\$10/\$25/\$40	\$10/\$30/\$60
MONTHLY RATES												
Subscriber Only	\$411.35	\$397.06	\$421.51	\$504.95	\$495.42	\$493.45	\$597.95	\$572.71	\$579.94	\$671.27	\$682.24	\$660.77
Subscriber + Spouse/Domestic Partner	\$822.71	\$794.12	\$843.03	\$1,009.89	\$990.85	\$986.89	\$1,195.90	\$1,145.43	\$1,159.89	\$1,342.54	\$1,364.48	\$1,321.53
Subscriber + Child(ren)	\$699.30	\$675.00	\$716.57	\$858.41	\$842.22	\$838.86	\$1,016.51	\$973.61	\$985.90	\$1,141.16	\$1,159.81	\$1,123.30
Subscriber + Child(ren) + Dependent Through 29	\$716.08	\$691.20	\$733.77	\$878.82	\$862.43	\$858.99	\$1,040.91	\$996.98	\$1,009.57	\$1,168.55	\$1,187.64	\$1,150.26
Family	\$1,172.36	\$1,131.63	\$1,201.32	\$1,439.10	\$1,411.96	\$1,406.32	\$1,704.16	\$1,632.24	\$1,652.84	\$1,913.12	\$1,944.38	\$1,883.18
Family + Dependent Through 29	\$1,200.49	\$1,158.78	\$1,230.15	\$1,473.31	\$1,445.84	\$1,440.07	\$1,745.05	\$1,671.41	\$1,692.51	\$1,959.03	\$1,991.04	\$1,928.38

\*Includes \$200 debit card funded by CDPHP to use on qualified health-related expenses.

Skilled Nursing Facility Extended Coverage Rider	
Subscriber Only	\$0.05
Subscriber + Spouse/Domestic Partner	\$0.10
Subscriber + Child(ren)	\$0.09
Family	\$0.15

See reverse for information about Pediatric Dental Coverage.

## Essential Pediatric Dental Coverage

In an effort to make health care more accessible, the Affordable Care Act (ACA) requires that all individual health plans provide coverage for a range of core services known as Essential Health Benefits (EHBs), one of which is pediatric dental care. In order to ensure that CDPHP members are covered appropriately, we are providing the essential coverage through a pediatric plan offered by Delta Dental of New York, Inc. (Delta Dental). On the CDPHP Enrollment Application, you are asked if you and any applicable dependents are receiving the essential pediatric coverage. If you answer no, we will enroll you and applicable dependents in the pediatric plan through Delta Dental. You will be billed for all enrolled individuals (subscribers and dependents) who are 18 years of age or younger. See the reverse of this form for details about the pediatric plan offered through Delta Dental and the rates that apply.

### Pediatric Dental Coverage through Delta Dental of New York

	Plan 70
Diagnostic	100%
Preventive	100%
Basic Restorative	50%
Oral Surgery	50%
Endodontics	50%
Periodontics	50%
Major Restorative	50%
Prosthodontics	50%
Implants	0%
TMJ (temporomandibular joint)	50%
Orthodontics	50%*
Annual out-of-pocket maximum per Individual	\$700 for PPO providers / No maximum for Premier or Non-Participating providers**
Annual out-of-pocket maximum per 2+ Individual	\$1,400 for PPO providers / No maximum for Premier or Non-Participating providers**
Annual Maximum per person	N/A
Lifetime TMJ Maximum per person	N/A
Ortho Maximum	N/A
Deductible/patient	\$40
Deductible/person	N/A
Deductible/family	N/A
Deductible waived for D&P	No
Max waived for D&P	N/A
Copayment	N/A

**Monthly Rate Per Individual < 19: \$15.09**

Monthly pediatric plan rates are valid for effective dates: January 1, 2014 through December 1, 2014.

\*Orthodontic Services are covered for medical necessity only.

\*\*Diagnostic and preventive services do not contribute to the annual maximum.

Note: Percentages are based on Delta Dental's applicable maximum plan allowance or dentist's actual fee, whichever is less.

The Delta Dental Pediatric Dental Plan offers the Delta Dental PPO<sup>SM</sup> dental provider network. Visit [www.deltadentalins.com](http://www.deltadentalins.com) to search for a dental provider.

**EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE FILING**

**Company Name:** Captial District Physicians' Health Plan  
**NAIC Code:** 95491  
**SERFF Tracking #:** CAPD-129571359  
**Market Segment:** Individuals On Exchange

A. Insurer Information: Captial District Physicians' Health Plan HMO - 44 Not-for-Profit 95491  
 Company submitting the rate filing request Company Type Org. Type Company NAIC Code  
500 Patroon Creek Boulevard, Albany NY 12206  
Company mailing address

B. Contact Person: Rate filing contact person name, title Contact phone number Contact Email address

C. Actuarial Contact (If different from above) Actuary name, title Actuary phone number Actuary Email address

D. New Rate Information: January 1, 2015 - December 31, 2015 New rate effective date CAPD-129571359  
New rate applicability period SERFF Tracking Number

E. Market segment included in filing (e.g., Small Group (including Healthy NY Small Group), Individual - only one market segment per rate adjustment filing): \_\_\_\_\_

F. Provide responses for the following questions:	<u>Response</u>
1. Does this filing include any revision to contract language that is not yet approved? See note (1). If yes, provide a brief description of the contract language changes included in this filing.	<u>Yes</u>
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing? If yes, mention these filings on Exhibit 16.	<u>No</u>
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 (2).	<u>Yes- June 13, 2013</u>
4. Have all the required exhibits been submitted with this rate filing? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	<u>Yes</u>
5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary and numerical summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide	<u>Yes - CAPD-129569886</u>

Notes:  
 (1) As mentioned in the checklist, this combined non-grandfathered product rate adjustment and form/rate filing can only include minor contract revisions, such as due to changes in the model language, changes to the catastrophic plan due to change in out of pocket maximum, changes to the standard plan designs. Substantial changes need to be submitted as a separate rate and form filing (e.g., a new plan design not replacing an existing plan design, contract language changes not just due to changes in the model language).  
 (2) §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 filing is submitted to the Department of Financial Services.







A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y			
1	<b>Unified Rate Review v2.0.2</b>																									
2																										
3	Company Legal Name:	<b>Capital District Physicians' Hea State:</b>										<b>NY</b>														
4	HIOS Issuer ID:	<b>94788</b>										<b>Market: Individual</b>														
5	Effective Date of Rate Change(s):	<b>1/1/2015</b>																								
6																										
7																										
8	<b>Market Level Calculations (Same for all Plans)</b>																									
9																										
10																										
11	<b>Section I: Experience period data</b>																									
12	Experience Period:	1/1/2013		to	12/31/2013																					
13		<u>Experience Period</u>																								
14	Premiums (net of MLR Rebate) in Experience Period:	<u>Aggregate Amount</u>	<u>PMPM</u>	<u>% of Prem</u>																						
15		\$28,170,642	\$340.02	100.00%																						
16	Incurred Claims in Experience Period	\$34,523,119	416.69	122.55%																						
17	Allowed Claims:	\$39,381,206	475.33	139.80%																						
18	Index Rate of Experience Period		\$475.00																							
19	Experience Period Member Months	82,850																								
20	<b>Section II: Allowed Claims, PMPM basis</b>																									
21		<u>Experience Period</u>										<u>Projection Period: 1/1/2015 to 12/31/2015</u>												Mid-point to Mid-point, Experience to Projection:	24 months	
22		<u>on Actual Experience Allowed</u>										<u>Adj't. from Experience to Annualized Trend</u>				<u>Projections, before credibility Adjustment</u>				<u>Credibility Manual</u>						
23	<u>Benefit Category</u>	<u>Utilization Description</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Pop'l risk Morbidity</u>		<u>Other</u>	<u>Cost</u>	<u>Util</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>										
24	Inpatient Hospital	Days	290.26	\$3,293.36	\$79.66	1.029	1.025	1.065	1.044	0.978	285.32	\$3,829.71	\$91.06	0.00	\$0.00	\$0.00										
25	Outpatient Hospital	Visits	3,213.41	318.20	85.21	1.029	1.025	1.025	1.044	1.044	3,602.39	342.63	102.86	0.00	0.00	0.00										
26	Professional	Visits	9,737.65	182.03	147.71	1.029	1.025	1.036	1.008	1.008	10,169.10	200.10	169.57	0.00	0.00	0.00										
27	Other Medical	Visits	5,971.31	73.31	36.48	1.029	1.025	1.039	1.039	1.039	6,636.52	81.17	44.89	0.00	0.00	0.00										
28	Capitation	Other	12,000.00	30.01	30.01	1.029	1.025	1.116	1.000	1.000	12,342.52	38.34	39.43	0.00	0.00	0.00										
29	Prescription Drug	Prescriptions	14,756.32	78.28	96.26	1.029	1.025	1.037	1.016	1.016	15,670.88	86.35	112.76	0.00	0.00	0.00										
30	Total				\$475.33							\$560.57				\$0.00										
31																										
32	<b>Section III: Projected Experience:</b>	Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)										100.00%				0.00%				<u>After Credibility</u>	<u>Projected Period Totals</u>					
33		Paid to Allowed Average Factor in Projection Period																		\$560.57	\$43,883,254					
34		Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM																		0.877						
35		Projected Risk Adjustments PMPM																		\$491.42	\$38,470,036					
36		Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM																		-32.31	(2,529,324)					
37		Projected ACA reinsurance recoveries, net of rein prem, PMPM																		\$523.73	\$40,999,360					
38		Projected Incurred Claims																		14.80	1,158,588					
39																				\$508.93	\$39,840,771					
40		Administrative Expense Load																		11.09%	67.07					
41		Profit & Risk Load																		2.00%	12.10					
42		Taxes & Fees																		2.76%	16.70					
43		Single Risk Pool Gross Premium Avg. Rate, PMPM																		\$604.80	\$47,345,304					
44		Index Rate for Projection Period																		\$538.67						
45		% increase over Experience Period																		77.87%						
46		% Increase, annualized:																		33.37%						
47		<b>Projected Member Months</b>																			78,283					
48																										
49	<b>Information Not Releasable to the Public Unless Authorized by Law:</b> This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																									
50																										



**Product-Plan Data Collection**

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

**Product/Plan Level Calculations**

**Section I: General Product and Plan Information**

Product	94788																			
Product ID:	94788NY028																			
Metal:	0.710 Silver	0.620 Bronze	0.603 Bronze	0.586 Bronze	0.572 Bronze	0.565 Platinum	0.881 Platinum	0.881 Platinum	0.891 Platinum	0.881 Platinum	0.791 Gold	0.789 Gold	0.820 Gold	0.707 Silver	0.707 Silver	0.707 Silver	0.717 Silver	0.710 Silver	0.603 Bronze	
AV Metal Value	0.801 HMO	0.901 HMO																		
Plan Name	IHSX3060	IHB4021	IHB4017	IHB4018	IHCX002	IHN6003	IPX1010	IPX1011	IPX1012	IPX1012	IHGX2011	IHGX2008	IHGX2012	IHSX3073	IHSX3074	IHSX3075	IHSX3076	IHSX3061	IHSX3062	IHB4019
Plan ID (Standard Component ID):	94788NY0280021	94788NY0280059	94788NY0280029	94788NY0280033	94788NY0280047	94788NY0280037	94788NY0280064	94788NY0280064	94788NY0280002	94788NY0280050	94788NY0280065	94788NY0280008	94788NY0280014	94788NY0280066	94788NY0280066	94788NY0280066	94788NY0280066	94788NY0280018	94788NY0280022	94788NY0280030
Exchange Plan?	Yes																			
Historical Rate Increase - Calendar Year - 2	0.00%																			
Historical Rate Increase - Calendar Year - 1	0.00%																			
Historical Rate Increase - Calendar Year 0	0.00%																			
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	8.49%	8.00%	8.37%	9.11%	-32.67%	-8.31%	7.27%	7.51%	4.70%	3.40%	0.88%	9.38%	5.33%	5.33%	5.33%	5.33%	1.63%	6.13%	6.01%	
Cumulative Rate Change % (over 12 mos prior)	8.49%	8.00%	8.37%	9.11%	-32.67%	-8.31%	7.27%	7.51%	4.70%	3.40%	0.88%	9.38%	5.33%	5.33%	5.33%	5.33%	1.63%	6.13%	6.01%	
Proj'd Per Rate Change % (over Expir. Period)	#DIV/0!																			
Product Threshold Rate Increase %	6.98%																			

**Section II: Components of Premium Increase (PMPM)**

Plan ID (Standard Component ID):	94788NY0280021	94788NY0280059	94788NY0280029	94788NY0280033	94788NY0280047	94788NY0280037	94788NY0280064	94788NY0280064	94788NY0280002	94788NY0280050	94788NY0280065	94788NY0280008	94788NY0280014	94788NY0280066	94788NY0280066	94788NY0280066	94788NY0280066	94788NY0280018	94788NY0280022	94788NY0280030
Inpatient	\$5.25	\$4.21	\$4.30	\$4.53	\$16.09	\$7.78	\$6.19	\$6.45	\$4.10	\$2.52	\$6.87	\$3.36	\$3.36	\$3.36	\$3.36	\$3.36	\$4.00	\$3.89	\$3.89	
Outpatient	\$8.91	\$7.15	\$7.30	\$7.67	\$27.31	\$13.21	\$10.44	\$10.94	\$6.96	\$4.28	\$1.14	\$11.67	\$5.71	\$5.71	\$5.71	\$5.71	\$6.79	\$6.59	\$5.37	
Professional	\$5.54	\$4.44	\$4.53	\$4.76	\$16.96	\$8.20	\$6.48	\$6.80	\$4.32	\$2.66	\$0.71	\$7.25	\$3.55	\$3.55	\$3.55	\$3.55	\$4.22	\$4.10	\$3.34	
Prescription Drug	\$10.23	\$8.21	\$8.37	\$8.80	\$31.34	\$15.16	\$11.98	\$12.56	\$7.99	\$4.92	\$1.31	\$13.39	\$6.55	\$6.55	\$6.55	\$6.55	\$7.79	\$7.57	\$6.16	
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Capitation	\$7.53	\$6.04	\$6.14	\$6.48	\$23.06	\$11.15	\$8.81	\$9.24	\$5.86	\$3.62	\$0.96	\$9.85	\$4.82	\$4.82	\$4.82	\$4.82	\$5.71	\$5.57	\$4.54	
Administration	\$2.98	\$2.39	\$2.44	\$2.56	\$9.12	\$4.41	\$3.49	\$3.66	\$2.33	\$1.43	\$0.38	\$3.90	\$1.91	\$1.91	\$1.91	\$1.91	\$2.27	\$2.20	\$1.79	
Taxes & Fees	-\$1.72	-\$1.48	-\$1.41	-\$1.48	-\$5.28	-\$2.55	-\$2.02	-\$2.12	-\$1.35	-\$0.83	-\$0.26	-\$1.10	-\$1.10	-\$1.10	-\$1.10	-\$1.10	-\$1.31	-\$1.28	-\$1.04	
Risk & Profit Share	\$0.32	\$0.26	\$0.26	\$0.27	\$0.47	\$0.47	\$0.37	\$0.39	\$0.49	\$0.15	\$0.04	\$0.42	\$0.20	\$0.20	\$0.20	\$0.20	\$0.24	\$0.24	\$0.19	
Total Rate Increase	\$39.04	\$31.32	\$31.95	\$33.58	\$119.59	\$57.83	\$45.70	\$47.02	\$30.49	\$18.78	\$5.00	\$51.09	\$25.00	\$25.00	\$25.00	\$25.00	\$29.73	\$28.88	\$23.51	
Member Cost Share Increase	-\$21.75	\$0.00	-\$0.97	-\$0.58	-\$1.89	\$0.00	-\$5.21	-\$3.96	\$0.86	-\$5.26	-\$4.39	\$0.40	-\$4.92	\$6.14	\$3.32	\$1.69	-\$2.95	-\$21.79	-\$0.98	
Average Current Rate PMPM	\$407.90	\$347.05	\$338.68	\$326.92	\$324.62	\$617.51	\$557.09	\$565.95	\$581.60	\$488.95	\$504.13	\$482.86	\$416.03	\$416.03	\$416.03	\$416.03	\$425.63	\$417.69	\$346.81	
Projected Member Months	448	43	39	75	16	5	2,857	2,857	2,500	4,849	750	1	1	1	1	1	150	26	1	

**Section III: Experience Period Information**

Plan ID (Standard Component ID):	94788NY0280021	94788NY0280059	94788NY0280029	94788NY0280033	94788NY0280047	94788NY0280037	94788NY0280064	94788NY0280064	94788NY0280002	94788NY0280050	94788NY0280065	94788NY0280008	94788NY0280014	94788NY0280066	94788NY0280066	94788NY0280066	94788NY0280066	94788NY0280018	94788NY0280022	94788NY0280030
Average Rate PMPM																				
Member Months																				
Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]																				
state mandated benefits portion of TP that are other than EHB																				
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Total Allowed Claims (TAC)																				
EHB Percent of TAC, [see instructions]																				
state mandated benefits portion of TAC that are other than EHB																				
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Allowed Claims which are not the issuer's obligation		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!																			
Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Reim																				
Net Amt of Risk Adj																				
Incurred Claims PMPM	#DIV/0!																			
Allowed Claims PMPM	#DIV/0!																			
EHB portion of Allowed Claims, PMPM	#DIV/0!																			

**Section IV: Projected (12 months following effective dat**

Plan ID (Standard Component ID):	94788NY0280021	94788NY0280059	94788NY0280029	94788NY0280033	94788NY0280047	94788NY0280037	94788NY0280064	94788NY0280064	94788NY0280002	94788NY0280050	94788NY0280065	94788NY0280008	94788NY0280014	94788NY0280066	94788NY0280066	94788NY0280066	94788NY0280066	94788NY0280018	94788NY0280022	94788NY0280030
Plan Adjusted Index Rate	\$466.62	\$395.23	\$387.00	\$376.12	\$230.46	\$597.05	\$536.16	\$541.57	\$635.02	\$533.11	\$536.26	\$556.92	\$462.06	\$462.06	\$462.06	\$462.06	\$462.06	\$476.60	\$467.44	\$387.69
Member Months	448	43	39	75	16	5	2,857	2,857	2,500	4,849	750	1	1	1	1	1	150	26	1	
Total Premium (TP)	\$209,166	\$16,995	\$15,093	\$28,209	\$3,687	\$2,965	\$1,800,359	\$1,812,445	\$3,716,134	\$1,332,773	\$2,600,304	\$417,689	\$41,491	\$462	\$462	\$462	\$462	\$71,491	\$12,089	\$388
EHB Percent of TP, [see instructions]	80.84%	81.97%	80.84%	80.84%	81.97%	81.97%	81.65%	80.52%	80.52%	81.65%	80.52%	80.52%	81.65%	81.61%	81.61%	81.61%	81.61%	80.52%	80.52%	80.52%
state mandated benefits portion of TP that are other than EHB	0.62%	0.00%	0.62%	0.62%	0.00%	0.00%	0.18%	0.80%	0.80%	0.18%	0.80%	0.80%	0.18%	0.22%	0.22%	0.22%	0.22%	0.80%	0.80%	0.80%
Other benefits portion of TP	18.54%	18.03%	18.54%	18.54%	18.03%	18.03%	18.18%	18.69%	18.69%	18.18%	18.69%	18.69%	18.18%	18.18%	18.18%	18.18%	18.18%	18.69%	18.69%	18.69%
Total Allowed Claims (TAC)	\$251,283	\$21,105	\$21,864	\$42,043	\$8,969	\$1,601,358	\$1,583,614	\$3,280,460	\$1,403,438	\$2,718,213	\$420,349	\$561	\$561	\$561	\$561	\$561	\$561	\$84,086	\$14,467	\$561
EHB Percent of TAC, [see instructions]	98.37%	98.49%	98.37%	98.37%	98.37%	98.37%	98.49%	98.37%	98.37%	98.49%	98.37%	98.37%	98.49%	98.49%	98.49%	98.49%	98.49%	98.37%	98.37%	98.37%
state mandated benefits portion of TAC that are other than EHB	0.62%	0.00%	0.62%	0.62%	0.00%	0.00%	0.18%	0.80%	0.80%	0.18%	0.80%	0.80%	0.18%	0.26%	0.26%	0.26%	0.26%	0.80%	0.80%	0.80%
Other benefits portion of TAC	1.01%	1.51%	1.01%	1.01%	1.63%	1.63%	1.34%	0.83%	0.83%	1.34%	0.83%	0.83%	1.34%	1.25%	1.25%	1.25%	1.25%	0.83%	0.83%	0.83%
Allowed Claims which are not the issuer's obligation	\$25,129	\$2,411	\$2,186	\$4,204	\$897	\$158,368	\$328,060	\$140,149	\$271,832	\$42,045										



Product-Plan Data Collection

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

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product ID:	94788 94788NY028																									
Metal:	Silver	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Platinum	Platinum	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	
AV Metal Value	0.707	0.881	0.891	0.881	0.791	0.789	0.820	0.707	0.717	0.710	0.620	0.603	0.586	0.586	0.881	0.891	0.881	0.791	0.789	0.820	0.707	0.717	0.710	0.603	0.586	
Member Value	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	0.901	
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	
Plan Name:	IHPXC017	IHPF1027	IHPF1028	IHPF1033	IHPG2021	IHPG2019	IHPG2022	IHPF3035	IHPF3031	IHPF3032	IHPF4030	IHPF4026	IHPF4027	IHPF1030	IHPF1031	IHPF1034	IHPF1031	IHPF1034	IHPG2022	IHPG2020	IHPG2024	IHPF3036	IHPF3033	IHPF3034	IHPF4028	IHPF4029
Plan ID (Standard Component ID):	94788NY028002	94788NY028005	94788NY028001	94788NY0280049	94788NY0280054	94788NY0280007	94788NY0280013	94788NY0280055	94788NY0280017	94788NY0280021	94788NY0280059	94788NY0280029	94788NY0280033	94788NY0280064	94788NY0280002	94788NY0280050	94788NY0280065	94788NY0280008	94788NY0280014	94788NY0280066	94788NY0280018	94788NY0280022	94788NY0280010	94788NY0280034		
Exchange Plan?	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
Historical Rate Increase - Calendar Year - 2	0.00%																									
Historical Rate Increase - Calendar Year - 1	0.00%																									
Historical Rate Increase - Calendar Year 0	0.00%																									
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	
Rate Change % (over prior filing)	7.67%	9.65%	9.90%	7.02%	5.70%	3.12%	11.81%	7.67%	3.86%	8.49%	8.00%	8.37%	9.11%	7.27%	7.51%	4.70%	0.88%	9.38%	5.33%	1.63%	6.13%	6.01%	6.74%			
Cumulative Rate Change % (over 12 mos prior)	7.67%	9.65%	9.90%	7.02%	5.70%	3.12%	11.81%	7.67%	3.86%	8.49%	8.00%	8.37%	9.11%	7.27%	7.51%	4.70%	0.88%	9.38%	5.33%	1.63%	6.13%	6.01%	6.74%			
Proj'd Per Rate Change % (over Expir. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			
Product Threshold Rate Increase %	8.14%																									

Section II: Components of Premium Increase (PMPM)

Plan ID (Standard Component ID):	94788NY028002	94788NY028005	94788NY028001	94788NY0280049	94788NY0280054	94788NY0280007	94788NY0280013	94788NY0280055	94788NY0280017	94788NY0280021	94788NY0280059	94788NY0280029	94788NY0280033	94788NY0280064	94788NY0280002	94788NY0280050	94788NY0280065	94788NY0280008	94788NY0280014	94788NY0280066	94788NY0280018	94788NY0280022	94788NY0280010	94788NY0280034
Product	\$1.99	\$7.97	\$8.30	\$5.99	\$4.13	\$2.33	\$8.45	\$4.73	\$5.38	\$5.25	\$4.21	\$4.30	\$4.52	\$6.15	\$2.52	\$0.87	\$3.30	\$6.87	\$3.30	\$4.00	\$3.89	\$3.16	\$3.42	
Outpatient	\$3.30	\$13.52	\$14.08	\$10.16	\$7.00	\$3.95	\$14.34	\$8.02	\$9.13	\$8.91	\$7.15	\$7.30	\$7.67	\$10.44	\$10.94	\$6.96	\$4.28	\$1.14	\$11.67	\$5.71	\$6.79	\$6.59	\$5.37	\$5.81
Professional	\$2.05	\$8.40	\$8.75	\$6.31	\$4.35	\$2.46	\$8.91	\$4.98	\$5.67	\$5.54	\$4.44	\$4.53	\$4.76	\$6.48	\$6.80	\$4.32	\$4.68	\$0.71	\$7.25	\$3.55	\$4.80	\$4.10	\$3.34	\$6.67
Prescription Drug	\$3.79	\$15.52	\$16.16	\$11.66	\$8.04	\$4.54	\$16.46	\$9.21	\$10.48	\$10.23	\$8.21	\$8.37	\$8.80	\$11.98	\$12.56	\$7.99	\$4.92	\$1.31	\$13.39	\$6.55	\$7.79	\$7.57	\$6.16	\$6.67
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$2.79	\$11.42	\$11.89	\$8.58	\$5.91	\$3.34	\$12.11	\$6.78	\$7.71	\$7.53	\$6.04	\$6.10	\$6.48	\$9.81	\$9.24	\$5.88	\$3.62	\$0.96	\$9.83	\$4.82	\$5.73	\$5.57	\$4.54	\$4.91
Taxes & Fees	\$0.64	\$4.52	\$4.70	\$3.99	\$2.34	\$1.32	\$4.79	\$2.68	\$3.05	\$2.98	\$2.39	\$2.44	\$2.56	\$3.49	\$3.66	\$2.33	\$1.43	\$0.38	\$3.90	\$1.91	\$2.27	\$2.20	\$1.79	\$1.94
Risk & Profit Charge	\$0.12	\$0.48	\$0.50	\$0.36	\$0.25	\$0.14	\$0.51	\$0.29	\$0.33	\$0.32	\$0.26	\$0.27	\$0.37	\$0.39	\$0.39	\$0.15	\$0.04	\$0.42	\$0.20	\$0.24	\$0.24	\$0.24	\$0.19	\$0.21
Total Rate Increase	\$14.47	\$59.23	\$61.67	\$44.49	\$30.67	\$17.31	\$62.80	\$35.13	\$39.98	\$39.04	\$31.32	\$31.95	\$33.58	\$45.70	\$47.92	\$30.49	\$18.78	\$5.00	\$51.09	\$25.00	\$29.73	\$28.88	\$23.52	\$25.44
Member Cost Share Increase	\$0.70	\$5.20	\$37.90	\$0.96	\$5.25	\$4.38	\$0.00	\$4.61	\$2.95	\$21.75	\$0.20	\$0.97	\$0.58	\$5.21	\$3.96	\$0.96	\$5.28	\$4.39	\$4.62	\$2.95	\$21.79	\$0.98	\$0.98	\$0.50
Average Current Rate PMPM	\$167.39	\$544.04	\$552.68	\$561.71	\$477.49	\$482.32	\$471.54	\$406.27	\$415.74	\$407.90	\$347.05	\$338.68	\$326.92	\$557.09	\$565.95	\$575.20	\$488.95	\$504.13	\$482.86	\$416.03	\$425.61	\$417.69	\$346.81	\$334.76
Projected Member Months	26	1,259	7,845	4,230	362	445	2,043	543	48	362	53	1	81	1	1,500	2,122	967	200	43	13	1	81	1	23

Section III: Experience Period Information

Plan ID (Standard Component ID):	94788NY028002	94788NY028005	94788NY028001	94788NY0280049	94788NY0280054	94788NY0280007	94788NY0280013	94788NY0280055	94788NY0280017	94788NY0280021	94788NY0280059	94788NY0280029	94788NY0280033	94788NY0280064	94788NY0280002	94788NY0280050	94788NY0280065	94788NY0280008	94788NY0280014	94788NY0280066	94788NY0280018	94788NY0280022	94788NY0280010	94788NY0280034
Average Rate PMPM																								
Member Months																								
Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB																								
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)																								
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB																								
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Reim																								
Net Amt of Risk Adj																								
Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

Plan ID (Standard Component ID):	94788NY028002	94788NY028005	94788NY028001	94788NY0280049	94788NY0280054	94788NY0280007	94788NY0280013	94788NY0280055	94788NY0280017	94788NY0280021	94788NY0280059	94788NY0280029	94788NY0280033	94788NY0280064	94788NY0280002	94788NY0280050	94788NY0280065	94788NY0280008	94788NY0280014	94788NY0280066	94788NY0280018	94788NY0280022	94788NY0280010	94788NY0280034
Plan Adjusted Index Rate	\$190.03	\$629.05	\$640.44	\$532.17	\$633.31	\$558.94	\$461.24	\$475.76	\$466.62	\$395.23	\$387.00	\$376.12	\$6											

