Filing at a Glance

Company:	Capital District Physicians Health Plan Inc
Product Name:	2015 HMO SG Off-Renewal
State:	New York
TOI:	H15G Group Health - Hospital/Surgical/Medical Expense
Sub-TOI:	H15G.003 Small Group Only
Filing Type:	Prior Approval Off Exchange Form & Rate Filing
Date Submitted:	06/13/2014
SERFF Tr Num:	CAPD-129571322
SERFF Status:	Pending State Action
State Tr Num:	2014060205
State Status:	
Co Tr Num:	HMO_SG_OFF_RENEWAL
Implementation Date Requested:	01/01/2015
Author(s):	[redacted]
Reviewer(s):	[redacted]
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *New York* **Filing Company:** *Capital District Physicians Health Plan Inc*
TOI/Sub-TOI: *H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only*
Product Name: *2015 HMO SG Off-Renewal*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type:
Filing Status Changed: 06/17/2014
State Status Changed:
Created By: [redacted]
Corresponding Filing Tracking Number: CAPD-129567949

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact:

Deemer Date:
Submitted By: [redacted]

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:
2015 HMO Renewal SG OFF Exchange

Company and Contact

Filing Contact Information

[redacted]

Filing Company Information

Capital District Physicians Health Plan Inc
Patroon Creek Corporate Center
1223 Washington Avenue
Albany, NY 12206-1057
[redacted]

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

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

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State 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: Article 43
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York?

Yes/No (If Yes, enter which one.): No
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is a group prefiling 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-129569075

State: New York **Filing Company:** Capital District Physicians Health Plan Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2015 HMO SG Off-Renewal
Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval Off 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: Prior Approval Off 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	8.790%	8.790%	$2,773,094	3,343	$31,565,671	16.640%	-1.370%

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			5889

Trend Factors:

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: 01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-0022-2014;01-0023-2014

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 70,668
Benefit Change: Increase
Percent Change Requested: Min: -1.37 Max: 16.64 Avg: 8.79

PRIOR RATE:

Total Earned Premium: 26,673,237.00
Total Incurred Claims: 24,485,852.00
Annual $: Min: 371.38 Max: 626.66 Avg: 471.11

REQUESTED RATE:

Projected Earned Premium: 29,016,523.00
Projected Incurred Claims: 26,636,973.00
Annual $: Min: 371.38 Max: 530.84 Avg: 512.49

State: New York **Filing Company:** Capital District Physicians Health Plan Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2015 HMO SG Off-Renewal
Project Name/Number: /

Rate/Rule Schedule

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

Capital District Physicians' Health Plan

2015 Premium Rate Filing

SG HMO - Off Exchange Products

TABLE OF CONTENTS

I.	**Rate Pages**	
		Small Group
	Albany Region	1-3
	Mid-Hudson Region	4-6
	Syracuse Region	7-9
	Utica/Watertown Region	10-12
II.	**Benefit Summary**	13-15
III.	**Conversion Factor**	16
IV.	**Region Factors**	17
V.	**Tier Factors**	18
VI.	**Rate Calculation**	19
VII.	**Expected Loss Ratio**	20
VIII.	**Underwriting Guideline**	21
IX.	**Commission Schedule**	22

Capital District Physicians' Health Plan
Albany Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	SHPF1009	SHPF1113																
			Single	$ 517.64	$622.11	$ 104.47	20.18%	$ 524.36	$ 630.45	$ 106.09	20.23%	$ 531.43	$ 638.91	$ 107.48	20.22%	$ 538.85	$ 647.48	$ 108.63	20.16%
			Double	$ 1,035.29	$ 1,244.22	$ 208.93	20.18%	$ 1,048.73	$ 1,260.91	$ 212.18	20.23%	$ 1,062.86	$ 1,277.82	$ 214.96	20.22%	$ 1,077.71	$ 1,294.96	$ 217.25	20.16%
			Emp/Child(ren)	$ 879.99	$ 1,057.59	$ 177.60	20.18%	$ 891.42	$ 1,071.77	$ 180.35	20.23%	$ 903.43	$ 1,086.15	$ 182.72	20.23%	$ 916.05	$ 1,100.72	$ 184.67	20.16%
			Family	$ 1,475.28	$ 1,773.01	$ 297.73	20.18%	$ 1,494.44	$ 1,796.80	$ 302.36	20.23%	$ 1,514.57	$ 1,820.90	$ 306.33	20.23%	$ 1,535.73	$ 1,845.32	$ 309.59	20.16%
Platinum	HMO	SHPF1010	SHPF1114																
			Single	$ 535.40	$ 614.15	$ 78.75	14.71%	$ 542.35	$ 622.39	$ 80.04	14.76%	$ 549.66	$ 630.74	$ 81.08	14.75%	$ 557.34	$ 639.20	$ 81.86	14.69%
			Double	$ 1,070.80	$ 1,228.30	$ 157.50	14.71%	$ 1,084.71	$ 1,244.78	$ 160.07	14.76%	$ 1,099.32	$ 1,261.47	$ 162.15	14.75%	$ 1,114.68	$ 1,278.39	$ 163.71	14.69%
			Emp/Child(ren)	$ 910.18	$ 1,044.06	$ 133.88	14.71%	$ 922.00	$ 1,058.06	$ 136.06	14.76%	$ 934.42	$ 1,072.25	$ 137.83	14.75%	$ 947.48	$ 1,086.64	$ 139.16	14.69%
			Family	$ 1,525.90	$ 1,750.33	$ 224.43	14.71%	$ 1,545.70	$ 1,773.81	$ 228.11	14.76%	$ 1,566.53	$ 1,797.60	$ 231.07	14.75%	$ 1,588.42	$ 1,821.71	$ 233.29	14.69%
Platinum	HMO	SHPF1011	SHPF1115																
			Single	$ 527.24	$ 614.02	$ 86.78	16.46%	$ 534.08	$ 622.26	$ 88.18	16.51%	$ 541.28	$ 630.60	$ 89.32	16.50%	$ 548.84	$ 639.06	$ 90.22	16.44%
			Double	$ 1,054.47	$ 1,228.04	$ 173.57	16.46%	$ 1,068.16	$ 1,244.51	$ 176.35	16.51%	$ 1,082.56	$ 1,261.21	$ 178.65	16.50%	$ 1,097.68	$ 1,278.12	$ 180.44	16.44%
			Emp/Child(ren)	$ 896.30	$ 1,043.83	$ 147.53	16.46%	$ 907.94	$ 1,057.84	$ 149.90	16.51%	$ 920.17	$ 1,072.03	$ 151.86	16.50%	$ 933.03	$ 1,086.41	$ 153.38	16.44%
			Family	$ 1,502.63	$ 1,749.96	$ 247.33	16.46%	$ 1,522.13	$ 1,773.43	$ 251.30	16.51%	$ 1,542.64	$ 1,797.22	$ 254.58	16.50%	$ 1,564.19	$ 1,821.33	$ 257.14	16.44%
Gold	HMO	SHGF2010	SHGF2105																
			Single	$ 471.36	$ 520.50	$ 49.14	10.43%	$ 477.48	$ 527.48	$ 50.00	10.47%	$ 483.91	$ 534.56	$ 50.65	10.47%	$ 490.67	$ 541.73	$ 51.06	10.41%
			Double	$ 942.72	$ 1,041.00	$ 98.28	10.43%	$ 954.95	$ 1,054.96	$ 100.01	10.47%	$ 967.82	$ 1,069.11	$ 101.29	10.47%	$ 981.34	$ 1,083.46	$ 102.12	10.41%
			Emp/Child(ren)	$ 801.31	$ 884.85	$ 83.54	10.43%	$ 811.71	$ 896.72	$ 85.01	10.47%	$ 822.65	$ 908.75	$ 86.10	10.47%	$ 834.14	$ 920.94	$ 86.80	10.41%
			Family	$ 1,343.37	$ 1,483.43	$ 140.06	10.43%	$ 1,360.81	$ 1,503.32	$ 142.51	10.47%	$ 1,379.15	$ 1,523.49	$ 144.34	10.47%	$ 1,398.41	$ 1,543.92	$ 145.51	10.41%
Platinum	HMO	SHPF1023	SHPF1116																
			Single	$ 530.07	$ 623.21	$ 93.14	17.57%	$ 536.95	$ 631.57	$ 94.62	17.62%	$ 544.18	$ 640.04	$ 95.86	17.62%	$ 551.79	$ 648.63	$ 96.84	17.55%
			Double	$ 1,060.13	$ 1,246.42	$ 186.29	17.57%	$ 1,073.90	$ 1,263.14	$ 189.24	17.62%	$ 1,088.37	$ 1,280.08	$ 191.71	17.61%	$ 1,103.57	$ 1,297.25	$ 193.68	17.55%
			Emp/Child(ren)	$ 901.11	$ 1,059.46	$ 158.35	17.57%	$ 912.81	$ 1,073.67	$ 160.86	17.62%	$ 925.11	$ 1,088.07	$ 162.96	17.62%	$ 938.04	$ 1,102.67	$ 164.63	17.55%
			Family	$ 1,510.69	$ 1,776.15	$ 265.46	17.57%	$ 1,530.30	$ 1,799.97	$ 269.67	17.62%	$ 1,550.92	$ 1,824.12	$ 273.20	17.62%	$ 1,572.59	$ 1,848.59	$ 276.00	17.55%
Platinum	HMO	SHPF1024	SHPF1117																
			Single	$ 548.25	$ 615.24	$ 66.99	12.22%	$ 555.37	$ 623.49	$ 68.12	12.27%	$ 562.85	$ 631.86	$ 69.01	12.26%	$ 570.72	$ 640.33	$ 69.61	12.20%
			Double	$ 1,096.50	$ 1,230.48	$ 133.98	12.22%	$ 1,110.74	$ 1,246.99	$ 136.25	12.27%	$ 1,125.71	$ 1,263.71	$ 138.00	12.26%	$ 1,141.43	$ 1,280.66	$ 139.23	12.20%
			Emp/Child(ren)	$ 932.03	$ 1,045.91	$ 113.88	12.22%	$ 944.13	$ 1,059.94	$ 115.81	12.27%	$ 956.85	$ 1,074.16	$ 117.31	12.26%	$ 970.22	$ 1,088.56	$ 118.34	12.20%
			Family	$ 1,562.52	$ 1,753.43	$ 190.91	12.22%	$ 1,582.80	$ 1,776.95	$ 194.15	12.27%	$ 1,604.13	$ 1,800.79	$ 196.66	12.26%	$ 1,626.54	$ 1,824.95	$ 198.41	12.20%
Platinum	HMO	SHPF1025	SHPF1118																
			Single	$ 539.89	$ 615.10	$ 75.21	13.93%	$ 546.90	$ 623.35	$ 76.45	13.98%	$ 554.27	$ 631.71	$ 77.44	13.97%	$ 562.01	$ 640.19	$ 78.18	13.91%
			Double	$ 1,079.78	$ 1,230.20	$ 150.42	13.93%	$ 1,093.80	$ 1,246.70	$ 152.90	13.98%	$ 1,108.54	$ 1,263.42	$ 154.88	13.97%	$ 1,124.02	$ 1,280.37	$ 156.35	13.91%
			Emp/Child(ren)	$ 917.81	$ 1,045.67	$ 127.86	13.93%	$ 929.73	$ 1,059.70	$ 129.97	13.98%	$ 942.26	$ 1,073.91	$ 131.65	13.97%	$ 955.42	$ 1,088.32	$ 132.90	13.91%
			Family	$ 1,538.69	$ 1,753.04	$ 214.35	13.93%	$ 1,558.66	$ 1,776.55	$ 217.89	13.98%	$ 1,579.67	$ 1,800.38	$ 220.71	13.97%	$ 1,601.74	$ 1,824.53	$ 222.79	13.91%
Gold	HMO	SHGF2023	SHGF2106																
			Single	$ 482.67	$ 521.42	$ 38.75	8.03%	$ 488.94	$ 528.41	$ 39.47	8.07%	$ 495.53	$ 535.50	$ 39.97	8.07%	$ 502.45	$ 542.69	$ 40.24	8.01%
			Double	$ 965.34	$ 1,042.84	$ 77.50	8.03%	$ 977.87	$ 1,056.83	$ 78.96	8.07%	$ 991.05	$ 1,071.00	$ 79.95	8.07%	$ 1,004.90	$ 1,085.37	$ 80.47	8.01%
			Emp/Child(ren)	$ 820.54	$ 886.41	$ 65.87	8.03%	$ 831.19	$ 898.30	$ 67.11	8.07%	$ 842.39	$ 910.35	$ 67.96	8.07%	$ 854.16	$ 922.57	$ 68.41	8.01%
			Family	$ 1,375.61	$ 1,486.05	$ 110.44	8.03%	$ 1,393.47	$ 1,505.98	$ 112.51	8.07%	$ 1,412.25	$ 1,526.18	$ 113.93	8.07%	$ 1,431.98	$ 1,546.65	$ 114.67	8.01%
Platinum	HMO	SHPF1037	SHPF1119																
			Single	$ 514.04	$ 617.14	$ 103.10	20.06%	$ 520.71	$ 625.42	$ 104.71	20.11%	$ 527.73	$ 633.81	$ 106.08	20.10%	$ 535.10	$ 642.31	$ 107.21	20.04%
			Double	$ 1,028.07	$ 1,234.28	$ 206.21	20.06%	$ 1,041.42	$ 1,250.84	$ 209.42	20.11%	$ 1,055.45	$ 1,267.61	$ 212.16	20.10%	$ 1,070.19	$ 1,284.62	$ 214.43	20.04%
			Emp/Child(ren)	$ 873.86	$ 1,049.14	$ 175.28	20.06%	$ 885.20	$ 1,063.21	$ 178.01	20.11%	$ 897.13	$ 1,077.47	$ 180.34	20.10%	$ 909.67	$ 1,091.93	$ 182.26	20.04%
			Family	$ 1,465.00	$ 1,758.85	$ 293.85	20.06%	$ 1,484.02	$ 1,782.44	$ 298.42	20.11%	$ 1,504.02	$ 1,806.35	$ 302.33	20.10%	$ 1,525.03	$ 1,830.58	$ 305.55	20.04%
Platinum	HMO	SHPF1038	SHPF1120																
			Single	$ 531.67	$ 609.25	$ 77.58	14.59%	$ 538.57	$ 617.42	$ 78.85	14.64%	$ 545.83	$ 625.70	$ 79.87	14.63%	$ 553.45	$ 634.10	$ 80.65	14.57%
			Double	$ 1,063.34	$ 1,218.50	$ 155.16	14.59%	$ 1,077.14	$ 1,234.84	$ 157.70	14.64%	$ 1,091.66	$ 1,251.41	$ 159.75	14.63%	$ 1,106.91	$ 1,268.19	$ 161.28	14.57%
			Emp/Child(ren)	$ 903.84	$ 1,035.73	$ 131.89	14.59%	$ 915.57	$ 1,049.62	$ 134.05	14.64%	$ 927.91	$ 1,063.70	$ 135.79	14.63%	$ 940.87	$ 1,077.97	$ 137.10	14.57%
			Family	$ 1,515.26	$ 1,736.36	$ 221.10	14.59%	$ 1,534.93	$ 1,759.65	$ 224.72	14.64%	$ 1,555.61	$ 1,783.26	$ 227.65	14.63%	$ 1,577.35	$ 1,807.18	$ 229.83	14.57%
Platinum	HMO	SHPF1039	SHPF1121																
			Single	$ 523.56	$ 609.12	$ 85.56	16.34%	$ 530.36	$ 617.29	$ 86.93	16.39%	$ 537.51	$ 625.57	$ 88.06	16.38%	$ 545.01	$ 633.96	$ 88.95	16.32%
			Double	$ 1,047.12	$ 1,218.24	$ 171.12	16.34%	$ 1,060.72	$ 1,234.58	$ 173.86	16.39%	$ 1,075.01	$ 1,251.14	$ 176.13	16.38%	$ 1,090.03	$ 1,267.92	$ 177.89	16.32%
			Emp/Child(ren)	$ 890.06	$ 1,035.50	$ 145.44	16.34%	$ 901.61	$ 1,049.39	$ 147.78	16.39%	$ 913.76	$ 1,063.47	$ 149.71	16.38%	$ 926.52	$ 1,077.74	$ 151.22	16.32%
			Family	$ 1,492.15	$ 1,735.99	$ 243.84	16.34%	$ 1,511.52	$ 1,759.28	$ 247.76	16.39%	$ 1,531.89	$ 1,782.88	$ 250.99	16.38%	$ 1,553.29	$ 1,806.79	$ 253.50	16.32%
Gold	HMO	SHGF2036	SHGF2107																
			Single	$ 468.07	$ 516.35	$ 48.28	10.31%	$ 474.15	$ 523.28	$ 49.13	10.36%	$ 480.54	$ 530.30	$ 49.76	10.36%	$ 487.25	$ 537.41	$ 50.16	10.29%
			Double	$ 936.15	$ 1,032.70	$ 96.55	10.31%	$ 948.30	$ 1,046.55	$ 98.25	10.36%	$ 961.08	$ 1,060.59	$ 99.51	10.35%	$ 974.50	$ 1,074.82	$ 100.32	10.29%
			Emp/Child(ren)	$ 795.72	$ 877.80	$ 82.08	10.32%	$ 806.05	$ 889.57	$ 83.52	10.36%	$ 816.92	$ 901.50	$ 84.58	10.35%	$ 828.33	$ 913.59	$ 85.26	10.29%
			Family	$ 1,334.01	$ 1,471.60	$ 137.59	10.31%	$ 1,351.32	$ 1,491.34	$ 140.02	10.36%	$ 1,369.53	$ 1,511.34	$ 141.81	10.35%	$ 1,388.67	$ 1,531.61	$ 142.94	10.29%
Platinum	HMO	SHPF1051	SHPF1122																
			Single	$ 517.64	$ 622.11	$ 104.47	20.18%	$ 524.36	$ 630.45	$ 106.09	20.23%	$ 531.43	$ 638.91	$ 107.48	20.22%	$ 538.85	$ 647.48	$ 108.63	20.16%
			Double	$ 1,035.29	$ 1,244.22	$ 208.93	20.18%	$ 1,048.73	$ 1,260.91	$ 212.18	20.23%	$ 1,062.86	$ 1,277.82	$ 214.96	20.22%	$ 1,077.71	$ 1,294.96	$ 217.25	20.16%
			Emp/Child(ren)	$ 879.99	$ 1,057.59	$ 177.60	20.18%	$ 891.42	$ 1,071.77	$ 180.35	20.23%	$ 903.43	$ 1,086.15	$ 182.72	20.23%	$ 916.05	$ 1,100.72	$ 184.67	20.16%
			Family	$ 1,475.28	$ 1,773.01	$ 297.73	20.18%	$ 1,494.44	$ 1,796.80	$ 302.36	20.23%	$ 1,514.57	$ 1,820.90	$ 306.33	20.23%	$ 1,535.73	$ 1,845.32	$ 309.59	20.16%
Platinum	HMO	SHPF1052	SHPF1123																
			Single	$ 535.40	$ 614.15	$ 78.75	14.71%	$ 542.35	$ 622.39	$ 80.04	14.76%	$ 549.66	$ 630.74	$ 81.08	14.75%	$ 557.34	$ 639.20	$ 81.86	14.69%
			Double	$ 1,070.80	$ 1,228.30	$ 157.50	14.71%	$ 1,084.71	$ 1,244.78	$ 160.07	14.76%	$ 1,099.32	$ 1,261.47	$ 162.15	14.75%	$ 1,114.68	$ 1,278.39	$ 163.71	14.69%
			Emp/Child(ren)	$ 910.18	$ 1,044.06	$ 133.88	14.71%	$ 922.00	$ 1,058.06	$ 136.06	14.76%	$ 934.42	$ 1,072.25	$ 137.83	14.75%	$ 947.48	$ 1,086.64	$ 139.16	14.69%
			Family	$ 1,525.90	$ 1,750.33	$ 224.43	14.71%	$ 1,545.70	$ 1,773.81	$ 228.11	14.76%	$ 1,566.53	$ 1,797.60	$ 231.07	14.75%	$ 1,588.42	$ 1,821.71	$ 233.29	14.69%

Capital District Physicians' Health Plan
Albany Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	SHPF1053	SHPF1124																
			Single	$ 527.24	$ 614.02	$ 86.78	16.46%	$ 534.08	$ 622.26	$ 88.18	16.51%	$ 541.28	$ 630.60	$ 89.32	16.50%	$ 548.84	$ 639.06	$ 90.22	16.44%
			Double	$ 1,054.47	$ 1,228.04	$ 173.57	16.46%	$ 1,068.16	$ 1,244.51	$ 176.35	16.51%	$ 1,082.56	$ 1,261.21	$ 178.65	16.50%	$ 1,097.68	$ 1,278.12	$ 180.44	16.44%
			Emp/Child(ren)	$ 896.30	$ 1,043.83	$ 147.53	16.46%	$ 907.94	$ 1,057.84	$ 149.90	16.51%	$ 920.17	$ 1,072.03	$ 151.86	16.50%	$ 933.03	$ 1,086.41	$ 153.38	16.44%
			Family	$ 1,502.63	$ 1,749.96	$ 247.33	16.46%	$ 1,522.13	$ 1,773.43	$ 251.30	16.51%	$ 1,542.64	$ 1,797.22	$ 254.58	16.50%	$ 1,564.19	$ 1,821.33	$ 257.14	16.44%
Gold	HMO	SHGF2049	SHGF2108																
			Single	$ 471.36	$ 520.50	$ 49.14	10.43%	$ 477.48	$ 527.48	$ 50.00	10.47%	$ 483.91	$ 534.56	$ 50.65	10.47%	$ 490.67	$ 541.73	$ 51.06	10.41%
			Double	$ 942.72	$ 1,041.00	$ 98.28	10.43%	$ 954.95	$ 1,054.96	$ 100.01	10.47%	$ 967.82	$ 1,069.11	$ 101.29	10.47%	$ 981.34	$ 1,083.46	$ 102.12	10.41%
			Emp/Child(ren)	$ 801.31	$ 884.85	$ 83.54	10.43%	$ 811.71	$ 896.72	$ 85.01	10.47%	$ 822.65	$ 908.75	$ 86.10	10.47%	$ 834.14	$ 920.94	$ 86.80	10.41%
			Family	$ 1,343.37	$ 1,483.43	$ 140.06	10.43%	$ 1,360.81	$ 1,503.32	$ 142.51	10.47%	$ 1,379.15	$ 1,523.49	$ 144.34	10.47%	$ 1,398.41	$ 1,543.92	$ 145.51	10.41%
Platinum	HMO	SHPF1065	SHPF1125																
			Single	$ 526.37	$ 618.23	$ 91.86	17.45%	$ 533.21	$ 626.52	$ 93.31	17.50%	$ 540.39	$ 634.93	$ 94.54	17.49%	$ 547.94	$ 643.44	$ 95.50	17.43%
			Double	$ 1,052.74	$ 1,236.46	$ 183.72	17.45%	$ 1,066.41	$ 1,253.05	$ 186.64	17.50%	$ 1,080.78	$ 1,269.85	$ 189.07	17.49%	$ 1,095.88	$ 1,286.89	$ 191.01	17.43%
			Emp/Child(ren)	$ 894.83	$ 1,050.99	$ 156.16	17.45%	$ 906.45	$ 1,065.09	$ 158.64	17.50%	$ 918.66	$ 1,079.38	$ 160.72	17.50%	$ 931.50	$ 1,093.85	$ 162.35	17.43%
			Family	$ 1,500.16	$ 1,761.96	$ 261.80	17.45%	$ 1,519.64	$ 1,785.59	$ 265.95	17.50%	$ 1,540.11	$ 1,809.54	$ 269.43	17.49%	$ 1,561.63	$ 1,833.81	$ 272.18	17.43%
Platinum	HMO	SHPF1066	SHPF1126																
			Single	$ 544.43	$ 610.33	$ 65.90	12.10%	$ 551.50	$ 618.52	$ 67.02	12.15%	$ 558.93	$ 626.81	$ 67.88	12.14%	$ 566.74	$ 635.22	$ 68.48	12.08%
			Double	$ 1,088.86	$ 1,220.66	$ 131.80	12.10%	$ 1,103.00	$ 1,237.03	$ 134.03	12.15%	$ 1,117.86	$ 1,253.63	$ 135.77	12.15%	$ 1,133.48	$ 1,270.44	$ 136.96	12.08%
			Emp/Child(ren)	$ 925.53	$ 1,037.56	$ 112.03	12.10%	$ 937.55	$ 1,051.48	$ 113.93	12.15%	$ 950.18	$ 1,065.58	$ 115.40	12.15%	$ 963.45	$ 1,079.88	$ 116.43	12.08%
			Family	$ 1,551.63	$ 1,739.44	$ 187.81	12.10%	$ 1,571.77	$ 1,762.77	$ 191.00	12.15%	$ 1,592.95	$ 1,786.42	$ 193.47	12.15%	$ 1,615.20	$ 1,810.38	$ 195.18	12.08%
Platinum	HMO	SHPF1067	SHPF1127																
			Single	$ 536.13	$ 610.20	$ 74.07	13.82%	$ 543.09	$ 618.39	$ 75.30	13.87%	$ 550.41	$ 626.68	$ 76.27	13.86%	$ 558.09	$ 635.09	$ 77.00	13.80%
			Double	$ 1,072.26	$ 1,220.40	$ 148.14	13.82%	$ 1,086.18	$ 1,236.77	$ 150.59	13.86%	$ 1,100.81	$ 1,253.36	$ 152.55	13.86%	$ 1,116.19	$ 1,270.17	$ 153.98	13.80%
			Emp/Child(ren)	$ 911.42	$ 1,037.34	$ 125.92	13.82%	$ 923.25	$ 1,051.25	$ 128.00	13.86%	$ 935.69	$ 1,065.36	$ 129.67	13.86%	$ 948.76	$ 1,079.65	$ 130.89	13.80%
			Family	$ 1,527.96	$ 1,739.07	$ 211.11	13.82%	$ 1,547.80	$ 1,762.40	$ 214.60	13.86%	$ 1,568.66	$ 1,786.04	$ 217.38	13.86%	$ 1,590.57	$ 1,810.00	$ 219.43	13.80%
Gold	HMO	SHGF2062	SHGF2109																
			Single	$ 479.31	$ 517.26	$ 37.95	7.92%	$ 485.53	$ 524.20	$ 38.67	7.96%	$ 492.07	$ 531.23	$ 39.16	7.96%	$ 498.95	$ 538.36	$ 39.41	7.90%
			Double	$ 958.61	$ 1,034.52	$ 75.91	7.92%	$ 971.06	$ 1,048.40	$ 77.34	7.96%	$ 984.14	$ 1,062.46	$ 78.32	7.96%	$ 997.89	$ 1,076.71	$ 78.82	7.90%
			Emp/Child(ren)	$ 814.82	$ 879.34	$ 64.52	7.92%	$ 825.40	$ 891.14	$ 65.74	7.96%	$ 836.52	$ 903.09	$ 66.57	7.96%	$ 848.21	$ 915.20	$ 66.99	7.90%
			Family	$ 1,366.02	$ 1,474.19	$ 108.17	7.92%	$ 1,383.76	$ 1,493.97	$ 110.21	7.96%	$ 1,402.40	$ 1,514.01	$ 111.61	7.96%	$ 1,421.99	$ 1,534.31	$ 112.32	7.90%
Platinum	HMO	SHPF1079	SHPF1128																
			Single	$ 530.07	$ 623.21	$ 93.14	17.57%	$ 536.95	$ 631.57	$ 94.62	17.62%	$ 544.18	$ 640.04	$ 95.86	17.62%	$ 551.79	$ 648.63	$ 96.84	17.55%
			Double	$ 1,060.13	$ 1,246.42	$ 186.29	17.57%	$ 1,073.90	$ 1,263.14	$ 189.24	17.62%	$ 1,088.37	$ 1,280.08	$ 191.71	17.61%	$ 1,103.57	$ 1,297.25	$ 193.68	17.55%
			Emp/Child(ren)	$ 901.11	$ 1,059.46	$ 158.35	17.57%	$ 912.81	$ 1,073.67	$ 160.86	17.62%	$ 925.11	$ 1,088.07	$ 162.96	17.62%	$ 938.04	$ 1,102.67	$ 164.63	17.55%
			Family	$ 1,510.69	$ 1,776.15	$ 265.46	17.57%	$ 1,530.30	$ 1,799.97	$ 269.67	17.62%	$ 1,550.92	$ 1,824.12	$ 273.20	17.62%	$ 1,572.59	$ 1,848.59	$ 276.00	17.55%
Platinum	HMO	SHPF1080	SHPF1129																
			Single	$ 548.25	$ 615.24	$ 66.99	12.22%	$ 555.37	$ 623.49	$ 68.12	12.27%	$ 562.85	$ 631.86	$ 69.01	12.26%	$ 570.72	$ 640.33	$ 69.61	12.20%
			Double	$ 1,096.50	$ 1,230.48	$ 133.98	12.22%	$ 1,110.74	$ 1,246.99	$ 136.25	12.27%	$ 1,125.71	$ 1,263.71	$ 138.00	12.26%	$ 1,141.43	$ 1,280.66	$ 139.23	12.20%
			Emp/Child(ren)	$ 932.03	$ 1,045.91	$ 113.88	12.22%	$ 944.13	$ 1,059.94	$ 115.81	12.27%	$ 956.85	$ 1,074.16	$ 117.31	12.26%	$ 970.22	$ 1,088.56	$ 118.34	12.20%
			Family	$ 1,562.52	$ 1,753.43	$ 190.91	12.22%	$ 1,582.80	$ 1,776.95	$ 194.15	12.27%	$ 1,604.13	$ 1,800.79	$ 196.66	12.26%	$ 1,626.54	$ 1,824.95	$ 198.41	12.20%
Platinum	HMO	SHPF1081	SHPF1130																
			Single	$ 539.89	$ 615.10	$ 75.21	13.93%	$ 546.90	$ 623.35	$ 76.45	13.98%	$ 554.27	$ 631.71	$ 77.44	13.97%	$ 562.01	$ 640.19	$ 78.18	13.91%
			Double	$ 1,079.78	$ 1,230.20	$ 150.42	13.93%	$ 1,093.80	$ 1,246.70	$ 152.90	13.98%	$ 1,108.54	$ 1,263.42	$ 154.88	13.97%	$ 1,124.02	$ 1,280.37	$ 156.35	13.91%
			Emp/Child(ren)	$ 917.81	$ 1,045.67	$ 127.86	13.93%	$ 929.73	$ 1,059.70	$ 129.97	13.98%	$ 942.26	$ 1,073.91	$ 131.65	13.97%	$ 955.42	$ 1,088.32	$ 132.90	13.91%
			Family	$ 1,538.69	$ 1,753.04	$ 214.35	13.93%	$ 1,558.66	$ 1,776.55	$ 217.89	13.98%	$ 1,579.67	$ 1,800.38	$ 220.71	13.97%	$ 1,601.74	$ 1,824.53	$ 222.79	13.91%
Gold	HMO	SHGF2075	SHGF2110																
			Single	$ 482.67	$ 521.42	$ 38.75	8.03%	$ 488.94	$ 528.41	$ 39.47	8.07%	$ 495.53	$ 535.50	$ 39.97	8.07%	$ 502.45	$ 542.69	$ 40.24	8.01%
			Double	$ 965.34	$ 1,042.84	$ 77.50	8.03%	$ 977.87	$ 1,056.83	$ 78.96	8.07%	$ 991.05	$ 1,071.00	$ 79.95	8.07%	$ 1,004.90	$ 1,085.37	$ 80.47	8.01%
			Emp/Child(ren)	$ 820.54	$ 886.41	$ 65.87	8.03%	$ 831.19	$ 898.30	$ 67.11	8.07%	$ 842.39	$ 910.35	$ 67.96	8.07%	$ 854.16	$ 922.57	$ 68.41	8.01%
			Family	$ 1,375.61	$ 1,486.05	$ 110.44	8.03%	$ 1,393.47	$ 1,505.98	$ 112.51	8.07%	$ 1,412.25	$ 1,526.18	$ 113.93	8.07%	$ 1,431.98	$ 1,546.65	$ 114.67	8.01%
Platinum	HMO	SHPF1093	SHPF1131																
			Single	$ 526.37	$ 618.23	$ 91.86	17.45%	$ 533.21	$ 626.52	$ 93.31	17.50%	$ 540.39	$ 634.93	$ 94.54	17.49%	$ 547.94	$ 643.44	$ 95.50	17.43%
			Double	$ 1,052.74	$ 1,236.46	$ 183.72	17.45%	$ 1,066.41	$ 1,253.05	$ 186.64	17.50%	$ 1,080.78	$ 1,269.85	$ 189.07	17.49%	$ 1,095.88	$ 1,286.89	$ 191.01	17.43%
			Emp/Child(ren)	$ 894.83	$ 1,050.99	$ 156.16	17.45%	$ 906.45	$ 1,065.09	$ 158.64	17.50%	$ 918.66	$ 1,079.38	$ 160.72	17.50%	$ 931.50	$ 1,093.85	$ 162.35	17.43%
			Family	$ 1,500.16	$ 1,761.96	$ 261.80	17.45%	$ 1,519.64	$ 1,785.59	$ 265.95	17.50%	$ 1,540.11	$ 1,809.54	$ 269.43	17.49%	$ 1,561.63	$ 1,833.81	$ 272.18	17.43%
Platinum	HMO	SHPF1094	SHPF1132																
			Single	$ 544.43	$ 610.33	$ 65.90	12.10%	$ 551.50	$ 618.52	$ 67.02	12.15%	$ 558.93	$ 626.81	$ 67.88	12.14%	$ 566.74	$ 635.22	$ 68.48	12.08%
			Double	$ 1,088.86	$ 1,220.66	$ 131.80	12.10%	$ 1,103.00	$ 1,237.03	$ 134.03	12.15%	$ 1,117.86	$ 1,253.63	$ 135.77	12.15%	$ 1,133.48	$ 1,270.44	$ 136.96	12.08%
			Emp/Child(ren)	$ 925.53	$ 1,037.56	$ 112.03	12.10%	$ 937.55	$ 1,051.48	$ 113.93	12.15%	$ 950.18	$ 1,065.58	$ 115.40	12.15%	$ 963.45	$ 1,079.88	$ 116.43	12.08%
			Family	$ 1,551.63	$ 1,739.44	$ 187.81	12.10%	$ 1,571.77	$ 1,762.77	$ 191.00	12.15%	$ 1,592.95	$ 1,786.42	$ 193.47	12.15%	$ 1,615.20	$ 1,810.38	$ 195.18	12.08%
Platinum	HMO	SHPF1095	SHPF1133																
			Single	$ 536.13	$ 610.20	$ 74.07	13.82%	$ 543.09	$ 618.39	$ 75.30	13.87%	$ 550.41	$ 626.68	$ 76.27	13.86%	$ 558.09	$ 635.09	$ 77.00	13.80%
			Double	$ 1,072.26	$ 1,220.40	$ 148.14	13.82%	$ 1,086.18	$ 1,236.77	$ 150.59	13.86%	$ 1,100.81	$ 1,253.36	$ 152.55	13.86%	$ 1,116.19	$ 1,270.17	$ 153.98	13.80%
			Emp/Child(ren)	$ 911.42	$ 1,037.34	$ 125.92	13.82%	$ 923.25	$ 1,051.25	$ 128.00	13.86%	$ 935.69	$ 1,065.36	$ 129.67	13.86%	$ 948.76	$ 1,079.65	$ 130.89	13.80%
			Family	$ 1,527.96	$ 1,739.07	$ 211.11	13.82%	$ 1,547.80	$ 1,762.40	$ 214.60	13.86%	$ 1,568.66	$ 1,786.04	$ 217.38	13.86%	$ 1,590.57	$ 1,810.00	$ 219.43	13.80%
Gold	HMO	SHGF2088	SHGF2111																
			Single	$ 479.31	$ 517.26	$ 37.95	7.92%	$ 485.53	$ 524.20	$ 38.67	7.96%	$ 492.07	$ 531.23	$ 39.16	7.96%	$ 498.95	$ 538.36	$ 39.41	7.90%
			Double	$ 958.61	$ 1,034.52	$ 75.91	7.92%	$ 971.06	$ 1,048.40	$ 77.34	7.96%	$ 984.14	$ 1,062.46	$ 78.32	7.96%	$ 997.89	$ 1,076.71	$ 78.82	7.90%
			Emp/Child(ren)	$ 814.82	$ 879.34	$ 64.52	7.92%	$ 825.40	$ 891.14	$ 65.74	7.96%	$ 836.52	$ 903.09	$ 66.57	7.96%	$ 848.21	$ 915.20	$ 66.99	7.90%
			Family	$ 1,366.02	$ 1,474.19	$ 108.17	7.92%	$ 1,383.76	$ 1,493.97	$ 110.21	7.96%	$ 1,402.40	$ 1,514.01	$ 111.61	7.96%	$ 1,421.99	$ 1,534.31	$ 112.32	7.90%

Capital District Physicians' Health Plan
Albany Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	SHPF1107	SHPF1134																
			Single	$ 514.04	$ 617.14	$ 103.10	20.06%	$ 520.71	$ 625.42	$ 104.71	20.11%	$ 527.73	$ 633.81	$ 106.08	20.10%	$ 535.10	$ 642.31	$ 107.21	20.04%
			Double	$ 1,028.07	$ 1,234.28	$ 206.21	20.06%	$ 1,041.42	$ 1,250.84	$ 209.42	20.11%	$ 1,055.45	$ 1,267.61	$ 212.16	20.10%	$ 1,070.19	$ 1,284.62	$ 214.43	20.04%
			Emp/Child(ren)	$ 873.86	$ 1,049.14	$ 175.28	20.06%	$ 885.20	$ 1,063.21	$ 178.01	20.11%	$ 897.13	$ 1,077.47	$ 180.34	20.10%	$ 909.67	$ 1,091.93	$ 182.26	20.04%
			Family	$ 1,465.00	$ 1,758.85	$ 293.85	20.06%	$ 1,484.02	$ 1,782.44	$ 298.42	20.11%	$ 1,504.02	$ 1,806.35	$ 302.33	20.10%	$ 1,525.03	$ 1,830.58	$ 305.55	20.04%
Platinum	HMO	SHPF1108	SHPF1135																
			Single	$ 531.67	$ 609.25	$ 77.58	14.59%	$ 538.57	$ 617.42	$ 78.85	14.64%	$ 545.83	$ 625.70	$ 79.87	14.63%	$ 553.45	$ 634.10	$ 80.65	14.57%
			Double	$ 1,063.34	$ 1,218.50	$ 155.16	14.59%	$ 1,077.14	$ 1,234.84	$ 157.70	14.64%	$ 1,091.66	$ 1,251.41	$ 159.75	14.63%	$ 1,106.91	$ 1,268.19	$ 161.28	14.57%
			Emp/Child(ren)	$ 903.84	$ 1,035.73	$ 131.89	14.59%	$ 915.57	$ 1,049.62	$ 134.05	14.64%	$ 927.91	$ 1,063.70	$ 135.79	14.63%	$ 940.87	$ 1,077.97	$ 137.10	14.57%
			Family	$ 1,515.26	$ 1,736.36	$ 221.10	14.59%	$ 1,534.93	$ 1,759.65	$ 224.72	14.64%	$ 1,555.61	$ 1,783.26	$ 227.65	14.63%	$ 1,577.35	$ 1,807.18	$ 229.83	14.57%
Platinum	HMO	SHPF1109	SHPF1136																
			Single	$ 523.56	$ 609.12	$ 85.56	16.34%	$ 530.36	$ 617.29	$ 86.93	16.39%	$ 537.51	$ 625.57	$ 88.06	16.38%	$ 545.01	$ 633.96	$ 88.95	16.32%
			Double	$ 1,047.12	$ 1,218.24	$ 171.12	16.34%	$ 1,060.72	$ 1,234.58	$ 173.86	16.39%	$ 1,075.01	$ 1,251.14	$ 176.13	16.38%	$ 1,090.03	$ 1,267.92	$ 177.89	16.32%
			Emp/Child(ren)	$ 890.06	$ 1,035.50	$ 145.44	16.34%	$ 901.61	$ 1,049.39	$ 147.78	16.39%	$ 913.76	$ 1,063.47	$ 149.71	16.38%	$ 926.52	$ 1,077.74	$ 151.22	16.32%
			Family	$ 1,492.15	$ 1,735.99	$ 243.84	16.34%	$ 1,511.52	$ 1,759.28	$ 247.76	16.39%	$ 1,531.89	$ 1,782.88	$ 250.99	16.38%	$ 1,553.29	$ 1,806.79	$ 253.50	16.32%
Gold	HMO	SHGF2101	SHGF2112																
			Single	$ 468.07	$ 516.35	$ 48.28	10.31%	$ 474.15	$ 523.28	$ 49.13	10.36%	$ 480.54	$ 530.30	$ 49.76	10.36%	$ 487.25	$ 537.41	$ 50.16	10.29%
			Double	$ 936.15	$ 1,032.70	$ 96.55	10.31%	$ 948.30	$ 1,046.55	$ 98.25	10.36%	$ 961.08	$ 1,060.59	$ 99.51	10.35%	$ 974.50	$ 1,074.82	$ 100.32	10.29%
			Emp/Child(ren)	$ 795.72	$ 877.80	$ 82.08	10.32%	$ 806.05	$ 889.57	$ 83.52	10.36%	$ 816.92	$ 901.50	$ 84.58	10.35%	$ 828.33	$ 913.59	$ 85.26	10.29%
			Family	$ 1,334.01	$ 1,471.60	$ 137.59	10.31%	$ 1,351.32	$ 1,491.34	$ 140.02	10.36%	$ 1,369.53	$ 1,511.34	$ 141.81	10.35%	$ 1,388.67	$ 1,531.61	$ 142.94	10.29%
Gold	HMO	SHGFHNY1	SHGFHN10																
			Single	$ 389.58	$ 439.50	$ 49.92	12.81%	$ 394.64	$ 445.40	$ 50.76	12.86%	$ 399.95	$ 451.37	$ 51.42	12.86%	$ 405.54	$ 457.42	$ 51.88	12.79%
			Double	$ 779.16	$ 879.00	$ 99.84	12.81%	$ 789.27	$ 890.79	$ 101.52	12.86%	$ 799.91	$ 902.74	$ 102.83	12.86%	$ 811.08	$ 914.85	$ 103.77	12.79%
			Emp/Child(ren)	$ 662.28	$ 747.15	$ 84.87	12.81%	$ 670.88	$ 757.17	$ 86.29	12.86%	$ 679.92	$ 767.33	$ 87.41	12.86%	$ 689.42	$ 777.62	$ 88.20	12.79%
			Family	$ 1,110.30	$ 1,252.58	$ 142.28	12.81%	$ 1,124.71	$ 1,269.38	$ 144.67	12.86%	$ 1,139.87	$ 1,286.40	$ 146.53	12.85%	$ 1,155.79	$ 1,303.66	$ 147.87	12.79%
Gold	HMO	SHGFHNY2	SHGFHN11																
			Single	$ 398.93	$ 440.28	$ 41.35	10.37%	$ 404.11	$ 446.19	$ 42.08	10.41%	$ 409.55	$ 452.17	$ 42.62	10.41%	$ 415.27	$ 458.24	$ 42.97	10.35%
			Double	$ 797.86	$ 880.56	$ 82.70	10.37%	$ 808.21	$ 892.37	$ 84.16	10.41%	$ 819.11	$ 904.34	$ 85.23	10.41%	$ 830.55	$ 916.47	$ 85.92	10.34%
			Emp/Child(ren)	$ 678.18	$ 748.48	$ 70.30	10.37%	$ 686.98	$ 758.52	$ 71.54	10.41%	$ 696.24	$ 768.69	$ 72.45	10.41%	$ 705.97	$ 779.00	$ 73.03	10.34%
			Family	$ 1,136.95	$ 1,254.80	$ 117.85	10.37%	$ 1,151.71	$ 1,271.63	$ 119.92	10.41%	$ 1,167.23	$ 1,288.69	$ 121.46	10.41%	$ 1,183.53	$ 1,305.97	$ 122.44	10.35%
Gold	HMO	SHGFHNY3	SHGFHN12																
			Single	$ 386.86	$ 436.00	$ 49.14	12.70%	$ 391.89	$ 441.85	$ 49.96	12.75%	$ 397.17	$ 447.78	$ 50.61	12.74%	$ 402.71	$ 453.78	$ 51.07	12.68%
			Double	$ 773.73	$ 872.00	$ 98.27	12.70%	$ 783.77	$ 883.70	$ 99.93	12.75%	$ 794.33	$ 895.55	$ 101.22	12.74%	$ 805.43	$ 907.56	$ 102.13	12.68%
			Emp/Child(ren)	$ 657.67	$ 741.20	$ 83.53	12.70%	$ 666.21	$ 751.14	$ 84.93	12.75%	$ 675.18	$ 761.22	$ 86.04	12.74%	$ 684.61	$ 771.43	$ 86.82	12.68%
			Family	$ 1,102.56	$ 1,242.60	$ 140.04	12.70%	$ 1,116.87	$ 1,259.27	$ 142.40	12.75%	$ 1,131.92	$ 1,276.16	$ 144.24	12.74%	$ 1,147.74	$ 1,293.28	$ 145.54	12.68%
Gold	HMO	SHGFHNY4	SHGFHN13																
			Single	$ 389.58	$ 439.50	$ 49.92	12.81%	$ 394.64	$ 445.40	$ 50.76	12.86%	$ 399.95	$ 451.37	$ 51.42	12.86%	$ 405.54	$ 457.42	$ 51.88	12.79%
			Double	$ 779.16	$ 879.00	$ 99.84	12.81%	$ 789.27	$ 890.79	$ 101.52	12.86%	$ 799.91	$ 902.74	$ 102.83	12.86%	$ 811.08	$ 914.85	$ 103.77	12.79%
			Emp/Child(ren)	$ 662.28	$ 747.15	$ 84.87	12.81%	$ 670.88	$ 757.17	$ 86.29	12.86%	$ 679.92	$ 767.33	$ 87.41	12.86%	$ 689.42	$ 777.62	$ 88.20	12.79%
			Family	$ 1,110.30	$ 1,252.58	$ 142.28	12.81%	$ 1,124.71	$ 1,269.38	$ 144.67	12.86%	$ 1,139.87	$ 1,286.40	$ 146.53	12.85%	$ 1,155.79	$ 1,303.66	$ 147.87	12.79%
Gold	HMO	SHGFHNY5	SHGFHN14																
			Single	$ 396.15	$ 436.77	$ 40.62	10.25%	$ 401.29	$ 442.63	$ 41.34	10.30%	$ 406.70	$ 448.57	$ 41.87	10.30%	$ 412.38	$ 454.58	$ 42.20	10.23%
			Double	$ 792.30	$ 873.54	$ 81.24	10.25%	$ 802.58	$ 885.26	$ 82.68	10.30%	$ 813.40	$ 897.13	$ 83.73	10.29%	$ 824.76	$ 909.17	$ 84.41	10.23%
			Emp/Child(ren)	$ 673.45	$ 742.51	$ 69.06	10.25%	$ 682.19	$ 752.47	$ 70.28	10.30%	$ 691.39	$ 762.56	$ 71.17	10.29%	$ 701.05	$ 772.79	$ 71.74	10.23%
			Family	$ 1,129.02	$ 1,244.79	$ 115.77	10.25%	$ 1,143.68	$ 1,261.49	$ 117.81	10.30%	$ 1,159.09	$ 1,278.41	$ 119.32	10.29%	$ 1,175.28	$ 1,295.56	$ 120.28	10.23%
Gold	HMO	SHGFHNY6	SHGFHN15																
			Single	$ 398.93	$ 440.28	$ 41.35	10.37%	$ 404.11	$ 446.19	$ 42.08	10.41%	$ 409.55	$ 452.17	$ 42.62	10.41%	$ 415.27	$ 458.24	$ 42.97	10.35%
			Double	$ 797.86	$ 880.56	$ 82.70	10.37%	$ 808.21	$ 892.37	$ 84.16	10.41%	$ 819.11	$ 904.34	$ 85.23	10.41%	$ 830.55	$ 916.47	$ 85.92	10.34%
			Emp/Child(ren)	$ 678.18	$ 748.48	$ 70.30	10.37%	$ 686.98	$ 758.52	$ 71.54	10.41%	$ 696.24	$ 768.69	$ 72.45	10.41%	$ 705.97	$ 779.00	$ 73.03	10.34%
			Family	$ 1,136.95	$ 1,254.80	$ 117.85	10.37%	$ 1,151.71	$ 1,271.63	$ 119.92	10.41%	$ 1,167.23	$ 1,288.69	$ 121.46	10.41%	$ 1,183.53	$ 1,305.97	$ 122.44	10.35%
Gold	HMO	SHGFHNY7	SHGFHN16																
			Single	$ 396.15	$ 436.77	$ 40.62	10.25%	$ 401.29	$ 442.63	$ 41.34	10.30%	$ 406.70	$ 448.57	$ 41.87	10.30%	$ 412.38	$ 454.58	$ 42.20	10.23%
			Double	$ 792.30	$ 873.54	$ 81.24	10.25%	$ 802.58	$ 885.26	$ 82.68	10.30%	$ 813.40	$ 897.13	$ 83.73	10.29%	$ 824.76	$ 909.17	$ 84.41	10.23%
			Emp/Child(ren)	$ 673.45	$ 742.51	$ 69.06	10.25%	$ 682.19	$ 752.47	$ 70.28	10.30%	$ 691.39	$ 762.56	$ 71.17	10.29%	$ 701.05	$ 772.79	$ 71.74	10.23%
			Family	$ 1,129.02	$ 1,244.79	$ 115.77	10.25%	$ 1,143.68	$ 1,261.49	$ 117.81	10.30%	$ 1,159.09	$ 1,278.41	$ 119.32	10.29%	$ 1,175.28	$ 1,295.56	$ 120.28	10.23%
Gold	HMO	SHGFHNY8	SHGFHN17																
			Single	$ 386.86	$ 436.00	$ 49.14	12.70%	$ 391.89	$ 441.85	$ 49.96	12.75%	$ 397.17	$ 447.78	$ 50.61	12.74%	$ 402.71	$ 453.78	$ 51.07	12.68%
			Double	$ 773.73	$ 872.00	$ 98.27	12.70%	$ 783.77	$ 883.70	$ 99.93	12.75%	$ 794.33	$ 895.55	$ 101.22	12.74%	$ 805.43	$ 907.56	$ 102.13	12.68%
			Emp/Child(ren)	$ 657.67	$ 741.20	$ 83.53	12.70%	$ 666.21	$ 751.14	$ 84.93	12.75%	$ 675.18	$ 761.22	$ 86.04	12.74%	$ 684.61	$ 771.43	$ 86.82	12.68%
			Family	$ 1,102.56	$ 1,242.60	$ 140.04	12.70%	$ 1,116.87	$ 1,259.27	$ 142.40	12.75%	$ 1,131.92	$ 1,276.16	$ 144.24	12.74%	$ 1,147.74	$ 1,293.28	$ 145.54	12.68%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	SHPF1009	SHPF1113																
			Single	$ 585.20	$734.40	$ 149.20	25.50%	$ 592.79	$744.25	$ 151.46	25.55%	$ 600.78	$ 754.24	$ 153.46	25.54%	$ 609.17	$ 764.35	$ 155.18	25.47%
			Double	$ 1,170.39	$ 1,468.80	$ 298.41	25.50%	$ 1,185.59	$ 1,488.50	$ 302.91	25.55%	$ 1,201.56	$ 1,508.47	$ 306.91	25.54%	$ 1,218.35	$ 1,528.70	$ 310.35	25.47%
			Emp/Child(ren)	$ 994.83	$ 1,248.48	$ 253.65	25.50%	$ 1,007.75	$ 1,265.23	$ 257.48	25.55%	$ 1,021.33	$ 1,282.20	$ 260.87	25.54%	$ 1,035.60	$ 1,299.40	$ 263.80	25.47%
			Family	$ 1,667.81	$ 2,093.04	$ 425.23	25.50%	$ 1,689.46	$ 2,121.12	$ 431.66	25.55%	$ 1,712.23	$ 2,149.57	$ 437.34	25.54%	$ 1,736.14	$ 2,178.40	$ 442.26	25.47%
Platinum	HMO	SHPF1010	SHPF1114																
			Single	$ 605.27	$ 725.00	$ 119.73	19.78%	$ 613.13	$ 734.73	$ 121.60	19.83%	$ 621.39	$ 744.58	$ 123.19	19.82%	$ 630.07	$ 754.57	$ 124.50	19.76%
			Double	$ 1,210.54	$ 1,450.01	$ 239.47	19.78%	$ 1,226.26	$ 1,469.46	$ 243.20	19.83%	$ 1,242.78	$ 1,489.17	$ 246.39	19.83%	$ 1,260.14	$ 1,509.14	$ 249.00	19.76%
			Emp/Child(ren)	$ 1,028.96	$ 1,232.51	$ 203.55	19.78%	$ 1,042.32	$ 1,249.04	$ 206.72	19.83%	$ 1,056.37	$ 1,265.79	$ 209.42	19.82%	$ 1,071.12	$ 1,282.77	$ 211.65	19.76%
			Family	$ 1,725.03	$ 2,066.26	$ 341.23	19.78%	$ 1,747.42	$ 2,093.98	$ 346.56	19.83%	$ 1,770.97	$ 2,122.07	$ 351.10	19.83%	$ 1,795.71	$ 2,150.53	$ 354.82	19.76%
Platinum	HMO	SHPF1011	SHPF1115																
			Single	$ 596.04	$ 724.85	$ 128.81	21.61%	$ 603.78	$ 734.57	$ 130.79	21.66%	$ 611.92	$ 744.43	$ 132.51	21.65%	$ 620.46	$ 754.41	$ 133.95	21.59%
			Double	$ 1,192.08	$ 1,449.70	$ 257.62	21.61%	$ 1,207.56	$ 1,469.15	$ 261.59	21.66%	$ 1,223.83	$ 1,488.85	$ 265.02	21.65%	$ 1,240.93	$ 1,508.82	$ 267.89	21.59%
			Emp/Child(ren)	$ 1,013.27	$ 1,232.25	$ 218.98	21.61%	$ 1,026.42	$ 1,248.78	$ 222.36	21.66%	$ 1,040.26	$ 1,265.53	$ 225.27	21.66%	$ 1,054.79	$ 1,282.50	$ 227.71	21.59%
			Family	$ 1,698.72	$ 2,065.82	$ 367.10	21.61%	$ 1,720.77	$ 2,093.53	$ 372.76	21.66%	$ 1,743.96	$ 2,121.62	$ 377.66	21.66%	$ 1,768.32	$ 2,150.08	$ 381.76	21.59%
Gold	HMO	SHGF2010	SHGF2105																
			Single	$ 532.87	$ 614.45	$ 81.58	15.31%	$ 539.79	$ 622.69	$ 82.90	15.36%	$ 547.06	$ 631.04	$ 83.98	15.35%	$ 554.70	$ 639.51	$ 84.81	15.29%
			Double	$ 1,065.74	$ 1,228.90	$ 163.16	15.31%	$ 1,079.58	$ 1,245.38	$ 165.80	15.36%	$ 1,094.12	$ 1,262.09	$ 167.97	15.35%	$ 1,109.41	$ 1,279.02	$ 169.61	15.29%
			Emp/Child(ren)	$ 905.88	$ 1,044.57	$ 138.69	15.31%	$ 917.64	$ 1,058.58	$ 140.94	15.36%	$ 930.01	$ 1,072.78	$ 142.77	15.35%	$ 943.00	$ 1,087.17	$ 144.17	15.29%
			Family	$ 1,518.68	$ 1,751.18	$ 232.50	15.31%	$ 1,538.40	$ 1,774.67	$ 236.27	15.36%	$ 1,559.13	$ 1,798.48	$ 239.35	15.35%	$ 1,580.91	$ 1,822.60	$ 241.69	15.29%
Platinum	HMO	SHPF1023	SHPF1116																
			Single	$ 599.24	$ 735.70	$ 136.46	22.77%	$ 607.02	$ 745.57	$ 138.55	22.82%	$ 615.20	$ 755.57	$ 140.37	22.82%	$ 623.79	$ 765.70	$ 141.91	22.75%
			Double	$ 1,198.48	$ 1,471.40	$ 272.92	22.77%	$ 1,214.04	$ 1,491.14	$ 277.10	22.82%	$ 1,230.40	$ 1,511.14	$ 280.74	22.82%	$ 1,247.59	$ 1,531.41	$ 283.82	22.75%
			Emp/Child(ren)	$ 1,018.71	$ 1,250.69	$ 231.98	22.77%	$ 1,031.93	$ 1,267.47	$ 235.54	22.83%	$ 1,045.84	$ 1,284.47	$ 238.63	22.82%	$ 1,060.45	$ 1,301.70	$ 241.25	22.75%
			Family	$ 1,707.84	$ 2,096.74	$ 388.90	22.77%	$ 1,730.01	$ 2,124.87	$ 394.86	22.82%	$ 1,753.32	$ 2,153.37	$ 400.05	22.82%	$ 1,777.81	$ 2,182.26	$ 404.45	22.75%
Platinum	HMO	SHPF1024	SHPF1117																
			Single	$ 619.80	$ 726.29	$ 106.49	17.18%	$ 627.84	$ 736.03	$ 108.19	17.23%	$ 636.31	$ 745.91	$ 109.60	17.22%	$ 645.19	$ 755.91	$ 110.72	17.16%
			Double	$ 1,239.60	$ 1,452.58	$ 212.98	17.18%	$ 1,255.69	$ 1,472.07	$ 216.38	17.23%	$ 1,272.61	$ 1,491.81	$ 219.20	17.22%	$ 1,290.39	$ 1,511.82	$ 221.43	17.16%
			Emp/Child(ren)	$ 1,053.66	$ 1,234.69	$ 181.03	17.18%	$ 1,067.34	$ 1,251.26	$ 183.92	17.23%	$ 1,081.72	$ 1,268.04	$ 186.32	17.22%	$ 1,096.83	$ 1,285.05	$ 188.22	17.16%
			Family	$ 1,766.43	$ 2,069.93	$ 303.50	17.18%	$ 1,789.36	$ 2,097.69	$ 308.33	17.23%	$ 1,813.47	$ 2,125.83	$ 312.36	17.22%	$ 1,838.80	$ 2,154.35	$ 315.55	17.16%
Platinum	HMO	SHPF1025	SHPF1118																
			Single	$ 610.35	$ 726.13	$ 115.78	18.97%	$ 618.27	$ 735.87	$ 117.60	19.02%	$ 626.60	$ 745.74	$ 119.14	19.01%	$ 635.36	$ 755.74	$ 120.38	18.95%
			Double	$ 1,220.69	$ 1,452.25	$ 231.56	18.97%	$ 1,236.54	$ 1,471.73	$ 235.19	19.02%	$ 1,253.20	$ 1,491.47	$ 238.27	19.01%	$ 1,270.71	$ 1,511.48	$ 240.77	18.95%
			Emp/Child(ren)	$ 1,037.59	$ 1,234.41	$ 196.82	18.97%	$ 1,051.06	$ 1,250.97	$ 199.91	19.02%	$ 1,065.22	$ 1,267.75	$ 202.53	19.01%	$ 1,080.10	$ 1,284.76	$ 204.66	18.95%
			Family	$ 1,739.49	$ 2,069.46	$ 329.97	18.97%	$ 1,762.07	$ 2,097.22	$ 335.15	19.02%	$ 1,785.81	$ 2,125.35	$ 339.54	19.01%	$ 1,810.76	$ 2,153.86	$ 343.10	18.95%
Gold	HMO	SHGF2023	SHGF2106																
			Single	$ 545.66	$ 615.54	$ 69.88	12.81%	$ 552.74	$ 623.79	$ 71.05	12.85%	$ 560.19	$ 632.16	$ 71.97	12.85%	$ 568.02	$ 640.64	$ 72.62	12.78%
			Double	$ 1,091.32	$ 1,231.07	$ 139.75	12.81%	$ 1,105.49	$ 1,247.59	$ 142.10	12.85%	$ 1,120.38	$ 1,264.32	$ 143.94	12.85%	$ 1,136.03	$ 1,281.28	$ 145.25	12.79%
			Emp/Child(ren)	$ 927.62	$ 1,046.41	$ 118.79	12.81%	$ 939.66	$ 1,060.45	$ 120.79	12.85%	$ 952.33	$ 1,074.67	$ 122.34	12.85%	$ 965.63	$ 1,089.09	$ 123.46	12.79%
			Family	$ 1,555.13	$ 1,754.28	$ 199.15	12.81%	$ 1,575.32	$ 1,777.81	$ 202.49	12.85%	$ 1,596.55	$ 1,801.66	$ 205.11	12.85%	$ 1,618.85	$ 1,825.82	$ 206.97	12.79%
Platinum	HMO	SHPF1037	SHPF1119																
			Single	$ 581.12	$ 728.53	$ 147.41	25.37%	$ 588.66	$ 738.31	$ 149.65	25.42%	$ 596.59	$ 748.21	$ 151.62	25.41%	$ 604.93	$ 758.25	$ 153.32	25.35%
			Double	$ 1,162.23	$ 1,457.07	$ 294.84	25.37%	$ 1,177.32	$ 1,476.61	$ 299.29	25.42%	$ 1,193.19	$ 1,496.42	$ 303.23	25.41%	$ 1,209.86	$ 1,516.49	$ 306.63	25.34%
			Emp/Child(ren)	$ 987.90	$ 1,238.51	$ 250.61	25.37%	$ 1,000.72	$ 1,255.12	$ 254.40	25.42%	$ 1,014.21	$ 1,271.96	$ 257.75	25.41%	$ 1,028.38	$ 1,289.02	$ 260.64	25.34%
			Family	$ 1,656.18	$ 2,076.32	$ 420.14	25.37%	$ 1,677.68	$ 2,104.17	$ 426.49	25.42%	$ 1,700.29	$ 2,132.40	$ 432.11	25.41%	$ 1,724.04	$ 2,161.00	$ 436.96	25.35%
Platinum	HMO	SHPF1038	SHPF1120																
			Single	$ 601.05	$ 719.22	$ 118.17	19.66%	$ 608.86	$ 728.87	$ 120.01	19.71%	$ 617.06	$ 738.64	$ 121.58	19.70%	$ 625.68	$ 748.55	$ 122.87	19.64%
			Double	$ 1,202.11	$ 1,438.44	$ 236.33	19.66%	$ 1,217.71	$ 1,457.73	$ 240.02	19.71%	$ 1,234.12	$ 1,477.29	$ 243.17	19.70%	$ 1,251.36	$ 1,497.10	$ 245.74	19.64%
			Emp/Child(ren)	$ 1,021.79	$ 1,222.67	$ 200.88	19.66%	$ 1,035.05	$ 1,239.07	$ 204.02	19.71%	$ 1,049.00	$ 1,255.69	$ 206.69	19.70%	$ 1,063.66	$ 1,272.54	$ 208.88	19.64%
			Family	$ 1,713.00	$ 2,049.78	$ 336.78	19.66%	$ 1,735.24	$ 2,077.27	$ 342.03	19.71%	$ 1,758.62	$ 2,105.14	$ 346.52	19.70%	$ 1,783.19	$ 2,133.37	$ 350.18	19.64%
Platinum	HMO	SHPF1039	SHPF1121																
			Single	$ 591.89	$ 719.07	$ 127.18	21.49%	$ 599.57	$ 728.71	$ 129.14	21.54%	$ 607.65	$ 738.49	$ 130.84	21.53%	$ 616.14	$ 748.39	$ 132.25	21.46%
			Double	$ 1,183.77	$ 1,438.13	$ 254.36	21.49%	$ 1,199.14	$ 1,457.42	$ 258.28	21.54%	$ 1,215.30	$ 1,476.97	$ 261.67	21.53%	$ 1,232.28	$ 1,496.78	$ 264.50	21.46%
			Emp/Child(ren)	$ 1,006.21	$ 1,222.41	$ 216.20	21.49%	$ 1,019.27	$ 1,238.81	$ 219.54	21.54%	$ 1,033.01	$ 1,255.43	$ 222.42	21.53%	$ 1,047.44	$ 1,272.27	$ 224.83	21.46%
			Family	$ 1,686.88	$ 2,049.34	$ 362.46	21.49%	$ 1,708.78	$ 2,076.83	$ 368.05	21.54%	$ 1,731.80	$ 2,104.69	$ 372.89	21.53%	$ 1,756.00	$ 2,132.92	$ 376.92	21.46%
Gold	HMO	SHGF2036	SHGF2107																
			Single	$ 529.16	$ 609.55	$ 80.39	15.19%	$ 536.03	$ 617.73	$ 81.70	15.24%	$ 543.25	$ 626.01	$ 82.76	15.23%	$ 550.84	$ 634.41	$ 83.57	15.17%
			Double	$ 1,058.31	$ 1,219.10	$ 160.79	15.19%	$ 1,072.05	$ 1,235.46	$ 163.41	15.24%	$ 1,086.50	$ 1,252.03	$ 165.53	15.24%	$ 1,101.68	$ 1,268.82	$ 167.14	15.17%
			Emp/Child(ren)	$ 899.57	$ 1,036.24	$ 136.67	15.19%	$ 911.24	$ 1,050.14	$ 138.90	15.24%	$ 923.52	$ 1,064.22	$ 140.70	15.24%	$ 936.42	$ 1,078.50	$ 142.08	15.17%
			Family	$ 1,508.09	$ 1,737.22	$ 229.13	15.19%	$ 1,527.67	$ 1,760.52	$ 232.85	15.24%	$ 1,548.26	$ 1,784.14	$ 235.88	15.24%	$ 1,569.89	$ 1,808.07	$ 238.18	15.17%
Platinum	HMO	SHPF1051	SHPF1122																
			Single	$ 585.20	$ 734.40	$ 149.20	25.50%	$ 592.79	$ 744.25	$ 151.46	25.55%	$ 600.78	$ 754.24	$ 153.46	25.54%	$ 609.17	$ 764.35	$ 155.18	25.47%
			Double	$ 1,170.39	$ 1,468.80	$ 298.41	25.50%	$ 1,185.59	$ 1,488.50	$ 302.91	25.55%	$ 1,201.56	$ 1,508.47	$ 306.91	25.54%	$ 1,218.35	$ 1,528.70	$ 310.35	25.47%
			Emp/Child(ren)	$ 994.83	$ 1,248.48	$ 253.65	25.50%	$ 1,007.75	$ 1,265.23	$ 257.48	25.55%	$ 1,021.33	$ 1,282.20	$ 260.87	25.54%	$ 1,035.60	$ 1,299.40	$ 263.80	25.47%
			Family	$ 1,667.81	$ 2,093.04	$ 425.23	25.50%	$ 1,689.46	$ 2,121.12	$ 431.66	25.55%	$ 1,712.23	$ 2,149.57	$ 437.34	25.54%	$ 1,736.14	$ 2,178.40	$ 442.26	25.47%
Platinum	HMO	SHPF1052	SHPF1123																
			Single	$ 605.27	$ 725.00	$ 119.73	19.78%	$ 613.13	$ 734.73	$ 121.60	19.83%	$ 621.39	$ 744.58	$ 123.19	19.82%	$ 630.07	$ 754.57	$ 124.50	19.76%
			Double	$ 1,210.54	$ 1,450.01	$ 239.47	19.78%	$ 1,226.26	$ 1,469.46	$ 243.20	19.83%	$ 1,242.78	$ 1,489.17	$ 246.39	19.83%	$ 1,260.14	$ 1,509.14	$ 249.00	19.76%
			Emp/Child(ren)	$ 1,028.96	$ 1,232.51	$ 203.55	19.78%	$ 1,042.32	$ 1,249.04	$ 206.72	19.83%	$ 1,056.37	$ 1,265.79	$ 209.42	19.82%	$ 1,071.12	$ 1,282.77	$ 211.65	19.76%
			Family	$ 1,725.03	$ 2,066.26	$ 341.23	19.78%	$ 1,747.42	$ 2,093.98	$ 346.56	19.83%	$ 1,770.97	$ 2,122.07	$ 351.10	19.83%	$ 1,795.71	$ 2,150.53	$ 354.82	19.76%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	SHPF1053	SHPF1124																
			Single	$ 596.04	$ 724.85	$ 128.81	21.61%	$ 603.78	$ 734.57	$ 130.79	21.66%	$ 611.92	$ 744.43	$ 132.51	21.65%	$ 620.46	$ 754.41	$ 133.95	21.59%
			Double	$ 1,192.08	$ 1,449.70	$ 257.62	21.61%	$ 1,207.56	$ 1,469.15	$ 261.59	21.66%	$ 1,223.83	$ 1,488.85	$ 265.02	21.65%	$ 1,240.93	$ 1,508.82	$ 267.89	21.59%
			Emp/Child(ren)	$ 1,013.27	$ 1,232.25	$ 218.98	21.61%	$ 1,026.42	$ 1,248.78	$ 222.36	21.66%	$ 1,040.26	$ 1,265.53	$ 225.27	21.66%	$ 1,054.79	$ 1,282.50	$ 227.71	21.59%
			Family	$ 1,698.72	$ 2,065.82	$ 367.10	21.61%	$ 1,720.77	$ 2,093.53	$ 372.76	21.66%	$ 1,743.96	$ 2,121.62	$ 377.66	21.66%	$ 1,768.32	$ 2,150.08	$ 381.76	21.59%
Gold	HMO	SHGF2049	SHGF2108																
			Single	$ 532.87	$ 614.45	$ 81.58	15.31%	$ 539.79	$ 622.69	$ 82.90	15.36%	$ 547.06	$ 631.04	$ 83.98	15.35%	$ 554.70	$ 639.51	$ 84.81	15.29%
			Double	$ 1,065.74	$ 1,228.90	$ 163.16	15.31%	$ 1,079.58	$ 1,245.38	$ 165.80	15.36%	$ 1,094.12	$ 1,262.09	$ 167.97	15.35%	$ 1,109.41	$ 1,279.02	$ 169.61	15.29%
			Emp/Child(ren)	$ 905.88	$ 1,044.57	$ 138.69	15.31%	$ 917.64	$ 1,058.58	$ 140.94	15.36%	$ 930.01	$ 1,072.78	$ 142.77	15.35%	$ 943.00	$ 1,087.17	$ 144.17	15.29%
			Family	$ 1,518.68	$ 1,751.18	$ 232.50	15.31%	$ 1,538.40	$ 1,774.67	$ 236.27	15.36%	$ 1,559.13	$ 1,798.48	$ 239.35	15.35%	$ 1,580.91	$ 1,822.60	$ 241.69	15.29%
Platinum	HMO	SHPF1065	SHPF1125																
			Single	$ 595.06	$ 729.82	$ 134.76	22.65%	$ 602.79	$ 739.61	$ 136.82	22.70%	$ 610.91	$ 749.53	$ 138.62	22.69%	$ 619.45	$ 759.59	$ 140.14	22.62%
			Double	$ 1,190.13	$ 1,459.64	$ 269.51	22.65%	$ 1,205.58	$ 1,479.22	$ 273.64	22.70%	$ 1,221.82	$ 1,499.06	$ 277.24	22.69%	$ 1,238.89	$ 1,519.17	$ 280.28	22.62%
			Emp/Child(ren)	$ 1,011.61	$ 1,240.69	$ 229.08	22.65%	$ 1,024.74	$ 1,257.34	$ 232.60	22.70%	$ 1,038.55	$ 1,274.20	$ 235.65	22.69%	$ 1,053.06	$ 1,291.29	$ 238.23	22.62%
			Family	$ 1,695.93	$ 2,079.99	$ 384.06	22.65%	$ 1,717.95	$ 2,107.89	$ 389.94	22.70%	$ 1,741.10	$ 2,136.16	$ 395.06	22.69%	$ 1,765.42	$ 2,164.82	$ 399.40	22.62%
Platinum	HMO	SHPF1066	SHPF1126																
			Single	$ 615.48	$ 720.49	$ 105.01	17.06%	$ 623.47	$ 730.16	$ 106.69	17.11%	$ 631.87	$ 739.95	$ 108.08	17.10%	$ 640.70	$ 749.88	$ 109.18	17.04%
			Double	$ 1,230.96	$ 1,440.99	$ 210.03	17.06%	$ 1,246.94	$ 1,460.32	$ 213.38	17.11%	$ 1,263.74	$ 1,479.91	$ 216.17	17.11%	$ 1,281.39	$ 1,499.76	$ 218.37	17.04%
			Emp/Child(ren)	$ 1,046.31	$ 1,224.84	$ 178.53	17.06%	$ 1,059.90	$ 1,241.27	$ 181.37	17.11%	$ 1,074.18	$ 1,257.92	$ 183.74	17.11%	$ 1,089.18	$ 1,274.79	$ 185.61	17.04%
			Family	$ 1,754.11	$ 2,053.41	$ 299.30	17.06%	$ 1,776.88	$ 2,080.95	$ 304.07	17.11%	$ 1,800.83	$ 2,108.87	$ 308.04	17.11%	$ 1,825.99	$ 2,137.15	$ 311.16	17.04%
Platinum	HMO	SHPF1067	SHPF1127																
			Single	$ 606.09	$ 720.34	$ 114.25	18.85%	$ 613.96	$ 730.00	$ 116.04	18.90%	$ 622.23	$ 739.80	$ 117.57	18.89%	$ 630.93	$ 749.72	$ 118.79	18.83%
			Double	$ 1,212.18	$ 1,440.68	$ 228.50	18.85%	$ 1,227.92	$ 1,460.01	$ 232.09	18.90%	$ 1,244.47	$ 1,479.59	$ 235.12	18.89%	$ 1,261.85	$ 1,499.44	$ 237.59	18.83%
			Emp/Child(ren)	$ 1,030.36	$ 1,224.58	$ 194.22	18.85%	$ 1,043.73	$ 1,241.01	$ 197.28	18.90%	$ 1,057.80	$ 1,257.65	$ 199.85	18.89%	$ 1,072.57	$ 1,274.52	$ 201.95	18.83%
			Family	$ 1,727.36	$ 2,052.97	$ 325.61	18.85%	$ 1,749.79	$ 2,080.51	$ 330.72	18.90%	$ 1,773.37	$ 2,108.42	$ 335.05	18.89%	$ 1,798.14	$ 2,136.70	$ 338.56	18.83%
Gold	HMO	SHGF2062	SHGF2109																
			Single	$ 541.86	$ 610.63	$ 68.77	12.69%	$ 548.89	$ 618.82	$ 69.93	12.74%	$ 556.29	$ 627.12	$ 70.83	12.73%	$ 564.06	$ 635.53	$ 71.47	12.67%
			Double	$ 1,083.71	$ 1,221.25	$ 137.54	12.69%	$ 1,097.78	$ 1,237.63	$ 139.85	12.74%	$ 1,112.57	$ 1,254.23	$ 141.66	12.73%	$ 1,128.12	$ 1,271.06	$ 142.94	12.67%
			Emp/Child(ren)	$ 921.15	$ 1,038.06	$ 116.91	12.69%	$ 933.11	$ 1,051.99	$ 118.88	12.74%	$ 945.69	$ 1,066.10	$ 120.41	12.73%	$ 958.90	$ 1,080.40	$ 121.50	12.67%
			Family	$ 1,544.29	$ 1,740.28	$ 195.99	12.69%	$ 1,564.34	$ 1,763.63	$ 199.29	12.74%	$ 1,585.42	$ 1,787.28	$ 201.86	12.73%	$ 1,607.56	$ 1,811.26	$ 203.70	12.67%
Platinum	HMO	SHPF1079	SHPF1128																
			Single	$ 599.24	$ 735.70	$ 136.46	22.77%	$ 607.02	$ 745.57	$ 138.55	22.82%	$ 615.20	$ 755.57	$ 140.37	22.82%	$ 623.79	$ 765.70	$ 141.91	22.75%
			Double	$ 1,198.48	$ 1,471.40	$ 272.92	22.77%	$ 1,214.04	$ 1,491.14	$ 277.10	22.82%	$ 1,230.40	$ 1,511.14	$ 280.74	22.82%	$ 1,247.59	$ 1,531.41	$ 283.82	22.75%
			Emp/Child(ren)	$ 1,018.71	$ 1,250.69	$ 231.98	22.77%	$ 1,031.93	$ 1,267.47	$ 235.54	22.83%	$ 1,045.84	$ 1,284.47	$ 238.63	22.82%	$ 1,060.45	$ 1,301.70	$ 241.25	22.75%
			Family	$ 1,707.84	$ 2,096.74	$ 388.90	22.77%	$ 1,730.01	$ 2,124.87	$ 394.86	22.82%	$ 1,753.32	$ 2,153.37	$ 400.05	22.82%	$ 1,777.81	$ 2,182.26	$ 404.45	22.75%
Platinum	HMO	SHPF1080	SHPF1129																
			Single	$ 619.80	$ 726.29	$ 106.49	17.18%	$ 627.84	$ 736.03	$ 108.19	17.23%	$ 636.31	$ 745.91	$ 109.60	17.22%	$ 645.19	$ 755.91	$ 110.72	17.16%
			Double	$ 1,239.60	$ 1,452.58	$ 212.98	17.18%	$ 1,255.69	$ 1,472.07	$ 216.38	17.23%	$ 1,272.61	$ 1,491.81	$ 219.20	17.22%	$ 1,290.39	$ 1,511.82	$ 221.43	17.16%
			Emp/Child(ren)	$ 1,053.66	$ 1,234.69	$ 181.03	17.18%	$ 1,067.34	$ 1,251.26	$ 183.92	17.23%	$ 1,081.72	$ 1,268.04	$ 186.32	17.22%	$ 1,096.83	$ 1,285.05	$ 188.22	17.16%
			Family	$ 1,766.43	$ 2,069.93	$ 303.50	17.18%	$ 1,789.36	$ 2,097.69	$ 308.33	17.23%	$ 1,813.47	$ 2,125.83	$ 312.36	17.22%	$ 1,838.80	$ 2,154.35	$ 315.55	17.16%
Platinum	HMO	SHPF1081	SHPF1130																
			Single	$ 610.35	$ 726.13	$ 115.78	18.97%	$ 618.27	$ 735.87	$ 117.60	19.02%	$ 626.60	$ 745.74	$ 119.14	19.01%	$ 635.36	$ 755.74	$ 120.38	18.95%
			Double	$ 1,220.69	$ 1,452.25	$ 231.56	18.97%	$ 1,236.54	$ 1,471.73	$ 235.19	19.02%	$ 1,253.20	$ 1,491.47	$ 238.27	19.01%	$ 1,270.71	$ 1,511.48	$ 240.77	18.95%
			Emp/Child(ren)	$ 1,037.59	$ 1,234.41	$ 196.82	18.97%	$ 1,051.06	$ 1,250.97	$ 199.91	19.02%	$ 1,065.22	$ 1,267.75	$ 202.53	19.01%	$ 1,080.10	$ 1,284.76	$ 204.66	18.95%
			Family	$ 1,739.49	$ 2,069.46	$ 329.97	18.97%	$ 1,762.07	$ 2,097.22	$ 335.15	19.02%	$ 1,785.81	$ 2,125.35	$ 339.54	19.01%	$ 1,810.76	$ 2,153.86	$ 343.10	18.95%
Gold	HMO	SHGF2075	SHGF2110																
			Single	$ 545.66	$ 615.54	$ 69.88	12.81%	$ 552.74	$ 623.79	$ 71.05	12.85%	$ 560.19	$ 632.16	$ 71.97	12.85%	$ 568.02	$ 640.64	$ 72.62	12.78%
			Double	$ 1,091.32	$ 1,231.07	$ 139.75	12.81%	$ 1,105.49	$ 1,247.59	$ 142.10	12.85%	$ 1,120.38	$ 1,264.32	$ 143.94	12.85%	$ 1,136.03	$ 1,281.28	$ 145.25	12.79%
			Emp/Child(ren)	$ 927.62	$ 1,046.41	$ 118.79	12.81%	$ 939.66	$ 1,060.45	$ 120.79	12.85%	$ 952.33	$ 1,074.67	$ 122.34	12.85%	$ 965.63	$ 1,089.09	$ 123.46	12.79%
			Family	$ 1,555.13	$ 1,754.28	$ 199.15	12.81%	$ 1,575.32	$ 1,777.81	$ 202.49	12.85%	$ 1,596.55	$ 1,801.66	$ 205.11	12.85%	$ 1,618.85	$ 1,825.82	$ 206.97	12.79%
Platinum	HMO	SHPF1093	SHPF1131																
			Single	$ 595.06	$ 729.82	$ 134.76	22.65%	$ 602.79	$ 739.61	$ 136.82	22.70%	$ 610.91	$ 749.53	$ 138.62	22.69%	$ 619.45	$ 759.59	$ 140.14	22.62%
			Double	$ 1,190.13	$ 1,459.64	$ 269.51	22.65%	$ 1,205.58	$ 1,479.22	$ 273.64	22.70%	$ 1,221.82	$ 1,499.06	$ 277.24	22.69%	$ 1,238.89	$ 1,519.17	$ 280.28	22.62%
			Emp/Child(ren)	$ 1,011.61	$ 1,240.69	$ 229.08	22.65%	$ 1,024.74	$ 1,257.34	$ 232.60	22.70%	$ 1,038.55	$ 1,274.20	$ 235.65	22.69%	$ 1,053.06	$ 1,291.29	$ 238.23	22.62%
			Family	$ 1,695.93	$ 2,079.99	$ 384.06	22.65%	$ 1,717.95	$ 2,107.89	$ 389.94	22.70%	$ 1,741.10	$ 2,136.16	$ 395.06	22.69%	$ 1,765.42	$ 2,164.82	$ 399.40	22.62%
Platinum	HMO	SHPF1094	SHPF1132																
			Single	$ 615.48	$ 720.49	$ 105.01	17.06%	$ 623.47	$ 730.16	$ 106.69	17.11%	$ 631.87	$ 739.95	$ 108.08	17.10%	$ 640.70	$ 749.88	$ 109.18	17.04%
			Double	$ 1,230.96	$ 1,440.99	$ 210.03	17.06%	$ 1,246.94	$ 1,460.32	$ 213.38	17.11%	$ 1,263.74	$ 1,479.91	$ 216.17	17.11%	$ 1,281.39	$ 1,499.76	$ 218.37	17.04%
			Emp/Child(ren)	$ 1,046.31	$ 1,224.84	$ 178.53	17.06%	$ 1,059.90	$ 1,241.27	$ 181.37	17.11%	$ 1,074.18	$ 1,257.92	$ 183.74	17.11%	$ 1,089.18	$ 1,274.79	$ 185.61	17.04%
			Family	$ 1,754.11	$ 2,053.41	$ 299.30	17.06%	$ 1,776.88	$ 2,080.95	$ 304.07	17.11%	$ 1,800.83	$ 2,108.87	$ 308.04	17.11%	$ 1,825.99	$ 2,137.15	$ 311.16	17.04%
Platinum	HMO	SHPF1095	SHPF1133																
			Single	$ 606.09	$ 720.34	$ 114.25	18.85%	$ 613.96	$ 730.00	$ 116.04	18.90%	$ 622.23	$ 739.80	$ 117.57	18.89%	$ 630.93	$ 749.72	$ 118.79	18.83%
			Double	$ 1,212.18	$ 1,440.68	$ 228.50	18.85%	$ 1,227.92	$ 1,460.01	$ 232.09	18.90%	$ 1,244.47	$ 1,479.59	$ 235.12	18.89%	$ 1,261.85	$ 1,499.44	$ 237.59	18.83%
			Emp/Child(ren)	$ 1,030.36	$ 1,224.58	$ 194.22	18.85%	$ 1,043.73	$ 1,241.01	$ 197.28	18.90%	$ 1,057.80	$ 1,257.65	$ 199.85	18.89%	$ 1,072.57	$ 1,274.52	$ 201.95	18.83%
			Family	$ 1,727.36	$ 2,052.97	$ 325.61	18.85%	$ 1,749.79	$ 2,080.51	$ 330.72	18.90%	$ 1,773.37	$ 2,108.42	$ 335.05	18.89%	$ 1,798.14	$ 2,136.70	$ 338.56	18.83%
Gold	HMO	SHGF2088	SHGF2111																
			Single	$ 541.86	$ 610.63	$ 68.77	12.69%	$ 548.89	$ 618.82	$ 69.93	12.74%	$ 556.29	$ 627.12	$ 70.83	12.73%	$ 564.06	$ 635.53	$ 71.47	12.67%
			Double	$ 1,083.71	$ 1,221.25	$ 137.54	12.69%	$ 1,097.78	$ 1,237.63	$ 139.85	12.74%	$ 1,112.57	$ 1,254.23	$ 141.66	12.73%	$ 1,128.12	$ 1,271.06	$ 142.94	12.67%
			Emp/Child(ren)	$ 921.15	$ 1,038.06	$ 116.91	12.69%	$ 933.11	$ 1,051.99	$ 118.88	12.74%	$ 945.69	$ 1,066.10	$ 120.41	12.73%	$ 958.90	$ 1,080.40	$ 121.50	12.67%
			Family	$ 1,544.29	$ 1,740.28	$ 195.99	12.69%	$ 1,564.34	$ 1,763.63	$ 199.29	12.74%	$ 1,585.42	$ 1,787.28	$ 201.86	12.73%	$ 1,607.56	$ 1,811.26	$ 203.70	12.67%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	SHPF1107	SHPF1134																
			Single	$ 581.12	$ 728.53	$ 147.41	25.37%	$ 588.66	$ 738.31	$ 149.65	25.42%	$ 596.59	$ 748.21	$ 151.62	25.41%	$ 604.93	$ 758.25	$ 153.32	25.35%
			Double	$ 1,162.23	$ 1,457.07	$ 294.84	25.37%	$ 1,177.32	$ 1,476.61	$ 299.29	25.42%	$ 1,193.19	$ 1,496.42	$ 303.23	25.41%	$ 1,209.86	$ 1,516.49	$ 306.63	25.34%
			Emp/Child(ren)	$ 987.90	$ 1,238.51	$ 250.61	25.37%	$ 1,000.72	$ 1,255.12	$ 254.40	25.42%	$ 1,014.21	$ 1,271.96	$ 257.75	25.41%	$ 1,028.38	$ 1,289.02	$ 260.64	25.34%
			Family	$ 1,656.18	$ 2,076.32	$ 420.14	25.37%	$ 1,677.68	$ 2,104.17	$ 426.49	25.42%	$ 1,700.29	$ 2,132.40	$ 432.11	25.41%	$ 1,724.04	$ 2,161.00	$ 436.96	25.35%
Platinum	HMO	SHPF1108	SHPF1135																
			Single	$ 601.05	$ 719.22	$ 118.17	19.66%	$ 608.86	$ 728.87	$ 120.01	19.71%	$ 617.06	$ 738.64	$ 121.58	19.70%	$ 625.68	$ 748.55	$ 122.87	19.64%
			Double	$ 1,202.11	$ 1,438.44	$ 236.33	19.66%	$ 1,217.71	$ 1,457.73	$ 240.02	19.71%	$ 1,234.12	$ 1,477.29	$ 243.17	19.70%	$ 1,251.36	$ 1,497.10	$ 245.74	19.64%
			Emp/Child(ren)	$ 1,021.79	$ 1,222.67	$ 200.88	19.66%	$ 1,035.05	$ 1,239.07	$ 204.02	19.71%	$ 1,049.00	$ 1,255.69	$ 206.69	19.70%	$ 1,063.66	$ 1,272.54	$ 208.88	19.64%
			Family	$ 1,713.00	$ 2,049.78	$ 336.78	19.66%	$ 1,735.24	$ 2,077.27	$ 342.03	19.71%	$ 1,758.62	$ 2,105.14	$ 346.52	19.70%	$ 1,783.19	$ 2,133.37	$ 350.18	19.64%
Platinum	HMO	SHPF1109	SHPF1136																
			Single	$ 591.89	$ 719.07	$ 127.18	21.49%	$ 599.57	$ 728.71	$ 129.14	21.54%	$ 607.65	$ 738.49	$ 130.84	21.53%	$ 616.14	$ 748.39	$ 132.25	21.46%
			Double	$ 1,183.77	$ 1,438.13	$ 254.36	21.49%	$ 1,199.14	$ 1,457.42	$ 258.28	21.54%	$ 1,215.30	$ 1,476.97	$ 261.67	21.53%	$ 1,232.28	$ 1,496.78	$ 264.50	21.46%
			Emp/Child(ren)	$ 1,006.21	$ 1,222.41	$ 216.20	21.49%	$ 1,019.27	$ 1,238.81	$ 219.54	21.54%	$ 1,033.01	$ 1,255.43	$ 222.42	21.53%	$ 1,047.44	$ 1,272.27	$ 224.83	21.46%
			Family	$ 1,686.88	$ 2,049.34	$ 362.46	21.49%	$ 1,708.78	$ 2,076.83	$ 368.05	21.54%	$ 1,731.80	$ 2,104.69	$ 372.89	21.53%	$ 1,756.00	$ 2,132.92	$ 376.92	21.46%
Gold	HMO	SHGF2101	SHGF2112																
			Single	$ 529.16	$ 609.55	$ 80.39	15.19%	$ 536.03	$ 617.73	$ 81.70	15.24%	$ 543.25	$ 626.01	$ 82.76	15.23%	$ 550.84	$ 634.41	$ 83.57	15.17%
			Double	$ 1,058.31	$ 1,219.10	$ 160.79	15.19%	$ 1,072.05	$ 1,235.46	$ 163.41	15.24%	$ 1,086.50	$ 1,252.03	$ 165.53	15.24%	$ 1,101.68	$ 1,268.82	$ 167.14	15.17%
			Emp/Child(ren)	$ 899.57	$ 1,036.24	$ 136.67	15.19%	$ 911.24	$ 1,050.14	$ 138.90	15.24%	$ 923.52	$ 1,064.22	$ 140.70	15.24%	$ 936.42	$ 1,078.50	$ 142.08	15.17%
			Family	$ 1,508.09	$ 1,737.22	$ 229.13	15.19%	$ 1,527.67	$ 1,760.52	$ 232.85	15.24%	$ 1,548.26	$ 1,784.14	$ 235.88	15.24%	$ 1,569.89	$ 1,808.07	$ 238.18	15.17%
Gold	HMO	SHGFHNY1	SHGFHN10																
			Single	$ 440.42	$ 518.83	$ 78.41	17.80%	$ 446.14	$ 525.79	$ 79.65	17.85%	$ 452.15	$ 532.84	$ 80.69	17.85%	$ 458.46	$ 539.99	$ 81.53	17.78%
			Double	$ 880.84	$ 1,037.66	$ 156.82	17.80%	$ 892.27	$ 1,051.58	$ 159.31	17.85%	$ 904.30	$ 1,065.68	$ 161.38	17.85%	$ 916.93	$ 1,079.98	$ 163.05	17.78%
			Emp/Child(ren)	$ 748.71	$ 882.01	$ 133.30	17.80%	$ 758.43	$ 893.84	$ 135.41	17.85%	$ 768.65	$ 905.83	$ 137.18	17.85%	$ 779.39	$ 917.98	$ 138.59	17.78%
			Family	$ 1,255.19	$ 1,478.66	$ 223.47	17.80%	$ 1,271.49	$ 1,498.50	$ 227.01	17.85%	$ 1,288.62	$ 1,518.60	$ 229.98	17.85%	$ 1,306.62	$ 1,538.97	$ 232.35	17.78%
Gold	HMO	SHGFHNY2	SHGFHN11																
			Single	$ 450.99	$ 519.75	$ 68.76	15.25%	$ 456.84	$ 526.72	$ 69.88	15.30%	$ 463.00	$ 533.79	$ 70.79	15.29%	$ 469.47	$ 540.95	$ 71.48	15.23%
			Double	$ 901.98	$ 1,039.50	$ 137.52	15.25%	$ 913.69	$ 1,053.44	$ 139.75	15.30%	$ 926.00	$ 1,067.58	$ 141.58	15.29%	$ 938.94	$ 1,081.90	$ 142.96	15.23%
			Emp/Child(ren)	$ 766.68	$ 883.58	$ 116.90	15.25%	$ 776.63	$ 895.43	$ 118.80	15.30%	$ 787.10	$ 907.44	$ 120.34	15.29%	$ 798.09	$ 919.61	$ 121.52	15.23%
			Family	$ 1,285.32	$ 1,481.29	$ 195.97	15.25%	$ 1,302.00	$ 1,501.16	$ 199.16	15.30%	$ 1,319.55	$ 1,521.29	$ 201.74	15.29%	$ 1,337.98	$ 1,541.70	$ 203.72	15.23%
Gold	HMO	SHGFHNY3	SHGFHN12																
			Single	$ 437.35	$ 514.70	$ 77.35	17.69%	$ 443.03	$ 521.60	$ 78.57	17.73%	$ 449.00	$ 528.60	$ 79.60	17.73%	$ 455.27	$ 535.69	$ 80.42	17.66%
			Double	$ 874.70	$ 1,029.40	$ 154.70	17.69%	$ 886.05	$ 1,043.20	$ 157.15	17.74%	$ 897.99	$ 1,057.20	$ 159.21	17.73%	$ 910.54	$ 1,071.38	$ 160.84	17.66%
			Emp/Child(ren)	$ 743.49	$ 874.99	$ 131.50	17.69%	$ 753.14	$ 886.72	$ 133.58	17.74%	$ 763.29	$ 898.62	$ 135.33	17.73%	$ 773.96	$ 910.67	$ 136.71	17.66%
			Family	$ 1,246.44	$ 1,466.89	$ 220.45	17.69%	$ 1,262.63	$ 1,486.57	$ 223.94	17.74%	$ 1,279.64	$ 1,506.51	$ 226.87	17.73%	$ 1,297.52	$ 1,526.71	$ 229.19	17.66%
Gold	HMO	SHGFHNY4	SHGFHN13																
			Single	$ 440.42	$ 518.83	$ 78.41	17.80%	$ 446.14	$ 525.79	$ 79.65	17.85%	$ 452.15	$ 532.84	$ 80.69	17.85%	$ 458.46	$ 539.99	$ 81.53	17.78%
			Double	$ 880.84	$ 1,037.66	$ 156.82	17.80%	$ 892.27	$ 1,051.58	$ 159.31	17.85%	$ 904.30	$ 1,065.68	$ 161.38	17.85%	$ 916.93	$ 1,079.98	$ 163.05	17.78%
			Emp/Child(ren)	$ 748.71	$ 882.01	$ 133.30	17.80%	$ 758.43	$ 893.84	$ 135.41	17.85%	$ 768.65	$ 905.83	$ 137.18	17.85%	$ 779.39	$ 917.98	$ 138.59	17.78%
			Family	$ 1,255.19	$ 1,478.66	$ 223.47	17.80%	$ 1,271.49	$ 1,498.50	$ 227.01	17.85%	$ 1,288.62	$ 1,518.60	$ 229.98	17.85%	$ 1,306.62	$ 1,538.97	$ 232.35	17.78%
Gold	HMO	SHGFHNY5	SHGFHN14																
			Single	$ 447.85	$ 515.61	$ 67.76	15.13%	$ 453.66	$ 522.52	$ 68.86	15.18%	$ 459.77	$ 529.53	$ 69.76	15.17%	$ 466.20	$ 536.64	$ 70.44	15.11%
			Double	$ 895.69	$ 1,031.21	$ 135.52	15.13%	$ 907.32	$ 1,045.05	$ 137.73	15.18%	$ 919.54	$ 1,059.06	$ 139.52	15.17%	$ 932.39	$ 1,073.27	$ 140.88	15.11%
			Emp/Child(ren)	$ 761.34	$ 876.53	$ 115.19	15.13%	$ 771.22	$ 888.29	$ 117.07	15.18%	$ 781.61	$ 900.20	$ 118.59	15.17%	$ 792.53	$ 912.28	$ 119.75	15.11%
			Family	$ 1,276.36	$ 1,469.48	$ 193.12	15.13%	$ 1,292.93	$ 1,489.19	$ 196.26	15.18%	$ 1,310.35	$ 1,509.17	$ 198.82	15.17%	$ 1,328.66	$ 1,529.41	$ 200.75	15.11%
Gold	HMO	SHGFHNY6	SHGFHN15																
			Single	$ 450.99	$ 519.75	$ 68.76	15.25%	$ 456.84	$ 526.72	$ 69.88	15.30%	$ 463.00	$ 533.79	$ 70.79	15.29%	$ 469.47	$ 540.95	$ 71.48	15.23%
			Double	$ 901.98	$ 1,039.50	$ 137.52	15.25%	$ 913.69	$ 1,053.44	$ 139.75	15.30%	$ 926.00	$ 1,067.58	$ 141.58	15.29%	$ 938.94	$ 1,081.90	$ 142.96	15.23%
			Emp/Child(ren)	$ 766.68	$ 883.58	$ 116.90	15.25%	$ 776.63	$ 895.43	$ 118.80	15.30%	$ 787.10	$ 907.44	$ 120.34	15.29%	$ 798.09	$ 919.61	$ 121.52	15.23%
			Family	$ 1,285.32	$ 1,481.29	$ 195.97	15.25%	$ 1,302.00	$ 1,501.16	$ 199.16	15.30%	$ 1,319.55	$ 1,521.29	$ 201.74	15.29%	$ 1,337.98	$ 1,541.70	$ 203.72	15.23%
Gold	HMO	SHGFHNY7	SHGFHN16																
			Single	$ 447.85	$ 515.61	$ 67.76	15.13%	$ 453.66	$ 522.52	$ 68.86	15.18%	$ 459.77	$ 529.53	$ 69.76	15.17%	$ 466.20	$ 536.64	$ 70.44	15.11%
			Double	$ 895.69	$ 1,031.21	$ 135.52	15.13%	$ 907.32	$ 1,045.05	$ 137.73	15.18%	$ 919.54	$ 1,059.06	$ 139.52	15.17%	$ 932.39	$ 1,073.27	$ 140.88	15.11%
			Emp/Child(ren)	$ 761.34	$ 876.53	$ 115.19	15.13%	$ 771.22	$ 888.29	$ 117.07	15.18%	$ 781.61	$ 900.20	$ 118.59	15.17%	$ 792.53	$ 912.28	$ 119.75	15.11%
			Family	$ 1,276.36	$ 1,469.48	$ 193.12	15.13%	$ 1,292.93	$ 1,489.19	$ 196.26	15.18%	$ 1,310.35	$ 1,509.17	$ 198.82	15.17%	$ 1,328.66	$ 1,529.41	$ 200.75	15.11%
Gold	HMO	SHGFHNY8	SHGFHN17																
			Single	$ 437.35	$ 514.70	$ 77.35	17.69%	$ 443.03	$ 521.60	$ 78.57	17.73%	$ 449.00	$ 528.60	$ 79.60	17.73%	$ 455.27	$ 535.69	$ 80.42	17.66%
			Double	$ 874.70	$ 1,029.40	$ 154.70	17.69%	$ 886.05	$ 1,043.20	$ 157.15	17.74%	$ 897.99	$ 1,057.20	$ 159.21	17.73%	$ 910.54	$ 1,071.38	$ 160.84	17.66%
			Emp/Child(ren)	$ 743.49	$ 874.99	$ 131.50	17.69%	$ 753.14	$ 886.72	$ 133.58	17.74%	$ 763.29	$ 898.62	$ 135.33	17.73%	$ 773.96	$ 910.67	$ 136.71	17.66%
			Family	$ 1,246.44	$ 1,466.89	$ 220.45	17.69%	$ 1,262.63	$ 1,486.57	$ 223.94	17.74%	$ 1,279.64	$ 1,506.51	$ 226.87	17.73%	$ 1,297.52	$ 1,526.71	$ 229.19	17.66%

Capital District Physicians' Health Plan
Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	SHPF1009	SHPF1113																
			Single	$ 580.54	$697.70	$ 117.16	20.18%	$ 588.07	$707.06	$ 118.99	20.23%	$ 596.00	$ 716.54	$ 120.54	20.22%	$ 604.32	$ 726.15	$ 121.83	20.16%
			Double	$ 1,161.07	$ 1,395.39	$ 234.32	20.18%	$ 1,176.15	$ 1,414.11	$ 237.96	20.23%	$ 1,192.00	$ 1,433.08	$ 241.08	20.22%	$ 1,208.65	$ 1,452.30	$ 243.65	20.16%
			Emp/Child(ren)	$ 986.91	$ 1,186.08	$ 199.17	20.18%	$ 999.72	$ 1,201.99	$ 202.27	20.23%	$ 1,013.20	$ 1,218.12	$ 204.92	20.23%	$ 1,027.35	$ 1,234.46	$ 207.11	20.16%
			Family	$ 1,654.53	$ 1,988.43	$ 333.90	20.18%	$ 1,676.01	$ 2,015.11	$ 339.10	20.23%	$ 1,698.59	$ 2,042.14	$ 343.55	20.23%	$ 1,722.32	$ 2,069.53	$ 347.21	20.16%
Platinum	HMO	SHPF1010	SHPF1114																
			Single	$ 600.45	$ 688.77	$ 88.32	14.71%	$ 608.25	$ 698.01	$ 89.76	14.76%	$ 616.44	$ 707.37	$ 90.93	14.75%	$ 625.06	$ 716.86	$ 91.80	14.69%
			Double	$ 1,200.91	$ 1,377.54	$ 176.63	14.71%	$ 1,216.50	$ 1,396.02	$ 179.52	14.76%	$ 1,232.89	$ 1,414.74	$ 181.85	14.75%	$ 1,250.11	$ 1,433.72	$ 183.61	14.69%
			Emp/Child(ren)	$ 1,020.77	$ 1,170.91	$ 150.14	14.71%	$ 1,034.02	$ 1,186.61	$ 152.59	14.76%	$ 1,047.96	$ 1,202.53	$ 154.57	14.75%	$ 1,062.60	$ 1,218.66	$ 156.06	14.69%
			Family	$ 1,711.29	$ 1,962.99	$ 251.70	14.71%	$ 1,733.51	$ 1,989.32	$ 255.81	14.76%	$ 1,756.87	$ 2,016.01	$ 259.14	14.75%	$ 1,781.41	$ 2,043.05	$ 261.64	14.69%
Platinum	HMO	SHPF1011	SHPF1115																
			Single	$ 591.30	$ 688.62	$ 97.32	16.46%	$ 598.97	$ 697.86	$ 98.89	16.51%	$ 607.04	$ 707.22	$ 100.18	16.50%	$ 615.52	$ 716.71	$ 101.19	16.44%
			Double	$ 1,182.59	$ 1,377.25	$ 194.66	16.46%	$ 1,197.95	$ 1,395.72	$ 197.77	16.51%	$ 1,214.09	$ 1,414.44	$ 200.35	16.50%	$ 1,231.05	$ 1,433.42	$ 202.37	16.44%
			Emp/Child(ren)	$ 1,005.20	$ 1,170.66	$ 165.46	16.46%	$ 1,018.25	$ 1,186.36	$ 168.11	16.51%	$ 1,031.98	$ 1,202.28	$ 170.30	16.50%	$ 1,046.39	$ 1,218.40	$ 172.01	16.44%
			Family	$ 1,685.20	$ 1,962.58	$ 277.38	16.46%	$ 1,707.07	$ 1,988.90	$ 281.83	16.51%	$ 1,730.08	$ 2,015.58	$ 285.50	16.50%	$ 1,754.24	$ 2,042.62	$ 288.38	16.44%
Gold	HMO	SHGF2010	SHGF2105																
			Single	$ 528.63	$ 583.74	$ 55.11	10.43%	$ 535.49	$ 591.57	$ 56.08	10.47%	$ 542.71	$ 599.51	$ 56.80	10.47%	$ 550.29	$ 607.55	$ 57.26	10.41%
			Double	$ 1,057.26	$ 1,167.48	$ 110.22	10.43%	$ 1,070.98	$ 1,183.14	$ 112.16	10.47%	$ 1,085.41	$ 1,199.01	$ 113.60	10.47%	$ 1,100.58	$ 1,215.10	$ 114.52	10.41%
			Emp/Child(ren)	$ 898.67	$ 992.36	$ 93.69	10.43%	$ 910.33	$ 1,005.67	$ 95.34	10.47%	$ 922.60	$ 1,019.16	$ 96.56	10.47%	$ 935.49	$ 1,032.83	$ 97.34	10.41%
			Family	$ 1,506.59	$ 1,663.66	$ 157.07	10.43%	$ 1,526.15	$ 1,685.98	$ 159.83	10.47%	$ 1,546.71	$ 1,708.59	$ 161.88	10.47%	$ 1,568.32	$ 1,731.51	$ 163.19	10.41%
Platinum	HMO	SHPF1023	SHPF1116																
			Single	$ 594.47	$ 698.93	$ 104.46	17.57%	$ 602.19	$ 708.31	$ 106.12	17.62%	$ 610.30	$ 717.81	$ 107.51	17.62%	$ 618.83	$ 727.43	$ 108.60	17.55%
			Double	$ 1,188.94	$ 1,397.86	$ 208.92	17.57%	$ 1,204.37	$ 1,416.61	$ 212.24	17.62%	$ 1,220.60	$ 1,435.61	$ 215.01	17.62%	$ 1,237.66	$ 1,454.87	$ 217.21	17.55%
			Emp/Child(ren)	$ 1,010.60	$ 1,188.18	$ 177.58	17.57%	$ 1,023.72	$ 1,204.12	$ 180.40	17.62%	$ 1,037.51	$ 1,220.27	$ 182.76	17.62%	$ 1,052.01	$ 1,236.64	$ 184.63	17.55%
			Family	$ 1,694.24	$ 1,991.95	$ 297.71	17.57%	$ 1,716.23	$ 2,018.67	$ 302.44	17.62%	$ 1,739.36	$ 2,045.75	$ 306.39	17.62%	$ 1,763.66	$ 2,073.19	$ 309.53	17.55%
Platinum	HMO	SHPF1024	SHPF1117																
			Single	$ 614.86	$ 689.99	$ 75.13	12.22%	$ 622.85	$ 699.25	$ 76.40	12.27%	$ 631.24	$ 708.63	$ 77.39	12.26%	$ 640.06	$ 718.13	$ 78.07	12.20%
			Double	$ 1,229.73	$ 1,379.98	$ 150.25	12.22%	$ 1,245.69	$ 1,398.49	$ 152.80	12.27%	$ 1,262.48	$ 1,417.25	$ 154.77	12.26%	$ 1,280.12	$ 1,436.26	$ 156.14	12.20%
			Emp/Child(ren)	$ 1,045.27	$ 1,172.99	$ 127.72	12.22%	$ 1,058.84	$ 1,188.72	$ 129.88	12.27%	$ 1,073.11	$ 1,204.67	$ 131.56	12.26%	$ 1,088.10	$ 1,220.82	$ 132.72	12.20%
			Family	$ 1,752.36	$ 1,966.48	$ 214.12	12.22%	$ 1,775.11	$ 1,992.85	$ 217.74	12.27%	$ 1,799.03	$ 2,019.59	$ 220.56	12.26%	$ 1,824.16	$ 2,046.68	$ 222.52	12.20%
Platinum	HMO	SHPF1025	SHPF1118																
			Single	$ 605.49	$ 689.83	$ 84.34	13.93%	$ 613.35	$ 699.09	$ 85.74	13.98%	$ 621.61	$ 708.47	$ 86.86	13.97%	$ 630.30	$ 717.97	$ 87.67	13.91%
			Double	$ 1,210.98	$ 1,379.67	$ 168.69	13.93%	$ 1,226.70	$ 1,398.18	$ 171.48	13.98%	$ 1,243.23	$ 1,416.93	$ 173.70	13.97%	$ 1,260.59	$ 1,435.94	$ 175.35	13.91%
			Emp/Child(ren)	$ 1,029.33	$ 1,172.72	$ 143.39	13.93%	$ 1,042.69	$ 1,188.45	$ 145.76	13.98%	$ 1,056.74	$ 1,204.39	$ 147.65	13.97%	$ 1,071.50	$ 1,220.55	$ 149.05	13.91%
			Family	$ 1,725.64	$ 1,966.03	$ 240.39	13.93%	$ 1,748.04	$ 1,992.40	$ 244.36	13.98%	$ 1,771.60	$ 2,019.13	$ 247.53	13.97%	$ 1,796.35	$ 2,046.21	$ 249.86	13.91%
Gold	HMO	SHGF2023	SHGF2106																
			Single	$ 541.32	$ 584.77	$ 43.45	8.03%	$ 548.34	$ 592.62	$ 44.28	8.08%	$ 555.73	$ 600.57	$ 44.84	8.07%	$ 563.49	$ 608.62	$ 45.13	8.01%
			Double	$ 1,082.63	$ 1,169.55	$ 86.92	8.03%	$ 1,096.68	$ 1,185.23	$ 88.55	8.07%	$ 1,111.46	$ 1,201.13	$ 89.67	8.07%	$ 1,126.99	$ 1,217.24	$ 90.25	8.01%
			Emp/Child(ren)	$ 920.24	$ 994.11	$ 73.87	8.03%	$ 932.18	$ 1,007.45	$ 75.27	8.07%	$ 944.74	$ 1,020.96	$ 76.22	8.07%	$ 957.94	$ 1,034.66	$ 76.72	8.01%
			Family	$ 1,542.75	$ 1,666.60	$ 123.85	8.03%	$ 1,562.78	$ 1,688.96	$ 126.18	8.07%	$ 1,583.84	$ 1,711.61	$ 127.77	8.07%	$ 1,605.96	$ 1,734.57	$ 128.61	8.01%
Platinum	HMO	SHPF1037	SHPF1119																
			Single	$ 576.49	$ 692.12	$ 115.63	20.06%	$ 583.97	$ 701.41	$ 117.44	20.11%	$ 591.84	$ 710.81	$ 118.97	20.10%	$ 600.11	$ 720.35	$ 120.24	20.04%
			Double	$ 1,152.98	$ 1,384.25	$ 231.27	20.06%	$ 1,167.95	$ 1,402.81	$ 234.86	20.11%	$ 1,183.69	$ 1,421.63	$ 237.94	20.10%	$ 1,200.22	$ 1,440.70	$ 240.48	20.04%
			Emp/Child(ren)	$ 980.03	$ 1,176.61	$ 196.58	20.06%	$ 992.76	$ 1,192.39	$ 199.63	20.11%	$ 1,006.13	$ 1,208.39	$ 202.26	20.10%	$ 1,020.19	$ 1,224.59	$ 204.40	20.04%
			Family	$ 1,643.00	$ 1,972.55	$ 329.55	20.06%	$ 1,664.33	$ 1,999.01	$ 334.68	20.11%	$ 1,686.75	$ 2,025.82	$ 339.07	20.10%	$ 1,710.32	$ 2,053.00	$ 342.68	20.04%
Platinum	HMO	SHPF1038	SHPF1120																
			Single	$ 596.27	$ 683.27	$ 87.00	14.59%	$ 604.01	$ 692.44	$ 88.43	14.64%	$ 612.15	$ 701.73	$ 89.58	14.63%	$ 620.70	$ 711.14	$ 90.44	14.57%
			Double	$ 1,192.54	$ 1,366.55	$ 174.01	14.59%	$ 1,208.02	$ 1,384.88	$ 176.86	14.64%	$ 1,224.30	$ 1,403.45	$ 179.15	14.63%	$ 1,241.40	$ 1,422.28	$ 180.88	14.57%
			Emp/Child(ren)	$ 1,013.66	$ 1,161.57	$ 147.91	14.59%	$ 1,026.81	$ 1,177.15	$ 150.34	14.64%	$ 1,040.65	$ 1,192.94	$ 152.29	14.63%	$ 1,055.19	$ 1,208.94	$ 153.75	14.57%
			Family	$ 1,699.36	$ 1,947.33	$ 247.97	14.59%	$ 1,721.42	$ 1,973.45	$ 252.03	14.64%	$ 1,744.62	$ 1,999.92	$ 255.30	14.63%	$ 1,768.99	$ 2,026.75	$ 257.76	14.57%
Platinum	HMO	SHPF1039	SHPF1121																
			Single	$ 587.18	$ 683.13	$ 95.95	16.34%	$ 594.80	$ 692.29	$ 97.49	16.39%	$ 602.81	$ 701.58	$ 98.77	16.38%	$ 611.23	$ 710.99	$ 99.76	16.32%
			Double	$ 1,174.35	$ 1,366.26	$ 191.91	16.34%	$ 1,189.60	$ 1,384.58	$ 194.98	16.39%	$ 1,205.63	$ 1,403.16	$ 197.53	16.38%	$ 1,222.47	$ 1,421.98	$ 199.51	16.32%
			Emp/Child(ren)	$ 998.20	$ 1,161.32	$ 163.12	16.34%	$ 1,011.16	$ 1,176.90	$ 165.74	16.39%	$ 1,024.78	$ 1,192.68	$ 167.90	16.38%	$ 1,039.10	$ 1,208.68	$ 169.58	16.32%
			Family	$ 1,673.45	$ 1,946.92	$ 273.47	16.34%	$ 1,695.17	$ 1,973.03	$ 277.86	16.39%	$ 1,718.02	$ 1,999.50	$ 281.48	16.38%	$ 1,742.02	$ 2,026.32	$ 284.30	16.32%
Gold	HMO	SHGF2036	SHGF2107																
			Single	$ 524.94	$ 579.09	$ 54.15	10.32%	$ 531.76	$ 586.85	$ 55.09	10.36%	$ 538.92	$ 594.73	$ 55.81	10.36%	$ 546.45	$ 602.70	$ 56.25	10.29%
			Double	$ 1,049.89	$ 1,158.17	$ 108.28	10.31%	$ 1,063.52	$ 1,173.71	$ 110.19	10.36%	$ 1,077.85	$ 1,189.45	$ 111.60	10.35%	$ 1,092.90	$ 1,205.41	$ 112.51	10.29%
			Emp/Child(ren)	$ 892.40	$ 984.45	$ 92.05	10.31%	$ 903.99	$ 997.65	$ 93.66	10.36%	$ 916.17	$ 1,011.03	$ 94.86	10.35%	$ 928.97	$ 1,024.60	$ 95.63	10.29%
			Family	$ 1,496.09	$ 1,650.40	$ 154.31	10.31%	$ 1,515.51	$ 1,672.53	$ 157.02	10.36%	$ 1,535.93	$ 1,694.97	$ 159.04	10.35%	$ 1,557.39	$ 1,717.71	$ 160.32	10.29%
Platinum	HMO	SHPF1051	SHPF1122																
			Single	$ 580.54	$ 697.70	$ 117.16	20.18%	$ 588.07	$ 707.06	$ 118.99	20.23%	$ 596.00	$ 716.54	$ 120.54	20.22%	$ 604.32	$ 726.15	$ 121.83	20.16%
			Double	$ 1,161.07	$ 1,395.39	$ 234.32	20.18%	$ 1,176.15	$ 1,414.11	$ 237.96	20.23%	$ 1,192.00	$ 1,433.08	$ 241.08	20.22%	$ 1,208.65	$ 1,452.30	$ 243.65	20.16%
			Emp/Child(ren)	$ 986.91	$ 1,186.08	$ 199.17	20.18%	$ 999.72	$ 1,201.99	$ 202.27	20.23%	$ 1,013.20	$ 1,218.12	$ 204.92	20.23%	$ 1,027.35	$ 1,234.46	$ 207.11	20.16%
			Family	$ 1,654.53	$ 1,988.43	$ 333.90	20.18%	$ 1,676.01	$ 2,015.11	$ 339.10	20.23%	$ 1,698.59	$ 2,042.14	$ 343.55	20.23%	$ 1,722.32	$ 2,069.53	$ 347.21	20.16%
Platinum	HMO	SHPF1052	SHPF1123																
			Single	$ 600.45	$ 688.77	$ 88.32	14.71%	$ 608.25	$ 698.01	$ 89.76	14.76%	$ 616.44	$ 707.37	$ 90.93	14.75%	$ 625.06	$ 716.86	$ 91.80	14.69%
			Double	$ 1,200.91	$ 1,377.54	$ 176.63	14.71%	$ 1,216.50	$ 1,396.02	$ 179.52	14.76%	$ 1,232.89	$ 1,414.74	$ 181.85	14.75%	$ 1,250.11	$ 1,433.72	$ 183.61	14.69%
			Emp/Child(ren)	$ 1,020.77	$ 1,170.91	$ 150.14	14.71%	$ 1,034.02	$ 1,186.61	$ 152.59	14.76%	$ 1,047.96	$ 1,202.53	$ 154.57	14.75%	$ 1,062.60	$ 1,218.66	$ 156.06	14.69%
			Family	$ 1,711.29	$ 1,962.99	$ 251.70	14.71%	$ 1,733.51	$ 1,989.32	$ 255.81	14.76%	$ 1,756.87	$ 2,016.01	$ 259.14	14.75%	$ 1,781.41	$ 2,043.05	$ 261.64	14.69%

Capital District Physicians' Health Plan
Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	SHPF1053	SHPF1124																
			Single	$ 591.30	$ 688.62	$ 97.32	16.46%	$ 598.97	$ 697.86	$ 98.89	16.51%	$ 607.04	$ 707.22	$ 100.18	16.50%	$ 615.52	$ 716.71	$ 101.19	16.44%
			Double	$ 1,182.59	$ 1,377.25	$ 194.66	16.46%	$ 1,197.95	$ 1,395.72	$ 197.77	16.51%	$ 1,214.09	$ 1,414.44	$ 200.35	16.50%	$ 1,231.05	$ 1,433.42	$ 202.37	16.44%
			Emp/Child(ren)	$ 1,005.20	$ 1,170.66	$ 165.46	16.46%	$ 1,018.25	$ 1,186.36	$ 168.11	16.51%	$ 1,031.98	$ 1,202.28	$ 170.30	16.50%	$ 1,046.39	$ 1,218.40	$ 172.01	16.44%
			Family	$ 1,685.20	$ 1,962.58	$ 277.38	16.46%	$ 1,707.07	$ 1,988.90	$ 281.83	16.51%	$ 1,730.08	$ 2,015.58	$ 285.50	16.50%	$ 1,754.24	$ 2,042.62	$ 288.38	16.44%
Gold	HMO	SHGF2049	SHGF2108																
			Single	$ 528.63	$ 583.74	$ 55.11	10.43%	$ 535.49	$ 591.57	$ 56.08	10.47%	$ 542.71	$ 599.51	$ 56.80	10.47%	$ 550.29	$ 607.55	$ 57.26	10.41%
			Double	$ 1,057.26	$ 1,167.48	$ 110.22	10.43%	$ 1,070.98	$ 1,183.14	$ 112.16	10.47%	$ 1,085.41	$ 1,199.01	$ 113.60	10.47%	$ 1,100.58	$ 1,215.10	$ 114.52	10.41%
			Emp/Child(ren)	$ 898.67	$ 992.36	$ 93.69	10.43%	$ 910.33	$ 1,005.67	$ 95.34	10.47%	$ 922.60	$ 1,019.16	$ 96.56	10.47%	$ 935.49	$ 1,032.83	$ 97.34	10.41%
			Family	$ 1,506.59	$ 1,663.66	$ 157.07	10.43%	$ 1,526.15	$ 1,685.98	$ 159.83	10.47%	$ 1,546.71	$ 1,708.59	$ 161.88	10.47%	$ 1,568.32	$ 1,731.51	$ 163.19	10.41%
Platinum	HMO	SHPF1065	SHPF1125																
			Single	$ 590.33	$ 693.34	$ 103.01	17.45%	$ 597.99	$ 702.65	$ 104.66	17.50%	$ 606.05	$ 712.07	$ 106.02	17.49%	$ 614.51	$ 721.62	$ 107.11	17.43%
			Double	$ 1,180.65	$ 1,386.69	$ 206.04	17.45%	$ 1,195.98	$ 1,405.29	$ 209.31	17.50%	$ 1,212.10	$ 1,424.14	$ 212.04	17.49%	$ 1,229.03	$ 1,443.24	$ 214.21	17.43%
			Emp/Child(ren)	$ 1,003.55	$ 1,178.69	$ 175.14	17.45%	$ 1,016.58	$ 1,194.50	$ 177.92	17.50%	$ 1,030.28	$ 1,210.52	$ 180.24	17.49%	$ 1,044.67	$ 1,226.76	$ 182.09	17.43%
			Family	$ 1,682.43	$ 1,976.03	$ 293.60	17.45%	$ 1,704.27	$ 2,002.54	$ 298.27	17.50%	$ 1,727.24	$ 2,029.40	$ 302.16	17.49%	$ 1,751.37	$ 2,056.62	$ 305.25	17.43%
Platinum	HMO	SHPF1066	SHPF1126																
			Single	$ 610.58	$ 684.49	$ 73.91	12.10%	$ 618.50	$ 693.67	$ 75.17	12.15%	$ 626.84	$ 702.97	$ 76.13	12.15%	$ 635.60	$ 712.40	$ 76.80	12.08%
			Double	$ 1,221.16	$ 1,368.97	$ 147.81	12.10%	$ 1,237.01	$ 1,387.33	$ 150.32	12.15%	$ 1,253.68	$ 1,405.94	$ 152.26	12.15%	$ 1,271.19	$ 1,424.80	$ 153.61	12.08%
			Emp/Child(ren)	$ 1,037.98	$ 1,163.62	$ 125.64	12.10%	$ 1,051.46	$ 1,179.23	$ 127.77	12.15%	$ 1,065.63	$ 1,195.05	$ 129.42	12.14%	$ 1,080.51	$ 1,211.08	$ 130.57	12.08%
			Family	$ 1,740.15	$ 1,950.78	$ 210.63	12.10%	$ 1,762.74	$ 1,976.95	$ 214.21	12.15%	$ 1,786.49	$ 2,003.47	$ 216.98	12.15%	$ 1,811.45	$ 2,030.34	$ 218.89	12.08%
Platinum	HMO	SHPF1067	SHPF1127																
			Single	$ 601.27	$ 684.34	$ 83.07	13.82%	$ 609.07	$ 693.52	$ 84.45	13.87%	$ 617.28	$ 702.82	$ 85.54	13.86%	$ 625.90	$ 712.25	$ 86.35	13.80%
			Double	$ 1,202.53	$ 1,368.68	$ 166.15	13.82%	$ 1,218.15	$ 1,387.04	$ 168.89	13.86%	$ 1,234.56	$ 1,405.64	$ 171.08	13.86%	$ 1,251.81	$ 1,424.50	$ 172.69	13.80%
			Emp/Child(ren)	$ 1,022.15	$ 1,163.38	$ 141.23	13.82%	$ 1,035.42	$ 1,178.98	$ 143.56	13.86%	$ 1,049.38	$ 1,194.80	$ 145.42	13.86%	$ 1,064.04	$ 1,210.82	$ 146.78	13.79%
			Family	$ 1,713.61	$ 1,950.37	$ 236.76	13.82%	$ 1,735.86	$ 1,976.53	$ 240.67	13.86%	$ 1,759.25	$ 2,003.04	$ 243.79	13.86%	$ 1,783.82	$ 2,029.91	$ 246.09	13.80%
Gold	HMO	SHGF2062	SHGF2109																
			Single	$ 537.54	$ 580.11	$ 42.57	7.92%	$ 544.52	$ 587.89	$ 43.37	7.96%	$ 551.86	$ 595.77	$ 43.91	7.96%	$ 559.57	$ 603.77	$ 44.20	7.90%
			Double	$ 1,075.08	$ 1,160.21	$ 85.13	7.92%	$ 1,089.04	$ 1,175.78	$ 86.74	7.96%	$ 1,103.72	$ 1,191.55	$ 87.83	7.96%	$ 1,119.13	$ 1,207.53	$ 88.40	7.90%
			Emp/Child(ren)	$ 913.82	$ 986.18	$ 72.36	7.92%	$ 925.68	$ 999.41	$ 73.73	7.96%	$ 938.16	$ 1,012.82	$ 74.66	7.96%	$ 951.26	$ 1,026.40	$ 75.14	7.90%
			Family	$ 1,531.99	$ 1,653.31	$ 121.32	7.92%	$ 1,551.88	$ 1,675.48	$ 123.60	7.96%	$ 1,572.80	$ 1,697.96	$ 125.16	7.96%	$ 1,594.77	$ 1,720.73	$ 125.96	7.90%
Platinum	HMO	SHPF1079	SHPF1128																
			Single	$ 594.47	$ 698.93	$ 104.46	17.57%	$ 602.19	$ 708.31	$ 106.12	17.62%	$ 610.30	$ 717.81	$ 107.51	17.62%	$ 618.83	$ 727.43	$ 108.60	17.55%
			Double	$ 1,188.94	$ 1,397.86	$ 208.92	17.57%	$ 1,204.37	$ 1,416.61	$ 212.24	17.62%	$ 1,220.60	$ 1,435.61	$ 215.01	17.62%	$ 1,237.66	$ 1,454.87	$ 217.21	17.55%
			Emp/Child(ren)	$ 1,010.60	$ 1,188.18	$ 177.58	17.57%	$ 1,023.72	$ 1,204.12	$ 180.40	17.62%	$ 1,037.51	$ 1,220.27	$ 182.76	17.62%	$ 1,052.01	$ 1,236.64	$ 184.63	17.55%
			Family	$ 1,694.24	$ 1,991.95	$ 297.71	17.57%	$ 1,716.23	$ 2,018.67	$ 302.44	17.62%	$ 1,739.36	$ 2,045.75	$ 306.39	17.62%	$ 1,763.66	$ 2,073.19	$ 309.53	17.55%
Platinum	HMO	SHPF1080	SHPF1129																
			Single	$ 614.86	$ 689.99	$ 75.13	12.22%	$ 622.85	$ 699.25	$ 76.40	12.27%	$ 631.24	$ 708.63	$ 77.39	12.26%	$ 640.06	$ 718.13	$ 78.07	12.20%
			Double	$ 1,229.73	$ 1,379.98	$ 150.25	12.22%	$ 1,245.69	$ 1,398.49	$ 152.80	12.27%	$ 1,262.48	$ 1,417.25	$ 154.77	12.26%	$ 1,280.12	$ 1,436.26	$ 156.14	12.20%
			Emp/Child(ren)	$ 1,045.27	$ 1,172.99	$ 127.72	12.22%	$ 1,058.84	$ 1,188.72	$ 129.88	12.27%	$ 1,073.11	$ 1,204.67	$ 131.56	12.26%	$ 1,088.10	$ 1,220.82	$ 132.72	12.20%
			Family	$ 1,752.36	$ 1,966.48	$ 214.12	12.22%	$ 1,775.11	$ 1,992.85	$ 217.74	12.27%	$ 1,799.03	$ 2,019.59	$ 220.56	12.26%	$ 1,824.16	$ 2,046.68	$ 222.52	12.20%
Platinum	HMO	SHPF1081	SHPF1130																
			Single	$ 605.49	$ 689.83	$ 84.34	13.93%	$ 613.35	$ 699.09	$ 85.74	13.98%	$ 621.61	$ 708.47	$ 86.86	13.97%	$ 630.30	$ 717.97	$ 87.67	13.91%
			Double	$ 1,210.98	$ 1,379.67	$ 168.69	13.93%	$ 1,226.70	$ 1,398.18	$ 171.48	13.98%	$ 1,243.23	$ 1,416.93	$ 173.70	13.97%	$ 1,260.59	$ 1,435.94	$ 175.35	13.91%
			Emp/Child(ren)	$ 1,029.33	$ 1,172.72	$ 143.39	13.93%	$ 1,042.69	$ 1,188.45	$ 145.76	13.98%	$ 1,056.74	$ 1,204.39	$ 147.65	13.97%	$ 1,071.50	$ 1,220.55	$ 149.05	13.91%
			Family	$ 1,725.64	$ 1,966.03	$ 240.39	13.93%	$ 1,748.04	$ 1,992.40	$ 244.36	13.98%	$ 1,771.60	$ 2,019.13	$ 247.53	13.97%	$ 1,796.35	$ 2,046.21	$ 249.86	13.91%
Gold	HMO	SHGF2075	SHGF2110																
			Single	$ 541.32	$ 584.77	$ 43.45	8.03%	$ 548.34	$ 592.62	$ 44.28	8.08%	$ 555.73	$ 600.57	$ 44.84	8.07%	$ 563.49	$ 608.62	$ 45.13	8.01%
			Double	$ 1,082.63	$ 1,169.55	$ 86.92	8.03%	$ 1,096.68	$ 1,185.23	$ 88.55	8.07%	$ 1,111.46	$ 1,201.13	$ 89.67	8.07%	$ 1,126.99	$ 1,217.24	$ 90.25	8.01%
			Emp/Child(ren)	$ 920.24	$ 994.11	$ 73.87	8.03%	$ 932.18	$ 1,007.45	$ 75.27	8.07%	$ 944.74	$ 1,020.96	$ 76.22	8.07%	$ 957.94	$ 1,034.66	$ 76.72	8.01%
			Family	$ 1,542.75	$ 1,666.60	$ 123.85	8.03%	$ 1,562.78	$ 1,688.96	$ 126.18	8.07%	$ 1,583.84	$ 1,711.61	$ 127.77	8.07%	$ 1,605.96	$ 1,734.57	$ 128.61	8.01%
Platinum	HMO	SHPF1093	SHPF1131																
			Single	$ 590.33	$ 693.34	$ 103.01	17.45%	$ 597.99	$ 702.65	$ 104.66	17.50%	$ 606.05	$ 712.07	$ 106.02	17.49%	$ 614.51	$ 721.62	$ 107.11	17.43%
			Double	$ 1,180.65	$ 1,386.69	$ 206.04	17.45%	$ 1,195.98	$ 1,405.29	$ 209.31	17.50%	$ 1,212.10	$ 1,424.14	$ 212.04	17.49%	$ 1,229.03	$ 1,443.24	$ 214.21	17.43%
			Emp/Child(ren)	$ 1,003.55	$ 1,178.69	$ 175.14	17.45%	$ 1,016.58	$ 1,194.50	$ 177.92	17.50%	$ 1,030.28	$ 1,210.52	$ 180.24	17.49%	$ 1,044.67	$ 1,226.76	$ 182.09	17.43%
			Family	$ 1,682.43	$ 1,976.03	$ 293.60	17.45%	$ 1,704.27	$ 2,002.54	$ 298.27	17.50%	$ 1,727.24	$ 2,029.40	$ 302.16	17.49%	$ 1,751.37	$ 2,056.62	$ 305.25	17.43%
Platinum	HMO	SHPF1094	SHPF1132																
			Single	$ 610.58	$ 684.49	$ 73.91	12.10%	$ 618.50	$ 693.67	$ 75.17	12.15%	$ 626.84	$ 702.97	$ 76.13	12.15%	$ 635.60	$ 712.40	$ 76.80	12.08%
			Double	$ 1,221.16	$ 1,368.97	$ 147.81	12.10%	$ 1,237.01	$ 1,387.33	$ 150.32	12.15%	$ 1,253.68	$ 1,405.94	$ 152.26	12.15%	$ 1,271.19	$ 1,424.80	$ 153.61	12.08%
			Emp/Child(ren)	$ 1,037.98	$ 1,163.62	$ 125.64	12.10%	$ 1,051.46	$ 1,179.23	$ 127.77	12.15%	$ 1,065.63	$ 1,195.05	$ 129.42	12.14%	$ 1,080.51	$ 1,211.08	$ 130.57	12.08%
			Family	$ 1,740.15	$ 1,950.78	$ 210.63	12.10%	$ 1,762.74	$ 1,976.95	$ 214.21	12.15%	$ 1,786.49	$ 2,003.47	$ 216.98	12.15%	$ 1,811.45	$ 2,030.34	$ 218.89	12.08%
Platinum	HMO	SHPF1095	SHPF1133																
			Single	$ 601.27	$ 684.34	$ 83.07	13.82%	$ 609.07	$ 693.52	$ 84.45	13.87%	$ 617.28	$ 702.82	$ 85.54	13.86%	$ 625.90	$ 712.25	$ 86.35	13.80%
			Double	$ 1,202.53	$ 1,368.68	$ 166.15	13.82%	$ 1,218.15	$ 1,387.04	$ 168.89	13.86%	$ 1,234.56	$ 1,405.64	$ 171.08	13.86%	$ 1,251.81	$ 1,424.50	$ 172.69	13.80%
			Emp/Child(ren)	$ 1,022.15	$ 1,163.38	$ 141.23	13.82%	$ 1,035.42	$ 1,178.98	$ 143.56	13.86%	$ 1,049.38	$ 1,194.80	$ 145.42	13.86%	$ 1,064.04	$ 1,210.82	$ 146.78	13.79%
			Family	$ 1,713.61	$ 1,950.37	$ 236.76	13.82%	$ 1,735.86	$ 1,976.53	$ 240.67	13.86%	$ 1,759.25	$ 2,003.04	$ 243.79	13.86%	$ 1,783.82	$ 2,029.91	$ 246.09	13.80%
Gold	HMO	SHGF2088	SHGF2111																
			Single	$ 537.54	$ 580.11	$ 42.57	7.92%	$ 544.52	$ 587.89	$ 43.37	7.96%	$ 551.86	$ 595.77	$ 43.91	7.96%	$ 559.57	$ 603.77	$ 44.20	7.90%
			Double	$ 1,075.08	$ 1,160.21	$ 85.13	7.92%	$ 1,089.04	$ 1,175.78	$ 86.74	7.96%	$ 1,103.72	$ 1,191.55	$ 87.83	7.96%	$ 1,119.13	$ 1,207.53	$ 88.40	7.90%
			Emp/Child(ren)	$ 913.82	$ 986.18	$ 72.36	7.92%	$ 925.68	$ 999.41	$ 73.73	7.96%	$ 938.16	$ 1,012.82	$ 74.66	7.96%	$ 951.26	$ 1,026.40	$ 75.14	7.90%
			Family	$ 1,531.99	$ 1,653.31	$ 121.32	7.92%	$ 1,551.88	$ 1,675.48	$ 123.60	7.96%	$ 1,572.80	$ 1,697.96	$ 125.16	7.96%	$ 1,594.77	$ 1,720.73	$ 125.96	7.90%

Capital District Physicians' Health Plan
Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	SHPF1107	SHPF1134																
			Single	$ 576.49	$ 692.12	$ 115.63	20.06%	$ 583.97	$ 701.41	$ 117.44	20.11%	$ 591.84	$ 710.81	$ 118.97	20.10%	$ 600.11	$ 720.35	$ 120.24	20.04%
			Double	$ 1,152.98	$ 1,384.25	$ 231.27	20.06%	$ 1,167.95	$ 1,402.81	$ 234.86	20.11%	$ 1,183.69	$ 1,421.63	$ 237.94	20.10%	$ 1,200.22	$ 1,440.70	$ 240.48	20.04%
			Emp/Child(ren)	$ 980.03	$ 1,176.61	$ 196.58	20.06%	$ 992.76	$ 1,192.39	$ 199.63	20.11%	$ 1,006.13	$ 1,208.39	$ 202.26	20.10%	$ 1,020.19	$ 1,224.59	$ 204.40	20.04%
			Family	$ 1,643.00	$ 1,972.55	$ 329.55	20.06%	$ 1,664.33	$ 1,999.01	$ 334.68	20.11%	$ 1,686.75	$ 2,025.82	$ 339.07	20.10%	$ 1,710.32	$ 2,053.00	$ 342.68	20.04%
Platinum	HMO	SHPF1108	SHPF1135																
			Single	$ 596.27	$ 683.27	$ 87.00	14.59%	$ 604.01	$ 692.44	$ 88.43	14.64%	$ 612.15	$ 701.73	$ 89.58	14.63%	$ 620.70	$ 711.14	$ 90.44	14.57%
			Double	$ 1,192.54	$ 1,366.55	$ 174.01	14.59%	$ 1,208.02	$ 1,384.88	$ 176.86	14.64%	$ 1,224.30	$ 1,403.45	$ 179.15	14.63%	$ 1,241.40	$ 1,422.28	$ 180.88	14.57%
			Emp/Child(ren)	$ 1,013.66	$ 1,161.57	$ 147.91	14.59%	$ 1,026.81	$ 1,177.15	$ 150.34	14.64%	$ 1,040.65	$ 1,192.94	$ 152.29	14.63%	$ 1,055.19	$ 1,208.94	$ 153.75	14.57%
			Family	$ 1,699.36	$ 1,947.33	$ 247.97	14.59%	$ 1,721.42	$ 1,973.45	$ 252.03	14.64%	$ 1,744.62	$ 1,999.92	$ 255.30	14.63%	$ 1,768.99	$ 2,026.75	$ 257.76	14.57%
Platinum	HMO	SHPF1109	SHPF1136																
			Single	$ 587.18	$ 683.13	$ 95.95	16.34%	$ 594.80	$ 692.29	$ 97.49	16.39%	$ 602.81	$ 701.58	$ 98.77	16.38%	$ 611.23	$ 710.99	$ 99.76	16.32%
			Double	$ 1,174.35	$ 1,366.26	$ 191.91	16.34%	$ 1,189.60	$ 1,384.58	$ 194.98	16.39%	$ 1,205.63	$ 1,403.16	$ 197.53	16.38%	$ 1,222.47	$ 1,421.98	$ 199.51	16.32%
			Emp/Child(ren)	$ 998.20	$ 1,161.32	$ 163.12	16.34%	$ 1,011.16	$ 1,176.90	$ 165.74	16.39%	$ 1,024.78	$ 1,192.68	$ 167.90	16.38%	$ 1,039.10	$ 1,208.68	$ 169.58	16.32%
			Family	$ 1,673.45	$ 1,946.92	$ 273.47	16.34%	$ 1,695.17	$ 1,973.03	$ 277.86	16.39%	$ 1,718.02	$ 1,999.50	$ 281.48	16.38%	$ 1,742.02	$ 2,026.32	$ 284.30	16.32%
Gold	HMO	SHGF2101	SHGF2112																
			Single	$ 524.94	$ 579.09	$ 54.15	10.32%	$ 531.76	$ 586.85	$ 55.09	10.36%	$ 538.92	$ 594.73	$ 55.81	10.36%	$ 546.45	$ 602.70	$ 56.25	10.29%
			Double	$ 1,049.89	$ 1,158.17	$ 108.28	10.31%	$ 1,063.52	$ 1,173.71	$ 110.19	10.36%	$ 1,077.85	$ 1,189.45	$ 111.60	10.35%	$ 1,092.90	$ 1,205.41	$ 112.51	10.29%
			Emp/Child(ren)	$ 892.40	$ 984.45	$ 92.05	10.31%	$ 903.99	$ 997.65	$ 93.66	10.36%	$ 916.17	$ 1,011.03	$ 94.86	10.35%	$ 928.97	$ 1,024.60	$ 95.63	10.29%
			Family	$ 1,496.09	$ 1,650.40	$ 154.31	10.31%	$ 1,515.51	$ 1,672.53	$ 157.02	10.36%	$ 1,535.93	$ 1,694.97	$ 159.04	10.35%	$ 1,557.39	$ 1,717.71	$ 160.32	10.29%
Gold	HMO	SHGFHNY1	SHGFHN10																
			Single	$ 436.91	$ 492.90	$ 55.99	12.81%	$ 442.58	$ 499.51	$ 56.93	12.86%	$ 448.55	$ 506.21	$ 57.66	12.85%	$ 454.81	$ 513.00	$ 58.19	12.79%
			Double	$ 873.83	$ 985.80	$ 111.97	12.81%	$ 885.17	$ 999.02	$ 113.85	12.86%	$ 897.10	$ 1,012.42	$ 115.32	12.85%	$ 909.63	$ 1,026.00	$ 116.37	12.79%
			Emp/Child(ren)	$ 742.75	$ 837.93	$ 95.18	12.81%	$ 752.39	$ 849.17	$ 96.78	12.86%	$ 762.53	$ 860.56	$ 98.03	12.86%	$ 773.18	$ 872.10	$ 98.92	12.79%
			Family	$ 1,245.20	$ 1,404.76	$ 159.56	12.81%	$ 1,261.37	$ 1,423.61	$ 162.24	12.86%	$ 1,278.36	$ 1,442.70	$ 164.34	12.86%	$ 1,296.22	$ 1,462.05	$ 165.83	12.79%
Gold	HMO	SHGFHNY2	SHGFHN11																
			Single	$ 447.40	$ 493.77	$ 46.37	10.36%	$ 453.21	$ 500.40	$ 47.19	10.41%	$ 459.31	$ 507.11	$ 47.80	10.41%	$ 465.73	$ 513.91	$ 48.18	10.35%
			Double	$ 894.80	$ 987.55	$ 92.75	10.37%	$ 906.41	$ 1,000.79	$ 94.38	10.41%	$ 918.63	$ 1,014.22	$ 95.59	10.41%	$ 931.46	$ 1,027.82	$ 96.36	10.35%
			Emp/Child(ren)	$ 760.58	$ 839.42	$ 78.84	10.37%	$ 770.45	$ 850.68	$ 80.23	10.41%	$ 780.83	$ 862.09	$ 81.26	10.41%	$ 791.74	$ 873.65	$ 81.91	10.35%
			Family	$ 1,275.09	$ 1,407.26	$ 132.17	10.37%	$ 1,291.64	$ 1,426.13	$ 134.49	10.41%	$ 1,309.04	$ 1,445.26	$ 136.22	10.41%	$ 1,327.33	$ 1,464.65	$ 137.32	10.35%
Gold	HMO	SHGFHNY3	SHGFHN12																
			Single	$ 433.87	$ 488.97	$ 55.10	12.70%	$ 439.50	$ 495.53	$ 56.03	12.75%	$ 445.42	$ 502.18	$ 56.76	12.74%	$ 451.64	$ 508.92	$ 57.28	12.68%
			Double	$ 867.73	$ 977.95	$ 110.22	12.70%	$ 879.00	$ 991.07	$ 112.07	12.75%	$ 890.84	$ 1,004.36	$ 113.52	12.74%	$ 903.29	$ 1,017.83	$ 114.54	12.68%
			Emp/Child(ren)	$ 737.57	$ 831.26	$ 93.69	12.70%	$ 747.15	$ 842.41	$ 95.26	12.75%	$ 757.22	$ 853.71	$ 96.49	12.74%	$ 767.80	$ 865.16	$ 97.36	12.68%
			Family	$ 1,236.52	$ 1,393.58	$ 157.06	12.70%	$ 1,252.57	$ 1,412.27	$ 159.70	12.75%	$ 1,269.45	$ 1,431.21	$ 161.76	12.74%	$ 1,287.19	$ 1,450.41	$ 163.22	12.68%
Gold	HMO	SHGFHNY4	SHGFHN13																
			Single	$ 436.91	$ 492.90	$ 55.99	12.81%	$ 442.58	$ 499.51	$ 56.93	12.86%	$ 448.55	$ 506.21	$ 57.66	12.85%	$ 454.81	$ 513.00	$ 58.19	12.79%
			Double	$ 873.83	$ 985.80	$ 111.97	12.81%	$ 885.17	$ 999.02	$ 113.85	12.86%	$ 897.10	$ 1,012.42	$ 115.32	12.85%	$ 909.63	$ 1,026.00	$ 116.37	12.79%
			Emp/Child(ren)	$ 742.75	$ 837.93	$ 95.18	12.81%	$ 752.39	$ 849.17	$ 96.78	12.86%	$ 762.53	$ 860.56	$ 98.03	12.86%	$ 773.18	$ 872.10	$ 98.92	12.79%
			Family	$ 1,245.20	$ 1,404.76	$ 159.56	12.81%	$ 1,261.37	$ 1,423.61	$ 162.24	12.86%	$ 1,278.36	$ 1,442.70	$ 164.34	12.86%	$ 1,296.22	$ 1,462.05	$ 165.83	12.79%
Gold	HMO	SHGFHNY5	SHGFHN14																
			Single	$ 444.28	$ 489.84	$ 45.56	10.25%	$ 450.05	$ 496.41	$ 46.36	10.30%	$ 456.11	$ 503.07	$ 46.96	10.30%	$ 462.48	$ 509.81	$ 47.33	10.23%
			Double	$ 888.56	$ 979.68	$ 91.12	10.25%	$ 900.09	$ 992.82	$ 92.73	10.30%	$ 912.22	$ 1,006.13	$ 93.91	10.29%	$ 924.97	$ 1,019.63	$ 94.66	10.23%
			Emp/Child(ren)	$ 755.28	$ 832.72	$ 77.44	10.25%	$ 765.08	$ 843.89	$ 78.81	10.30%	$ 775.39	$ 855.21	$ 79.82	10.29%	$ 786.22	$ 866.69	$ 80.47	10.24%
			Family	$ 1,266.20	$ 1,396.04	$ 129.84	10.25%	$ 1,282.64	$ 1,414.76	$ 132.12	10.30%	$ 1,299.92	$ 1,433.74	$ 133.82	10.29%	$ 1,318.08	$ 1,452.97	$ 134.89	10.23%
Gold	HMO	SHGFHNY6	SHGFHN15																
			Single	$ 447.40	$ 493.77	$ 46.37	10.36%	$ 453.21	$ 500.40	$ 47.19	10.41%	$ 459.31	$ 507.11	$ 47.80	10.41%	$ 465.73	$ 513.91	$ 48.18	10.35%
			Double	$ 894.80	$ 987.55	$ 92.75	10.37%	$ 906.41	$ 1,000.79	$ 94.38	10.41%	$ 918.63	$ 1,014.22	$ 95.59	10.41%	$ 931.46	$ 1,027.82	$ 96.36	10.35%
			Emp/Child(ren)	$ 760.58	$ 839.42	$ 78.84	10.37%	$ 770.45	$ 850.68	$ 80.23	10.41%	$ 780.83	$ 862.09	$ 81.26	10.41%	$ 791.74	$ 873.65	$ 81.91	10.35%
			Family	$ 1,275.09	$ 1,407.26	$ 132.17	10.37%	$ 1,291.64	$ 1,426.13	$ 134.49	10.41%	$ 1,309.04	$ 1,445.26	$ 136.22	10.41%	$ 1,327.33	$ 1,464.65	$ 137.32	10.35%
Gold	HMO	SHGFHNY7	SHGFHN16																
			Single	$ 444.28	$ 489.84	$ 45.56	10.25%	$ 450.05	$ 496.41	$ 46.36	10.30%	$ 456.11	$ 503.07	$ 46.96	10.30%	$ 462.48	$ 509.81	$ 47.33	10.23%
			Double	$ 888.56	$ 979.68	$ 91.12	10.25%	$ 900.09	$ 992.82	$ 92.73	10.30%	$ 912.22	$ 1,006.13	$ 93.91	10.29%	$ 924.97	$ 1,019.63	$ 94.66	10.23%
			Emp/Child(ren)	$ 755.28	$ 832.72	$ 77.44	10.25%	$ 765.08	$ 843.89	$ 78.81	10.30%	$ 775.39	$ 855.21	$ 79.82	10.29%	$ 786.22	$ 866.69	$ 80.47	10.24%
			Family	$ 1,266.20	$ 1,396.04	$ 129.84	10.25%	$ 1,282.64	$ 1,414.76	$ 132.12	10.30%	$ 1,299.92	$ 1,433.74	$ 133.82	10.29%	$ 1,318.08	$ 1,452.97	$ 134.89	10.23%
Gold	HMO	SHGFHNY8	SHGFHN17																
			Single	$ 433.87	$ 488.97	$ 55.10	12.70%	$ 439.50	$ 495.53	$ 56.03	12.75%	$ 445.42	$ 502.18	$ 56.76	12.74%	$ 451.64	$ 508.92	$ 57.28	12.68%
			Double	$ 867.73	$ 977.95	$ 110.22	12.70%	$ 879.00	$ 991.07	$ 112.07	12.75%	$ 890.84	$ 1,004.36	$ 113.52	12.74%	$ 903.29	$ 1,017.83	$ 114.54	12.68%
			Emp/Child(ren)	$ 737.57	$ 831.26	$ 93.69	12.70%	$ 747.15	$ 842.41	$ 95.26	12.75%	$ 757.22	$ 853.71	$ 96.49	12.74%	$ 767.80	$ 865.16	$ 97.36	12.68%
			Family	$ 1,236.52	$ 1,393.58	$ 157.06	12.70%	$ 1,252.57	$ 1,412.27	$ 159.70	12.75%	$ 1,269.45	$ 1,431.21	$ 161.76	12.74%	$ 1,287.19	$ 1,450.41	$ 163.22	12.68%

Capital District Physicians' Health Plan
Utica/Watertown Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	SHPF1009	SHPF1113																
			Single	$ 557.55	$670.07	$ 112.52	20.18%	$ 564.79	$679.06	$ 114.27	20.23%	$ 572.40	$ 688.17	$ 115.77	20.23%	$ 580.40	$ 697.40	$ 117.00	20.16%
			Double	$ 1,115.11	$ 1,340.15	$ 225.04	20.18%	$ 1,129.58	$ 1,358.13	$ 228.55	20.23%	$ 1,144.81	$ 1,376.34	$ 231.53	20.22%	$ 1,160.80	$ 1,394.81	$ 234.01	20.16%
			Emp/Child(ren)	$ 947.84	$ 1,139.13	$ 191.29	20.18%	$ 960.15	$ 1,154.41	$ 194.26	20.23%	$ 973.08	$ 1,169.89	$ 196.81	20.23%	$ 986.68	$ 1,185.58	$ 198.90	20.16%
			Family	$ 1,589.03	$ 1,909.71	$ 320.68	20.18%	$ 1,609.66	$ 1,935.33	$ 325.67	20.23%	$ 1,631.35	$ 1,961.29	$ 329.94	20.22%	$ 1,654.14	$ 1,987.60	$ 333.46	20.16%
Platinum	HMO	SHPF1010	SHPF1114																
			Single	$ 576.68	$ 661.50	$ 84.82	14.71%	$ 584.17	$ 670.37	$ 86.20	14.76%	$ 592.04	$ 679.37	$ 87.33	14.75%	$ 600.31	$ 688.48	$ 88.17	14.69%
			Double	$ 1,153.36	$ 1,323.00	$ 169.64	14.71%	$ 1,168.34	$ 1,340.75	$ 172.41	14.76%	$ 1,184.08	$ 1,358.73	$ 174.65	14.75%	$ 1,200.62	$ 1,376.96	$ 176.34	14.69%
			Emp/Child(ren)	$ 980.36	$ 1,124.55	$ 144.19	14.71%	$ 993.09	$ 1,139.64	$ 146.55	14.76%	$ 1,006.47	$ 1,154.92	$ 148.45	14.75%	$ 1,020.53	$ 1,170.41	$ 149.88	14.69%
			Family	$ 1,643.54	$ 1,885.28	$ 241.74	14.71%	$ 1,664.88	$ 1,910.57	$ 245.69	14.76%	$ 1,687.31	$ 1,936.19	$ 248.88	14.75%	$ 1,710.88	$ 1,962.17	$ 251.29	14.69%
Platinum	HMO	SHPF1011	SHPF1115																
			Single	$ 567.89	$ 661.36	$ 93.47	16.46%	$ 575.26	$ 670.23	$ 94.97	16.51%	$ 583.01	$ 679.22	$ 96.21	16.50%	$ 591.16	$ 688.33	$ 97.17	16.44%
			Double	$ 1,135.77	$ 1,322.72	$ 186.95	16.46%	$ 1,150.52	$ 1,340.46	$ 189.94	16.51%	$ 1,166.02	$ 1,358.45	$ 192.43	16.50%	$ 1,182.31	$ 1,376.67	$ 194.36	16.44%
			Emp/Child(ren)	$ 965.41	$ 1,124.31	$ 158.90	16.46%	$ 977.94	$ 1,139.39	$ 161.45	16.51%	$ 991.12	$ 1,154.68	$ 163.56	16.50%	$ 1,004.96	$ 1,170.17	$ 165.21	16.44%
			Family	$ 1,618.48	$ 1,884.88	$ 266.40	16.46%	$ 1,639.49	$ 1,910.16	$ 270.67	16.51%	$ 1,661.58	$ 1,935.78	$ 274.20	16.50%	$ 1,684.79	$ 1,961.75	$ 276.96	16.44%
Gold	HMO	SHGF2010	SHGF2105																
			Single	$ 507.70	$ 560.63	$ 52.93	10.43%	$ 514.29	$ 568.15	$ 53.86	10.47%	$ 521.22	$ 575.77	$ 54.55	10.47%	$ 528.50	$ 583.50	$ 55.00	10.41%
			Double	$ 1,015.40	$ 1,121.26	$ 105.86	10.43%	$ 1,028.58	$ 1,136.30	$ 107.72	10.47%	$ 1,042.44	$ 1,151.54	$ 109.10	10.47%	$ 1,057.00	$ 1,166.99	$ 109.99	10.41%
			Emp/Child(ren)	$ 863.09	$ 953.07	$ 89.98	10.43%	$ 874.29	$ 965.86	$ 91.57	10.47%	$ 886.08	$ 978.81	$ 92.73	10.47%	$ 898.45	$ 991.94	$ 93.49	10.41%
			Family	$ 1,446.94	$ 1,597.80	$ 150.86	10.43%	$ 1,465.73	$ 1,619.23	$ 153.50	10.47%	$ 1,485.48	$ 1,640.95	$ 155.47	10.47%	$ 1,506.23	$ 1,662.96	$ 156.73	10.41%
Platinum	HMO	SHPF1023	SHPF1116																
			Single	$ 570.94	$ 671.26	$ 100.32	17.57%	$ 578.35	$ 680.26	$ 101.91	17.62%	$ 586.14	$ 689.39	$ 103.25	17.62%	$ 594.33	$ 698.64	$ 104.31	17.55%
			Double	$ 1,141.87	$ 1,342.52	$ 200.65	17.57%	$ 1,156.69	$ 1,360.53	$ 203.84	17.62%	$ 1,172.28	$ 1,378.78	$ 206.50	17.62%	$ 1,188.66	$ 1,397.27	$ 208.61	17.55%
			Emp/Child(ren)	$ 970.59	$ 1,141.14	$ 170.55	17.57%	$ 983.19	$ 1,156.45	$ 173.26	17.62%	$ 996.44	$ 1,171.96	$ 175.52	17.61%	$ 1,010.36	$ 1,187.68	$ 177.32	17.55%
			Family	$ 1,627.16	$ 1,913.09	$ 285.93	17.57%	$ 1,648.29	$ 1,938.75	$ 290.46	17.62%	$ 1,670.50	$ 1,964.76	$ 294.26	17.62%	$ 1,693.84	$ 1,991.11	$ 297.27	17.55%
Platinum	HMO	SHPF1024	SHPF1117																
			Single	$ 590.52	$ 662.68	$ 72.16	12.22%	$ 598.19	$ 671.56	$ 73.37	12.27%	$ 606.25	$ 680.57	$ 74.32	12.26%	$ 614.72	$ 689.70	$ 74.98	12.20%
			Double	$ 1,181.04	$ 1,325.35	$ 144.31	12.22%	$ 1,196.38	$ 1,343.13	$ 146.75	12.27%	$ 1,212.50	$ 1,361.14	$ 148.64	12.26%	$ 1,229.44	$ 1,379.40	$ 149.96	12.20%
			Emp/Child(ren)	$ 1,003.89	$ 1,126.55	$ 122.66	12.22%	$ 1,016.92	$ 1,141.66	$ 124.74	12.27%	$ 1,030.62	$ 1,156.97	$ 126.35	12.26%	$ 1,045.02	$ 1,172.49	$ 127.47	12.20%
			Family	$ 1,682.99	$ 1,888.62	$ 205.63	12.22%	$ 1,704.84	$ 1,913.96	$ 209.12	12.27%	$ 1,727.81	$ 1,939.63	$ 211.82	12.26%	$ 1,751.95	$ 1,965.65	$ 213.70	12.20%
Platinum	HMO	SHPF1025	SHPF1118																
			Single	$ 581.52	$ 662.52	$ 81.00	13.93%	$ 589.07	$ 671.41	$ 82.34	13.98%	$ 597.00	$ 680.42	$ 83.42	13.97%	$ 605.34	$ 689.54	$ 84.20	13.91%
			Double	$ 1,163.03	$ 1,325.05	$ 162.02	13.93%	$ 1,178.13	$ 1,342.82	$ 164.69	13.98%	$ 1,194.01	$ 1,360.83	$ 166.82	13.97%	$ 1,210.69	$ 1,379.09	$ 168.40	13.91%
			Emp/Child(ren)	$ 988.58	$ 1,126.29	$ 137.71	13.93%	$ 1,001.41	$ 1,141.40	$ 139.99	13.98%	$ 1,014.91	$ 1,156.71	$ 141.80	13.97%	$ 1,029.08	$ 1,172.23	$ 143.15	13.91%
			Family	$ 1,657.32	$ 1,888.19	$ 230.87	13.93%	$ 1,678.84	$ 1,913.52	$ 234.68	13.98%	$ 1,701.46	$ 1,939.19	$ 237.73	13.97%	$ 1,725.23	$ 1,965.20	$ 239.97	13.91%
Gold	HMO	SHGF2023	SHGF2106																
			Single	$ 519.88	$ 561.62	$ 41.74	8.03%	$ 526.63	$ 569.15	$ 42.52	8.07%	$ 533.73	$ 576.79	$ 43.06	8.07%	$ 541.19	$ 584.53	$ 43.34	8.01%
			Double	$ 1,039.77	$ 1,123.24	$ 83.47	8.03%	$ 1,053.27	$ 1,138.31	$ 85.04	8.07%	$ 1,067.46	$ 1,153.58	$ 86.12	8.07%	$ 1,082.37	$ 1,169.05	$ 86.68	8.01%
			Emp/Child(ren)	$ 883.80	$ 954.76	$ 70.96	8.03%	$ 895.28	$ 967.56	$ 72.28	8.07%	$ 907.34	$ 980.54	$ 73.20	8.07%	$ 920.02	$ 993.69	$ 73.67	8.01%
			Family	$ 1,481.67	$ 1,600.62	$ 118.95	8.03%	$ 1,500.91	$ 1,622.09	$ 121.18	8.07%	$ 1,521.13	$ 1,643.85	$ 122.72	8.07%	$ 1,542.38	$ 1,665.90	$ 123.52	8.01%
Platinum	HMO	SHPF1037	SHPF1119																
			Single	$ 553.67	$ 664.72	$ 111.05	20.06%	$ 560.86	$ 673.64	$ 112.78	20.11%	$ 568.41	$ 682.67	$ 114.26	20.10%	$ 576.35	$ 691.83	$ 115.48	20.04%
			Double	$ 1,107.33	$ 1,329.44	$ 222.11	20.06%	$ 1,121.71	$ 1,347.28	$ 225.57	20.11%	$ 1,136.83	$ 1,365.35	$ 228.52	20.10%	$ 1,152.71	$ 1,383.66	$ 230.95	20.04%
			Emp/Child(ren)	$ 941.23	$ 1,130.03	$ 188.80	20.06%	$ 953.45	$ 1,145.18	$ 191.73	20.11%	$ 966.30	$ 1,160.55	$ 194.25	20.10%	$ 979.80	$ 1,176.11	$ 196.31	20.04%
			Family	$ 1,577.95	$ 1,894.46	$ 316.51	20.06%	$ 1,598.44	$ 1,919.87	$ 321.43	20.11%	$ 1,619.98	$ 1,945.62	$ 325.64	20.10%	$ 1,642.61	$ 1,971.72	$ 329.11	20.04%
Platinum	HMO	SHPF1038	SHPF1120																
			Single	$ 572.66	$ 656.22	$ 83.56	14.59%	$ 580.10	$ 665.03	$ 84.93	14.64%	$ 587.91	$ 673.95	$ 86.04	14.63%	$ 596.13	$ 682.99	$ 86.86	14.57%
			Double	$ 1,145.32	$ 1,312.45	$ 167.13	14.59%	$ 1,160.19	$ 1,330.05	$ 169.86	14.64%	$ 1,175.83	$ 1,347.89	$ 172.06	14.63%	$ 1,192.25	$ 1,365.97	$ 173.72	14.57%
			Emp/Child(ren)	$ 973.53	$ 1,115.58	$ 142.05	14.59%	$ 986.16	$ 1,130.54	$ 144.38	14.64%	$ 999.45	$ 1,145.71	$ 146.26	14.63%	$ 1,013.41	$ 1,161.08	$ 147.67	14.57%
			Family	$ 1,632.09	$ 1,870.24	$ 238.15	14.59%	$ 1,653.27	$ 1,895.32	$ 242.05	14.64%	$ 1,675.55	$ 1,920.75	$ 245.20	14.63%	$ 1,698.96	$ 1,946.51	$ 247.55	14.57%
Platinum	HMO	SHPF1039	SHPF1121																
			Single	$ 563.93	$ 656.08	$ 92.15	16.34%	$ 571.25	$ 664.88	$ 93.63	16.39%	$ 578.95	$ 673.80	$ 94.85	16.38%	$ 587.04	$ 682.84	$ 95.80	16.32%
			Double	$ 1,127.86	$ 1,312.17	$ 184.31	16.34%	$ 1,142.50	$ 1,329.77	$ 187.27	16.39%	$ 1,157.90	$ 1,347.60	$ 189.70	16.38%	$ 1,174.07	$ 1,365.68	$ 191.61	16.32%
			Emp/Child(ren)	$ 958.68	$ 1,115.34	$ 156.66	16.34%	$ 971.12	$ 1,130.30	$ 159.18	16.39%	$ 984.21	$ 1,145.46	$ 161.25	16.38%	$ 997.96	$ 1,160.83	$ 162.87	16.32%
			Family	$ 1,607.20	$ 1,869.84	$ 262.64	16.34%	$ 1,628.06	$ 1,894.92	$ 266.86	16.39%	$ 1,650.00	$ 1,920.34	$ 270.34	16.38%	$ 1,673.05	$ 1,946.10	$ 273.05	16.32%
Gold	HMO	SHGF2036	SHGF2107																
			Single	$ 504.16	$ 556.16	$ 52.00	10.31%	$ 510.71	$ 563.62	$ 52.91	10.36%	$ 517.59	$ 571.18	$ 53.59	10.35%	$ 524.82	$ 578.84	$ 54.02	10.29%
			Double	$ 1,008.32	$ 1,112.32	$ 104.00	10.31%	$ 1,021.41	$ 1,127.24	$ 105.83	10.36%	$ 1,035.18	$ 1,142.36	$ 107.18	10.35%	$ 1,049.64	$ 1,157.69	$ 108.05	10.29%
			Emp/Child(ren)	$ 857.07	$ 945.47	$ 88.40	10.31%	$ 868.20	$ 958.16	$ 89.96	10.36%	$ 879.90	$ 971.01	$ 91.11	10.35%	$ 892.19	$ 984.03	$ 91.84	10.29%
			Family	$ 1,436.86	$ 1,585.06	$ 148.20	10.31%	$ 1,455.51	$ 1,606.32	$ 150.81	10.36%	$ 1,475.13	$ 1,627.87	$ 152.74	10.35%	$ 1,495.73	$ 1,649.70	$ 153.97	10.29%
Platinum	HMO	SHPF1051	SHPF1122																
			Single	$ 557.55	$ 670.07	$ 112.52	20.18%	$ 564.79	$ 679.06	$ 114.27	20.23%	$ 572.40	$ 688.17	$ 115.77	20.23%	$ 580.40	$ 697.40	$ 117.00	20.16%
			Double	$ 1,115.11	$ 1,340.15	$ 225.04	20.18%	$ 1,129.58	$ 1,358.13	$ 228.55	20.23%	$ 1,144.81	$ 1,376.34	$ 231.53	20.22%	$ 1,160.80	$ 1,394.81	$ 234.01	20.16%
			Emp/Child(ren)	$ 947.84	$ 1,139.13	$ 191.29	20.18%	$ 960.15	$ 1,154.41	$ 194.26	20.23%	$ 973.08	$ 1,169.89	$ 196.81	20.23%	$ 986.68	$ 1,185.58	$ 198.90	20.16%
			Family	$ 1,589.03	$ 1,909.71	$ 320.68	20.18%	$ 1,609.66	$ 1,935.33	$ 325.67	20.23%	$ 1,631.35	$ 1,961.29	$ 329.94	20.22%	$ 1,654.14	$ 1,987.60	$ 333.46	20.16%
Platinum	HMO	SHPF1052	SHPF1123																
			Single	$ 576.68	$ 661.50	$ 84.82	14.71%	$ 584.17	$ 670.37	$ 86.20	14.76%	$ 592.04	$ 679.37	$ 87.33	14.75%	$ 600.31	$ 688.48	$ 88.17	14.69%
			Double	$ 1,153.36	$ 1,323.00	$ 169.64	14.71%	$ 1,168.34	$ 1,340.75	$ 172.41	14.76%	$ 1,184.08	$ 1,358.73	$ 174.65	14.75%	$ 1,200.62	$ 1,376.96	$ 176.34	14.69%
			Emp/Child(ren)	$ 980.36	$ 1,124.55	$ 144.19	14.71%	$ 993.09	$ 1,139.64	$ 146.55	14.76%	$ 1,006.47	$ 1,154.92	$ 148.45	14.75%	$ 1,020.53	$ 1,170.41	$ 149.88	14.69%
			Family	$ 1,643.54	$ 1,885.28	$ 241.74	14.71%	$ 1,664.88	$ 1,910.57	$ 245.69	14.76%	$ 1,687.31	$ 1,936.19	$ 248.88	14.75%	$ 1,710.88	$ 1,962.17	$ 251.29	14.69%

Capital District Physicians' Health Plan
Utica/Watertown Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	SHPF1053	SHPF1124																
			Single	$ 567.89	$ 661.36	$ 93.47	16.46%	$ 575.26	$ 670.23	$ 94.97	16.51%	$ 583.01	$ 679.22	$ 96.21	16.50%	$ 591.16	$ 688.33	$ 97.17	16.44%
			Double	$ 1,135.77	$ 1,322.72	$ 186.95	16.46%	$ 1,150.52	$ 1,340.46	$ 189.94	16.51%	$ 1,166.02	$ 1,358.45	$ 192.43	16.50%	$ 1,182.31	$ 1,376.67	$ 194.36	16.44%
			Emp/Child(ren)	$ 965.41	$ 1,124.31	$ 158.90	16.46%	$ 977.94	$ 1,139.39	$ 161.45	16.51%	$ 991.12	$ 1,154.68	$ 163.56	16.50%	$ 1,004.96	$ 1,170.17	$ 165.21	16.44%
			Family	$ 1,618.48	$ 1,884.88	$ 266.40	16.46%	$ 1,639.49	$ 1,910.16	$ 270.67	16.51%	$ 1,661.58	$ 1,935.78	$ 274.20	16.50%	$ 1,684.79	$ 1,961.75	$ 276.96	16.44%
Gold	HMO	SHGF2049	SHGF2108																
			Single	$ 507.70	$ 560.63	$ 52.93	10.43%	$ 514.29	$ 568.15	$ 53.86	10.47%	$ 521.22	$ 575.77	$ 54.55	10.47%	$ 528.50	$ 583.50	$ 55.00	10.41%
			Double	$ 1,015.40	$ 1,121.26	$ 105.86	10.43%	$ 1,028.58	$ 1,136.30	$ 107.72	10.47%	$ 1,042.44	$ 1,151.54	$ 109.10	10.47%	$ 1,057.00	$ 1,166.99	$ 109.99	10.41%
			Emp/Child(ren)	$ 863.09	$ 953.07	$ 89.98	10.43%	$ 874.29	$ 965.86	$ 91.57	10.47%	$ 886.08	$ 978.81	$ 92.73	10.47%	$ 898.45	$ 991.94	$ 93.49	10.41%
			Family	$ 1,446.94	$ 1,597.80	$ 150.86	10.43%	$ 1,465.73	$ 1,619.23	$ 153.50	10.47%	$ 1,485.48	$ 1,640.95	$ 155.47	10.47%	$ 1,506.23	$ 1,662.96	$ 156.73	10.41%
Platinum	HMO	SHPF1065	SHPF1125																
			Single	$ 566.96	$ 665.90	$ 98.94	17.45%	$ 574.32	$ 674.83	$ 100.51	17.50%	$ 582.05	$ 683.88	$ 101.83	17.50%	$ 590.19	$ 693.05	$ 102.86	17.43%
			Double	$ 1,133.91	$ 1,331.79	$ 197.88	17.45%	$ 1,148.63	$ 1,349.66	$ 201.03	17.50%	$ 1,164.11	$ 1,367.76	$ 203.65	17.49%	$ 1,180.37	$ 1,386.11	$ 205.74	17.43%
			Emp/Child(ren)	$ 963.82	$ 1,132.02	$ 168.20	17.45%	$ 976.34	$ 1,147.21	$ 170.87	17.50%	$ 989.49	$ 1,162.60	$ 173.11	17.49%	$ 1,003.32	$ 1,178.19	$ 174.87	17.43%
			Family	$ 1,615.82	$ 1,897.80	$ 281.98	17.45%	$ 1,636.80	$ 1,923.26	$ 286.46	17.50%	$ 1,658.86	$ 1,949.06	$ 290.20	17.49%	$ 1,682.03	$ 1,975.20	$ 293.17	17.43%
Platinum	HMO	SHPF1066	SHPF1126																
			Single	$ 586.41	$ 657.39	$ 70.98	12.10%	$ 594.02	$ 666.20	$ 72.18	12.15%	$ 602.02	$ 675.14	$ 73.12	12.15%	$ 610.43	$ 684.20	$ 73.77	12.08%
			Double	$ 1,172.81	$ 1,314.77	$ 141.96	12.10%	$ 1,188.04	$ 1,332.41	$ 144.37	12.15%	$ 1,204.05	$ 1,350.28	$ 146.23	12.14%	$ 1,220.87	$ 1,368.39	$ 147.52	12.08%
			Emp/Child(ren)	$ 996.89	$ 1,117.56	$ 120.67	12.10%	$ 1,009.83	$ 1,132.55	$ 122.72	12.15%	$ 1,023.44	$ 1,147.74	$ 124.30	12.15%	$ 1,037.74	$ 1,163.13	$ 125.39	12.08%
			Family	$ 1,671.26	$ 1,873.55	$ 202.29	12.10%	$ 1,692.95	$ 1,898.68	$ 205.73	12.15%	$ 1,715.77	$ 1,924.15	$ 208.38	12.14%	$ 1,739.73	$ 1,949.96	$ 210.23	12.08%
Platinum	HMO	SHPF1067	SHPF1127																
			Single	$ 577.46	$ 657.25	$ 79.79	13.82%	$ 584.96	$ 666.06	$ 81.10	13.86%	$ 592.84	$ 675.00	$ 82.16	13.86%	$ 601.12	$ 684.05	$ 82.93	13.80%
			Double	$ 1,154.93	$ 1,314.49	$ 159.56	13.82%	$ 1,169.92	$ 1,332.13	$ 162.21	13.87%	$ 1,185.68	$ 1,349.99	$ 164.31	13.86%	$ 1,202.25	$ 1,368.10	$ 165.85	13.79%
			Emp/Child(ren)	$ 981.69	$ 1,117.32	$ 135.63	13.82%	$ 994.43	$ 1,132.31	$ 137.88	13.87%	$ 1,007.83	$ 1,147.49	$ 139.66	13.86%	$ 1,021.91	$ 1,162.89	$ 140.98	13.80%
			Family	$ 1,645.77	$ 1,873.15	$ 227.38	13.82%	$ 1,667.14	$ 1,898.28	$ 231.14	13.86%	$ 1,689.60	$ 1,923.74	$ 234.14	13.86%	$ 1,713.20	$ 1,949.55	$ 236.35	13.80%
Gold	HMO	SHGF2062	SHGF2109																
			Single	$ 516.26	$ 557.14	$ 40.88	7.92%	$ 522.96	$ 564.61	$ 41.65	7.96%	$ 530.01	$ 572.19	$ 42.18	7.96%	$ 537.41	$ 579.86	$ 42.45	7.90%
			Double	$ 1,032.52	$ 1,114.28	$ 81.76	7.92%	$ 1,045.93	$ 1,129.23	$ 83.30	7.96%	$ 1,060.02	$ 1,144.38	$ 84.36	7.96%	$ 1,074.83	$ 1,159.73	$ 84.90	7.90%
			Emp/Child(ren)	$ 877.64	$ 947.14	$ 69.50	7.92%	$ 889.04	$ 959.84	$ 70.80	7.96%	$ 901.02	$ 972.72	$ 71.70	7.96%	$ 913.60	$ 985.77	$ 72.17	7.90%
			Family	$ 1,471.34	$ 1,587.85	$ 116.51	7.92%	$ 1,490.44	$ 1,609.15	$ 118.71	7.96%	$ 1,510.53	$ 1,630.73	$ 120.20	7.96%	$ 1,531.63	$ 1,652.61	$ 120.98	7.90%
Platinum	HMO	SHPF1079	SHPF1128																
			Single	$ 570.94	$ 671.26	$ 100.32	17.57%	$ 578.35	$ 680.26	$ 101.91	17.62%	$ 586.14	$ 689.39	$ 103.25	17.62%	$ 594.33	$ 698.64	$ 104.31	17.55%
			Double	$ 1,141.87	$ 1,342.52	$ 200.65	17.57%	$ 1,156.69	$ 1,360.53	$ 203.84	17.62%	$ 1,172.28	$ 1,378.78	$ 206.50	17.62%	$ 1,188.66	$ 1,397.27	$ 208.61	17.55%
			Emp/Child(ren)	$ 970.59	$ 1,141.14	$ 170.55	17.57%	$ 983.19	$ 1,156.45	$ 173.26	17.62%	$ 996.44	$ 1,171.96	$ 175.52	17.61%	$ 1,010.36	$ 1,187.68	$ 177.32	17.55%
			Family	$ 1,627.16	$ 1,913.09	$ 285.93	17.57%	$ 1,648.29	$ 1,938.75	$ 290.46	17.62%	$ 1,670.50	$ 1,964.76	$ 294.26	17.62%	$ 1,693.84	$ 1,991.11	$ 297.27	17.55%
Platinum	HMO	SHPF1080	SHPF1129																
			Single	$ 590.52	$ 662.68	$ 72.16	12.22%	$ 598.19	$ 671.56	$ 73.37	12.27%	$ 606.25	$ 680.57	$ 74.32	12.26%	$ 614.72	$ 689.70	$ 74.98	12.20%
			Double	$ 1,181.04	$ 1,325.35	$ 144.31	12.22%	$ 1,196.38	$ 1,343.13	$ 146.75	12.27%	$ 1,212.50	$ 1,361.14	$ 148.64	12.26%	$ 1,229.44	$ 1,379.40	$ 149.96	12.20%
			Emp/Child(ren)	$ 1,003.89	$ 1,126.55	$ 122.66	12.22%	$ 1,016.92	$ 1,141.66	$ 124.74	12.27%	$ 1,030.62	$ 1,156.97	$ 126.35	12.26%	$ 1,045.02	$ 1,172.49	$ 127.47	12.20%
			Family	$ 1,682.99	$ 1,888.62	$ 205.63	12.22%	$ 1,704.84	$ 1,913.96	$ 209.12	12.27%	$ 1,727.81	$ 1,939.63	$ 211.82	12.26%	$ 1,751.95	$ 1,965.65	$ 213.70	12.20%
Platinum	HMO	SHPF1081	SHPF1130																
			Single	$ 581.52	$ 662.52	$ 81.00	13.93%	$ 589.07	$ 671.41	$ 82.34	13.98%	$ 597.00	$ 680.42	$ 83.42	13.97%	$ 605.34	$ 689.54	$ 84.20	13.91%
			Double	$ 1,163.03	$ 1,325.05	$ 162.02	13.93%	$ 1,178.13	$ 1,342.82	$ 164.69	13.98%	$ 1,194.01	$ 1,360.83	$ 166.82	13.97%	$ 1,210.69	$ 1,379.09	$ 168.40	13.91%
			Emp/Child(ren)	$ 988.58	$ 1,126.29	$ 137.71	13.93%	$ 1,001.41	$ 1,141.40	$ 139.99	13.98%	$ 1,014.91	$ 1,156.71	$ 141.80	13.97%	$ 1,029.08	$ 1,172.23	$ 143.15	13.91%
			Family	$ 1,657.32	$ 1,888.19	$ 230.87	13.93%	$ 1,678.84	$ 1,913.52	$ 234.68	13.98%	$ 1,701.46	$ 1,939.19	$ 237.73	13.97%	$ 1,725.23	$ 1,965.20	$ 239.97	13.91%
Gold	HMO	SHGF2075	SHGF2110																
			Single	$ 519.88	$ 561.62	$ 41.74	8.03%	$ 526.63	$ 569.15	$ 42.52	8.07%	$ 533.73	$ 576.79	$ 43.06	8.07%	$ 541.19	$ 584.53	$ 43.34	8.01%
			Double	$ 1,039.77	$ 1,123.24	$ 83.47	8.03%	$ 1,053.27	$ 1,138.31	$ 85.04	8.07%	$ 1,067.46	$ 1,153.58	$ 86.12	8.07%	$ 1,082.37	$ 1,169.05	$ 86.68	8.01%
			Emp/Child(ren)	$ 883.80	$ 954.76	$ 70.96	8.03%	$ 895.28	$ 967.56	$ 72.28	8.07%	$ 907.34	$ 980.54	$ 73.20	8.07%	$ 920.02	$ 993.69	$ 73.67	8.01%
			Family	$ 1,481.67	$ 1,600.62	$ 118.95	8.03%	$ 1,500.91	$ 1,622.09	$ 121.18	8.07%	$ 1,521.13	$ 1,643.85	$ 122.72	8.07%	$ 1,542.38	$ 1,665.90	$ 123.52	8.01%
Platinum	HMO	SHPF1093	SHPF1131																
			Single	$ 566.96	$ 665.90	$ 98.94	17.45%	$ 574.32	$ 674.83	$ 100.51	17.50%	$ 582.05	$ 683.88	$ 101.83	17.50%	$ 590.19	$ 693.05	$ 102.86	17.43%
			Double	$ 1,133.91	$ 1,331.79	$ 197.88	17.45%	$ 1,148.63	$ 1,349.66	$ 201.03	17.50%	$ 1,164.11	$ 1,367.76	$ 203.65	17.49%	$ 1,180.37	$ 1,386.11	$ 205.74	17.43%
			Emp/Child(ren)	$ 963.82	$ 1,132.02	$ 168.20	17.45%	$ 976.34	$ 1,147.21	$ 170.87	17.50%	$ 989.49	$ 1,162.60	$ 173.11	17.49%	$ 1,003.32	$ 1,178.19	$ 174.87	17.43%
			Family	$ 1,615.82	$ 1,897.80	$ 281.98	17.45%	$ 1,636.80	$ 1,923.26	$ 286.46	17.50%	$ 1,658.86	$ 1,949.06	$ 290.20	17.49%	$ 1,682.03	$ 1,975.20	$ 293.17	17.43%
Platinum	HMO	SHPF1094	SHPF1132																
			Single	$ 586.41	$ 657.39	$ 70.98	12.10%	$ 594.02	$ 666.20	$ 72.18	12.15%	$ 602.02	$ 675.14	$ 73.12	12.15%	$ 610.43	$ 684.20	$ 73.77	12.08%
			Double	$ 1,172.81	$ 1,314.77	$ 141.96	12.10%	$ 1,188.04	$ 1,332.41	$ 144.37	12.15%	$ 1,204.05	$ 1,350.28	$ 146.23	12.14%	$ 1,220.87	$ 1,368.39	$ 147.52	12.08%
			Emp/Child(ren)	$ 996.89	$ 1,117.56	$ 120.67	12.10%	$ 1,009.83	$ 1,132.55	$ 122.72	12.15%	$ 1,023.44	$ 1,147.74	$ 124.30	12.15%	$ 1,037.74	$ 1,163.13	$ 125.39	12.08%
			Family	$ 1,671.26	$ 1,873.55	$ 202.29	12.10%	$ 1,692.95	$ 1,898.68	$ 205.73	12.15%	$ 1,715.77	$ 1,924.15	$ 208.38	12.14%	$ 1,739.73	$ 1,949.96	$ 210.23	12.08%
Platinum	HMO	SHPF1095	SHPF1133																
			Single	$ 577.46	$ 657.25	$ 79.79	13.82%	$ 584.96	$ 666.06	$ 81.10	13.86%	$ 592.84	$ 675.00	$ 82.16	13.86%	$ 601.12	$ 684.05	$ 82.93	13.80%
			Double	$ 1,154.93	$ 1,314.49	$ 159.56	13.82%	$ 1,169.92	$ 1,332.13	$ 162.21	13.87%	$ 1,185.68	$ 1,349.99	$ 164.31	13.86%	$ 1,202.25	$ 1,368.10	$ 165.85	13.79%
			Emp/Child(ren)	$ 981.69	$ 1,117.32	$ 135.63	13.82%	$ 994.43	$ 1,132.31	$ 137.88	13.87%	$ 1,007.83	$ 1,147.49	$ 139.66	13.86%	$ 1,021.91	$ 1,162.89	$ 140.98	13.80%
			Family	$ 1,645.77	$ 1,873.15	$ 227.38	13.82%	$ 1,667.14	$ 1,898.28	$ 231.14	13.86%	$ 1,689.60	$ 1,923.74	$ 234.14	13.86%	$ 1,713.20	$ 1,949.55	$ 236.35	13.80%
Gold	HMO	SHGF2088	SHGF2111																
			Single	$ 516.26	$ 557.14	$ 40.88	7.92%	$ 522.96	$ 564.61	$ 41.65	7.96%	$ 530.01	$ 572.19	$ 42.18	7.96%	$ 537.41	$ 579.86	$ 42.45	7.90%
			Double	$ 1,032.52	$ 1,114.28	$ 81.76	7.92%	$ 1,045.93	$ 1,129.23	$ 83.30	7.96%	$ 1,060.02	$ 1,144.38	$ 84.36	7.96%	$ 1,074.83	$ 1,159.73	$ 84.90	7.90%
			Emp/Child(ren)	$ 877.64	$ 947.14	$ 69.50	7.92%	$ 889.04	$ 959.84	$ 70.80	7.96%	$ 901.02	$ 972.72	$ 71.70	7.96%	$ 913.60	$ 985.77	$ 72.17	7.90%
			Family	$ 1,471.34	$ 1,587.85	$ 116.51	7.92%	$ 1,490.44	$ 1,609.15	$ 118.71	7.96%	$ 1,510.53	$ 1,630.73	$ 120.20	7.96%	$ 1,531.63	$ 1,652.61	$ 120.98	7.90%

Capital District Physicians' Health Plan
Utica/Watertown Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	SHPF1107	SHPF1134																
			Single	$ 553.67	$ 664.72	$ 111.05	20.06%	$ 560.86	$ 673.64	$ 112.78	20.11%	$ 568.41	$ 682.67	$ 114.26	20.10%	$ 576.35	$ 691.83	$ 115.48	20.04%
			Double	$ 1,107.33	$ 1,329.44	$ 222.11	20.06%	$ 1,121.71	$ 1,347.28	$ 225.57	20.11%	$ 1,136.83	$ 1,365.35	$ 228.52	20.10%	$ 1,152.71	$ 1,383.66	$ 230.95	20.04%
			Emp/Child(ren)	$ 941.23	$ 1,130.03	$ 188.80	20.06%	$ 953.45	$ 1,145.18	$ 191.73	20.11%	$ 966.30	$ 1,160.55	$ 194.25	20.10%	$ 979.80	$ 1,176.11	$ 196.31	20.04%
			Family	$ 1,577.95	$ 1,894.46	$ 316.51	20.06%	$ 1,598.44	$ 1,919.87	$ 321.43	20.11%	$ 1,619.98	$ 1,945.62	$ 325.64	20.10%	$ 1,642.61	$ 1,971.72	$ 329.11	20.04%
Platinum	HMO	SHPF1108	SHPF1135																
			Single	$ 572.66	$ 656.22	$ 83.56	14.59%	$ 580.10	$ 665.03	$ 84.93	14.64%	$ 587.91	$ 673.95	$ 86.04	14.63%	$ 596.13	$ 682.99	$ 86.86	14.57%
			Double	$ 1,145.32	$ 1,312.45	$ 167.13	14.59%	$ 1,160.19	$ 1,330.05	$ 169.86	14.64%	$ 1,175.83	$ 1,347.89	$ 172.06	14.63%	$ 1,192.25	$ 1,365.97	$ 173.72	14.57%
			Emp/Child(ren)	$ 973.53	$ 1,115.58	$ 142.05	14.59%	$ 986.16	$ 1,130.54	$ 144.38	14.64%	$ 999.45	$ 1,145.71	$ 146.26	14.63%	$ 1,013.41	$ 1,161.08	$ 147.67	14.57%
			Family	$ 1,632.09	$ 1,870.24	$ 238.15	14.59%	$ 1,653.27	$ 1,895.32	$ 242.05	14.64%	$ 1,675.55	$ 1,920.75	$ 245.20	14.63%	$ 1,698.96	$ 1,946.51	$ 247.55	14.57%
Platinum	HMO	SHPF1109	SHPF1136																
			Single	$ 563.93	$ 656.08	$ 92.15	16.34%	$ 571.25	$ 664.88	$ 93.63	16.39%	$ 578.95	$ 673.80	$ 94.85	16.38%	$ 587.04	$ 682.84	$ 95.80	16.32%
			Double	$ 1,127.86	$ 1,312.17	$ 184.31	16.34%	$ 1,142.50	$ 1,329.77	$ 187.27	16.39%	$ 1,157.90	$ 1,347.60	$ 189.70	16.38%	$ 1,174.07	$ 1,365.68	$ 191.61	16.32%
			Emp/Child(ren)	$ 958.68	$ 1,115.34	$ 156.66	16.34%	$ 971.12	$ 1,130.30	$ 159.18	16.39%	$ 984.21	$ 1,145.46	$ 161.25	16.38%	$ 997.96	$ 1,160.83	$ 162.87	16.32%
			Family	$ 1,607.20	$ 1,869.84	$ 262.64	16.34%	$ 1,628.06	$ 1,894.92	$ 266.86	16.39%	$ 1,650.00	$ 1,920.34	$ 270.34	16.38%	$ 1,673.05	$ 1,946.10	$ 273.05	16.32%
Gold	HMO	SHGF2101	SHGF2112																
			Single	$ 504.16	$ 556.16	$ 52.00	10.31%	$ 510.71	$ 563.62	$ 52.91	10.36%	$ 517.59	$ 571.18	$ 53.59	10.35%	$ 524.82	$ 578.84	$ 54.02	10.29%
			Double	$ 1,008.32	$ 1,112.32	$ 104.00	10.31%	$ 1,021.41	$ 1,127.24	$ 105.83	10.36%	$ 1,035.18	$ 1,142.36	$ 107.18	10.35%	$ 1,049.64	$ 1,157.69	$ 108.05	10.29%
			Emp/Child(ren)	$ 857.07	$ 945.47	$ 88.40	10.31%	$ 868.20	$ 958.16	$ 89.96	10.36%	$ 879.90	$ 971.01	$ 91.11	10.35%	$ 892.19	$ 984.03	$ 91.84	10.29%
			Family	$ 1,436.86	$ 1,585.06	$ 148.20	10.31%	$ 1,455.51	$ 1,606.32	$ 150.81	10.36%	$ 1,475.13	$ 1,627.87	$ 152.74	10.35%	$ 1,495.73	$ 1,649.70	$ 153.97	10.29%
Gold	HMO	SHGFHNY1	SHGFHN10																
			Single	$ 419.62	$ 473.39	$ 53.77	12.81%	$ 425.06	$ 479.74	$ 54.68	12.86%	$ 430.79	$ 486.17	$ 55.38	12.86%	$ 436.81	$ 492.69	$ 55.88	12.79%
			Double	$ 839.23	$ 946.77	$ 107.54	12.81%	$ 850.13	$ 959.47	$ 109.34	12.86%	$ 861.58	$ 972.34	$ 110.76	12.86%	$ 873.62	$ 985.38	$ 111.76	12.79%
			Emp/Child(ren)	$ 713.35	$ 804.76	$ 91.41	12.81%	$ 722.61	$ 815.55	$ 92.94	12.86%	$ 732.34	$ 826.49	$ 94.15	12.86%	$ 742.57	$ 837.58	$ 95.01	12.79%
			Family	$ 1,195.90	$ 1,349.15	$ 153.25	12.81%	$ 1,211.43	$ 1,367.25	$ 155.82	12.86%	$ 1,227.75	$ 1,385.59	$ 157.84	12.86%	$ 1,244.90	$ 1,404.17	$ 159.27	12.79%
Gold	HMO	SHGFHNY2	SHGFHN11																
			Single	$ 429.69	$ 474.23	$ 44.54	10.37%	$ 435.26	$ 480.59	$ 45.33	10.41%	$ 441.13	$ 487.03	$ 45.90	10.41%	$ 447.29	$ 493.57	$ 46.28	10.35%
			Double	$ 859.37	$ 948.45	$ 89.08	10.37%	$ 870.53	$ 961.17	$ 90.64	10.41%	$ 882.26	$ 974.07	$ 91.81	10.41%	$ 894.58	$ 987.13	$ 92.55	10.35%
			Emp/Child(ren)	$ 730.47	$ 806.18	$ 75.71	10.36%	$ 739.95	$ 817.00	$ 77.05	10.41%	$ 749.92	$ 827.96	$ 78.04	10.41%	$ 760.40	$ 839.06	$ 78.66	10.34%
			Family	$ 1,224.61	$ 1,351.54	$ 126.93	10.36%	$ 1,240.50	$ 1,369.67	$ 129.17	10.41%	$ 1,257.22	$ 1,388.04	$ 130.82	10.41%	$ 1,274.78	$ 1,406.66	$ 131.88	10.35%
Gold	HMO	SHGFHNY3	SHGFHN12																
			Single	$ 416.69	$ 469.62	$ 52.93	12.70%	$ 422.10	$ 475.91	$ 53.81	12.75%	$ 427.79	$ 482.30	$ 54.51	12.74%	$ 433.76	$ 488.77	$ 55.01	12.68%
			Double	$ 833.38	$ 939.23	$ 105.85	12.70%	$ 844.20	$ 951.83	$ 107.63	12.75%	$ 855.58	$ 964.60	$ 109.02	12.74%	$ 867.53	$ 977.54	$ 110.01	12.68%
			Emp/Child(ren)	$ 708.37	$ 798.35	$ 89.98	12.70%	$ 717.57	$ 809.06	$ 91.49	12.75%	$ 727.24	$ 819.91	$ 92.67	12.74%	$ 737.40	$ 830.91	$ 93.51	12.68%
			Family	$ 1,187.57	$ 1,338.40	$ 150.83	12.70%	$ 1,202.98	$ 1,356.36	$ 153.38	12.75%	$ 1,219.20	$ 1,374.55	$ 155.35	12.74%	$ 1,236.23	$ 1,392.99	$ 156.76	12.68%
Gold	HMO	SHGFHNY4	SHGFHN13																
			Single	$ 419.62	$ 473.39	$ 53.77	12.81%	$ 425.06	$ 479.74	$ 54.68	12.86%	$ 430.79	$ 486.17	$ 55.38	12.86%	$ 436.81	$ 492.69	$ 55.88	12.79%
			Double	$ 839.23	$ 946.77	$ 107.54	12.81%	$ 850.13	$ 959.47	$ 109.34	12.86%	$ 861.58	$ 972.34	$ 110.76	12.86%	$ 873.62	$ 985.38	$ 111.76	12.79%
			Emp/Child(ren)	$ 713.35	$ 804.76	$ 91.41	12.81%	$ 722.61	$ 815.55	$ 92.94	12.86%	$ 732.34	$ 826.49	$ 94.15	12.86%	$ 742.57	$ 837.58	$ 95.01	12.79%
			Family	$ 1,195.90	$ 1,349.15	$ 153.25	12.81%	$ 1,211.43	$ 1,367.25	$ 155.82	12.86%	$ 1,227.75	$ 1,385.59	$ 157.84	12.86%	$ 1,244.90	$ 1,404.17	$ 159.27	12.79%
Gold	HMO	SHGFHNY5	SHGFHN14																
			Single	$ 426.69	$ 470.45	$ 43.76	10.26%	$ 432.23	$ 476.76	$ 44.53	10.30%	$ 438.05	$ 483.15	$ 45.10	10.30%	$ 444.17	$ 489.63	$ 45.46	10.23%
			Double	$ 853.38	$ 940.89	$ 87.51	10.25%	$ 864.46	$ 953.51	$ 89.05	10.30%	$ 876.11	$ 966.30	$ 90.19	10.29%	$ 888.35	$ 979.26	$ 90.91	10.23%
			Emp/Child(ren)	$ 725.37	$ 799.76	$ 74.39	10.26%	$ 734.79	$ 810.48	$ 75.69	10.30%	$ 744.69	$ 821.36	$ 76.67	10.30%	$ 755.10	$ 832.37	$ 77.27	10.23%
			Family	$ 1,216.07	$ 1,340.77	$ 124.70	10.25%	$ 1,231.86	$ 1,358.75	$ 126.89	10.30%	$ 1,248.46	$ 1,376.98	$ 128.52	10.29%	$ 1,265.90	$ 1,395.45	$ 129.55	10.23%
Gold	HMO	SHGFHNY6	SHGFHN15																
			Single	$ 429.69	$ 474.23	$ 44.54	10.37%	$ 435.26	$ 480.59	$ 45.33	10.41%	$ 441.13	$ 487.03	$ 45.90	10.41%	$ 447.29	$ 493.57	$ 46.28	10.35%
			Double	$ 859.37	$ 948.45	$ 89.08	10.37%	$ 870.53	$ 961.17	$ 90.64	10.41%	$ 882.26	$ 974.07	$ 91.81	10.41%	$ 894.58	$ 987.13	$ 92.55	10.35%
			Emp/Child(ren)	$ 730.47	$ 806.18	$ 75.71	10.36%	$ 739.95	$ 817.00	$ 77.05	10.41%	$ 749.92	$ 827.96	$ 78.04	10.41%	$ 760.40	$ 839.06	$ 78.66	10.34%
			Family	$ 1,224.61	$ 1,351.54	$ 126.93	10.36%	$ 1,240.50	$ 1,369.67	$ 129.17	10.41%	$ 1,257.22	$ 1,388.04	$ 130.82	10.41%	$ 1,274.78	$ 1,406.66	$ 131.88	10.35%
Gold	HMO	SHGFHNY7	SHGFHN16																
			Single	$ 426.69	$ 470.45	$ 43.76	10.26%	$ 432.23	$ 476.76	$ 44.53	10.30%	$ 438.05	$ 483.15	$ 45.10	10.30%	$ 444.17	$ 489.63	$ 45.46	10.23%
			Double	$ 853.38	$ 940.89	$ 87.51	10.25%	$ 864.46	$ 953.51	$ 89.05	10.30%	$ 876.11	$ 966.30	$ 90.19	10.29%	$ 888.35	$ 979.26	$ 90.91	10.23%
			Emp/Child(ren)	$ 725.37	$ 799.76	$ 74.39	10.26%	$ 734.79	$ 810.48	$ 75.69	10.30%	$ 744.69	$ 821.36	$ 76.67	10.30%	$ 755.10	$ 832.37	$ 77.27	10.23%
			Family	$ 1,216.07	$ 1,340.77	$ 124.70	10.25%	$ 1,231.86	$ 1,358.75	$ 126.89	10.30%	$ 1,248.46	$ 1,376.98	$ 128.52	10.29%	$ 1,265.90	$ 1,395.45	$ 129.55	10.23%
Gold	HMO	SHGFHNY8	SHGFHN17																
			Single	$ 416.69	$ 469.62	$ 52.93	12.70%	$ 422.10	$ 475.91	$ 53.81	12.75%	$ 427.79	$ 482.30	$ 54.51	12.74%	$ 433.76	$ 488.77	$ 55.01	12.68%
			Double	$ 833.38	$ 939.23	$ 105.85	12.70%	$ 844.20	$ 951.83	$ 107.63	12.75%	$ 855.58	$ 964.60	$ 109.02	12.74%	$ 867.53	$ 977.54	$ 110.01	12.68%
			Emp/Child(ren)	$ 708.37	$ 798.35	$ 89.98	12.70%	$ 717.57	$ 809.06	$ 91.49	12.75%	$ 727.24	$ 819.91	$ 92.67	12.74%	$ 737.40	$ 830.91	$ 93.51	12.68%
			Family	$ 1,187.57	$ 1,338.40	$ 150.83	12.70%	$ 1,202.98	$ 1,356.36	$ 153.38	12.75%	$ 1,219.20	$ 1,374.55	$ 155.35	12.74%	$ 1,236.23	$ 1,392.99	$ 156.76	12.68%

Capital District Physicians' Health Plan
Benefit Summary
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Standard?	OV	SP	INN HOSP	OUT SURG
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1009	SHPF1113	Non-Standard	10	10	1000	100
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1010	SHPF1114	Non-Standard	15	15	500	100
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1011	SHPF1115	Non-Standard	10	15	500	150
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2010	SHGF2105	Non-Standard	30	30	1000	250
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1023	SHPF1116	Non-Standard	10	10	1000	100
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1024	SHPF1117	Non-Standard	15	15	500	100
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1025	SHPF1118	Non-Standard	10	15	500	150
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2023	SHGF2106	Non-Standard	30	30	1000	250
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1037	SHPF1119	Non-Standard	10	10	1000	100
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1038	SHPF1120	Non-Standard	15	15	500	100
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1039	SHPF1121	Non-Standard	10	15	500	150
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2036	SHGF2107	Non-Standard	30	30	1000	250
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1051	SHPF1122	Non-Standard	10	10	1000	100
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1052	SHPF1123	Non-Standard	15	15	500	100
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1053	SHPF1124	Non-Standard	10	15	500	150
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2049	SHGF2108	Non-Standard	30	30	1000	250
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;0	SG	HMO	Platinum	SHPF1065	SHPF1125	Non-Standard	10	10	1000	100
01-0006-2014;01-0009-2014;01-0013-20;01-0022-2014;01-	SG	HMO	Platinum	SHPF1066	SHPF1126	Non-Standard	15	15	500	100
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;0	SG	HMO	Platinum	SHPF1067	SHPF1127	Non-Standard	10	15	500	150
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;0	SG	HMO	Gold	SHGF2062	SHGF2109	Non-Standard	30	30	1000	250
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;0	SG	HMO	Platinum	SHPF1079	SHPF1128	Non-Standard	10	10	1000	100
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;0	SG	HMO	Platinum	SHPF1080	SHPF1129	Non-Standard	15	15	500	100
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;0	SG	HMO	Platinum	SHPF1081	SHPF1130	Non-Standard	10	15	500	150
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;0	SG	HMO	Gold	SHGF2075	SHGF2110	Non-Standard	30	30	1000	250
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;0	SG	HMO	Platinum	SHPF1093	SHPF1131	Non-Standard	10	10	1000	100
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;0	SG	HMO	Platinum	SHPF1094	SHPF1132	Non-Standard	15	15	500	100
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;0	SG	HMO	Platinum	SHPF1095	SHPF1133	Non-Standard	10	15	500	150
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;0	SG	HMO	Gold	SHGF2088	SHGF2111	Non-Standard	30	30	1000	250
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;0	SG	HMO	Platinum	SHPF1107	SHPF1134	Non-Standard	10	10	1000	100
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;0	SG	HMO	Platinum	SHPF1108	SHPF1135	Non-Standard	15	15	500	100
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;0	SG	HMO	Platinum	SHPF1109	SHPF1136	Non-Standard	10	15	500	150
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;0	SG	HMO	Gold	SHGF2101	SHGF2112	Non-Standard	30	30	1000	250
01-0007-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY1	SHGFHN10	Non-Standard	25	40	1000	100
01-0007-2014; 01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY2	SHGFHN11	Non-Standard	25	40	1000	100
01-0007-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY3	SHGFHN12	Non-Standard	25	40	1000	100
01-0007-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY4	SHGFHN13	Non-Standard	25	40	1000	100
01-0007-2014; 01-0009-2014;01-0013-2014;01-0022-2014;	SG	HMO	Gold	SHGFHNY5	SHGFHN14	Non-Standard	25	40	1000	100
01-0007-2014; 01-0009-2014;01-0012-2014;01-0022-2014;	SG	HMO	Gold	SHGFHNY6	SHGFHN15	Non-Standard	25	40	1000	100
01-0007-2014; 01-0009-2014;01-0013-2014;01-0012-2014;	SG	HMO	Gold	SHGFHNY7	SHGFHN16	Non-Standard	25	40	1000	100
01-0007-2014;01-0013-2014;01-0012-2014;01-0022-2014;0	SG	HMO	Gold	SHGFHNY8	SHGFHN17	Non-Standard	25	40	1000	100

2014 Plan Code	2015 Plan Code	ER	AMB	DME	URGENT CARE	DIABETIC	PT/OT/ST	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OON COIN
SHPF1009	SHPF1113	100	100	0.5	30	10	10	0	0	0	6600	13200	N/A
SHPF1010	SHPF1114	100	100	0.5	35	15	15	0	0	0	6600	13200	N/A
SHPF1011	SHPF1115	100	100	0.5	30	10	15	0	0	0	6600	13200	N/A
SHGF2010	SHGF2105	200	200	0.5	80	15	30	0	0	0	6600	13200	N/A
SHPF1023	SHPF1116	100	100	0.5	30	10	10	0	0	0	6600	13200	N/A
SHPF1024	SHPF1117	100	100	0.5	35	15	15	0	0	0	6600	13200	N/A
SHPF1025	SHPF1118	100	100	0.5	30	10	15	0	0	0	6600	13200	N/A
SHGF2023	SHGF2106	200	200	0.5	80	15	30	0	0	0	6600	13200	N/A
SHPF1037	SHPF1119	100	100	0.5	30	10	10	0	0	0	6600	13200	N/A
SHPF1038	SHPF1120	100	100	0.5	35	15	15	0	0	0	6600	13200	N/A
SHPF1039	SHPF1121	100	100	0.5	30	10	15	0	0	0	6600	13200	N/A
SHGF2036	SHGF2107	200	200	0.5	80	15	30	0	0	0	6600	13200	N/A
SHPF1051	SHPF1122	100	100	0.5	30	10	10	0	0	0	6600	13200	N/A
SHPF1052	SHPF1123	100	100	0.5	35	15	15	0	0	0	6600	13200	N/A
SHPF1053	SHPF1124	100	100	0.5	30	10	15	0	0	0	6600	13200	N/A
SHGF2049	SHGF2108	200	200	0.5	80	15	30	0	0	0	6600	13200	N/A
SHPF1065	SHPF1125	100	100	0.5	30	10	10	0	0	0	6600	13200	N/A
SHPF1066	SHPF1126	100	100	0.5	35	15	15	0	0	0	6600	13200	N/A
SHPF1067	SHPF1127	100	100	0.5	30	10	15	0	0	0	6600	13200	N/A
SHGF2062	SHGF2109	200	200	0.5	80	15	30	0	0	0	6600	13200	N/A
SHPF1079	SHPF1128	100	100	0.5	30	10	10	0	0	0	6600	13200	N/A
SHPF1080	SHPF1129	100	100	0.5	35	15	15	0	0	0	6600	13200	N/A
SHPF1081	SHPF1130	100	100	0.5	30	10	15	0	0	0	6600	13200	N/A
SHGF2075	SHGF2110	200	200	0.5	80	15	30	0	0	0	6600	13200	N/A
SHPF1093	SHPF1131	100	100	0.5	30	10	10	0	0	0	6600	13200	N/A
SHPF1094	SHPF1132	100	100	0.5	35	15	15	0	0	0	6600	13200	N/A
SHPF1095	SHPF1133	100	100	0.5	30	10	15	0	0	0	6600	13200	N/A
SHGF2088	SHGF2111	200	200	0.5	80	15	30	0	0	0	6600	13200	N/A
SHPF1107	SHPF1134	100	100	0.5	30	10	10	0	0	0	6600	13200	N/A
SHPF1108	SHPF1135	100	100	0.5	35	15	15	0	0	0	6600	13200	N/A
SHPF1109	SHPF1136	100	100	0.5	30	10	15	0	0	0	6600	13200	N/A
SHGF2101	SHGF2112	200	200	0.5	80	15	30	0	0	0	6600	13200	N/A
SHGFHNY1	SHGFHN10	150	150	0.2	60	25	30	0	600	1200	4000	8000	N/A
SHGFHNY2	SHGFHN11	150	150	0.2	60	25	30	0	600	1200	4000	8000	N/A
SHGFHNY3	SHGFHN12	150	150	0.2	60	25	30	0	600	1200	4000	8000	N/A
SHGFHNY4	SHGFHN13	150	150	0.2	60	25	30	0	600	1200	4000	8000	N/A
SHGFHNY5	SHGFHN14	150	150	0.2	60	25	30	0	600	1200	4000	8000	N/A
SHGFHNY6	SHGFHN15	150	150	0.2	60	25	30	0	600	1200	4000	8000	N/A
SHGFHNY7	SHGFHN16	150	150	0.2	60	25	30	0	600	1200	4000	8000	N/A
SHGFHNY8	SHGFHN17	150	150	0.2	60	25	30	0	600	1200	4000	8000	N/A

2014 Plan Code	2015 Plan Code	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/ Embedded	Product Line	Benefit Type	Rx Benefit
SHPF1009	SHPF1113	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60
SHPF1010	SHPF1114	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60
SHPF1011	SHPF1115	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$25/$40
SHGF2010	SHGF2105	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100
SHPF1023	SHPF1116	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60
SHPF1024	SHPF1117	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60
SHPF1025	SHPF1118	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$25/$40
SHGF2023	SHGF2106	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100
SHPF1037	SHPF1119	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60
SHPF1038	SHPF1120	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60
SHPF1039	SHPF1121	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$25/$40
SHGF2036	SHGF2107	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100
SHPF1051	SHPF1122	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60
SHPF1052	SHPF1123	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60
SHPF1053	SHPF1124	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$25/$40
SHGF2049	SHGF2108	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100
SHPF1065	SHPF1125	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60
SHPF1066	SHPF1126	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60
SHPF1067	SHPF1127	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$25/$40
SHGF2062	SHGF2109	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100
SHPF1079	SHPF1128	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60
SHPF1080	SHPF1129	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60
SHPF1081	SHPF1130	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$25/$40
SHGF2075	SHGF2110	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100
SHPF1093	SHPF1131	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60
SHPF1094	SHPF1132	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60
SHPF1095	SHPF1133	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$25/$40
SHGF2088	SHGF2111	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100
SHPF1107	SHPF1134	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60
SHPF1108	SHPF1135	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60
SHPF1109	SHPF1136	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$25/$40
SHGF2101	SHGF2112	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100
SHGFHNY1	SHGFHN10	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$35/$70
SHGFHNY2	SHGFHN11	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$35/$70
SHGFHNY3	SHGFHN12	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$35/$70
SHGFHNY4	SHGFHN13	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$35/$70
SHGFHNY5	SHGFHN14	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$35/$70
SHGFHNY6	SHGFHN15	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$35/$70
SHGFHNY7	SHGFHN16	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$35/$70
SHGFHNY8	SHGFHN17	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$35/$70

2014 Plan Code	2015 Plan Code	Riders
SHPF1009	SHPF1113	No Riders
SHPF1010	SHPF1114	No Riders
SHPF1011	SHPF1115	No Riders
SHGF2010	SHGF2105	No Riders
SHPF1023	SHPF1116	Age 29
SHPF1024	SHPF1117	Age 29
SHPF1025	SHPF1118	Age 29
SHGF2023	SHGF2106	Age 29
SHPF1037	SHPF1119	No Family Planning
SHPF1038	SHPF1120	No Family Planning
SHPF1039	SHPF1121	No Family Planning
SHGF2036	SHGF2107	No Family Planning
SHPF1051	SHPF1122	DP
SHPF1052	SHPF1123	DP
SHPF1053	SHPF1124	DP
SHGF2049	SHGF2108	DP
SHPF1065	SHPF1125	Age 29 + No Family Planning
SHPF1066	SHPF1126	Age 29 + No Family Planning
SHPF1067	SHPF1127	Age 29 + No Family Planning
SHGF2062	SHGF2109	Age 29 + No Family Planning
SHPF1079	SHPF1128	Age 29 + DP
SHPF1080	SHPF1129	Age 29 + DP
SHPF1081	SHPF1130	Age 29 + DP
SHGF2075	SHGF2110	Age 29 + DP
SHPF1093	SHPF1131	Age 29 + DP + No Family Planning
SHPF1094	SHPF1132	Age 29 + DP + No Family Planning
SHPF1095	SHPF1133	Age 29 + DP + No Family Planning
SHGF2088	SHGF2111	Age 29 + DP + No Family Planning
SHPF1107	SHPF1134	DP + No Family Planning
SHPF1108	SHPF1135	DP + No Family Planning
SHPF1109	SHPF1136	DP + No Family Planning
SHGF2101	SHGF2112	DP + No Family Planning
SHGFHNY1	SHGFHN10	No Riders
SHGFHNY2	SHGFHN11	Age 29
SHGFHNY3	SHGFHN12	No Family Planning
SHGFHNY4	SHGFHN13	DP
SHGFHNY5	SHGFHN14	Age 29 + No Family Planning
SHGFHNY6	SHGFHN15	Age 29 + DP
SHGFHNY7	SHGFHN16	Age 29 + DP + No Family Planning
SHGFHNY8	SHGFHN17	DP + No Family Planning

Exhibit C

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

IV. Conversion Factor

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
Four Tier Premiums						
Single	62.7%	1.00	0.627	1.000	0.627	
Double	13.9%	1.99	0.278	2.000	0.279	
Emp/Child(ren)	2.1%	2.61	0.056	1.700	0.036	
Family	21.2%	4.03	0.854	2.850	0.604	
Total 4T	100.0%		1.815		1.547	1.174
						1.174

Capital District Physicians' Health Plan
HMO Products
Regional Area Factors

EXEMPTION FROM FOIL REQUESTED

V. Area Factors

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

Capital District Physicians' Health Plan
HMO Product
Tier Factors

VI. Tier Factors

2015 Rating Factors		
Rating Method	**Contract Type**	**Small Group**
4-Tier	Individual	1
	Employee + Spouse	2.00
	Employee + Child(ren)	1.70
	Family	2.85

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

VI. Rate Calculation

Sample rate calculation for a small group on exchange UBI benefit package in the Albany region				
Plan Code	**Single**	**Double**	**Emp/Child(ren)**	**Family**
SHPF1113	$622.11	$ 1,244.22	$ 1,057.59	$ 1,773.01
Final Rates	**$622.11**	**$1,244.22**	**$1,057.59**	**$1,773.01**

Capital District Physicians' Health Plan
HMO Product
Expected Loss Ratio

All policy forms in all regions

VIII. Expected Loss Ratio

82.17%

RULE	Off-Exchange
Open Enrollment Period	Continuous
MINIMUM PARTICIPATION	None
MINIMUM CONTRIBUTION	None
Eligible Employers	• Groups with less than 51 eligible employees. Owners with a least one non-spouse employee are considered an eligible group. • COBRA eligible enrollees are not included in the determination of group size • Retired enrollees are included in the determination of group size if the employer offers non Medicare Advantage group coverage to retirees • Sole proprietors are not eligible for a group product. Sole Proprietors are eligible for one of CDPHP's Individual products • Retiree only or COBRA only groups are not eligible • Employer must have a physical location within CDPHP's service area with eligible employees who live, work or reside in CDPHP's service area. **CDPHP Service Area is defined as follows:** **Region 1 (Albany Area)** Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer Saratoga, Schenectady, Schoharie, Warren, Washingtor **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, Otsegc
Eligible Employees	Eligible workers or employees as determined by the employer
Guaranteed Renewability	Coverage will renew or continue in force at the option of the group policyholder except under the following conditions: 1. Nonpayment of premium; 2. Fraud or intentional misrepresentation of a material fact; 3. Violation of minimum participation rules 4. There is no longer any enrollee under the plan who lives, resides, or works in the CDPHP service area; 5. CDPHP decides to discontinue the product in which the group is enrolled 6. CDPHP decides to discontinue all coverage in the market

Filed under CAPD-129469193

2015 Commission Schedule

Capital District Physicians' Health Plan, Inc.

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

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

Large Group HMO

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

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

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

Medicare HMO Group Product

New group sales in 2015:	$35 Preferred or $26 Non-Preferred per subscriber per month
Existing group renewals in 2015:	Dependent upon the renewal rate in effect at the time group wasSold.

Preferred status is based on a minimum of 475 small group subscribers in Agent/Broker book of business as of December 31st for February - July effective dates or as of June 30th for August – January effective dates.

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

State: New York **Filing Company:** Capital District Physicians Health Plan Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2015 HMO SG Off-Renewal
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Rate Filing Instructions for On and Off Exchange Plans
Comments:	No document needed
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum/Actuarial Certification
Comments:	
Attachment(s):	2. Actuarial Certification - SG HMO Off Exchange.pdf Actuarial Memorandum - Exhibits - SG HMO OFF.pdf Data Reliance Letter.pdf 1. Actuarial Memorandum - SG HMO Off-Exchange.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2. Actuarial Certification - SG HMO Off Exchange.pdf Actuarial Memorandum - Exhibits - SG HMO OFF.pdf Data Reliance Letter.pdf 1. Actuarial Memorandum - SG HMO Off-Exchange.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Value Calculations
Comments:	
Attachment(s):	AV Shots Small Group HMO Off.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 11-General Information
Comments:	
Attachment(s):	Exhibit 11 (Off Exchange).pdf Exhibit 11 (Off Exchange).xlsx
Item Status:	
Status Date:	

State: New York **Filing Company:** Capital District Physicians Health Plan Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2015 HMO SG Off-Renewal
Project Name/Number: /

Satisfied - Item:	Exhibit 13-Narrative Summary and Numerical Summary
Comments:	
Attachment(s):	Exhibit 13a SG_HMO_2015 (Narrative summary).pdf Exhibit 13b SG_HMO 2015 (Numerical Sumamry).pdf Exhibit 13b SG_HMO 2015 (Numerical Sumamry).xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 14B-Sm Grp Requested Percentage Changes
Comments:	
Attachment(s):	Exhibit 14B - Small Group Combined (CDPHP).pdf Exhibit 14B - Small Group Combined (CDPHP).xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 15B-Sm Grp Distribution by Rate Adj Percentages
Comments:	
Attachment(s):	Exhibit 15B - Small Group Combined (CDPHP).pdf Exhibit 15B - Small Group Combined (CDPHP).xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Comments:	
Attachment(s):	EXHIBIT 16 (Off Exchange).pdf EXHIBIT 16 (Off Exchange).xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 17-Claims Experience for 2011-13 (Sm Grps)
Comments:	
Attachment(s):	Exhibit 17 HMO SG (Off Exchange).pdf Exhibit 17 HMO SG (Off Exchange).xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 18-Index Rate Plan-Design Development
Comments:	

State: New York **Filing Company:** Capital District Physicians Health Plan Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2015 HMO SG Off-Renewal
Project Name/Number: /

Attachment(s):	Exhibit 18 SG HMO Off Exchange.pdf Exhibit 18 SG HMO Off Exchange.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 19-Claim Trend, Admin Expenses & Profit
Comments:	
Attachment(s):	Exhibit 19 (Off Exchange).pdf Exhibit 19 (Off Exchange).xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 20-HIOS ID Mapping
Comments:	
Attachment(s):	Exhibit 20 (Off Exchange) 20140514.pdf Exhibit 20 (Off Exchange) 20140514.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 21A-Hospital Inpatient-Unit Costs
Comments:	
Attachment(s):	Exhibit 21a HMO SG.pdf Exhibit 21a HMO SG.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 21B-Hospital Outpatient-Unit Costs
Comments:	
Attachment(s):	Exhibit 21b HMO SG.pdf Exhibit 21b HMO SG.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 22-Utilization Information
Comments:	
Attachment(s):	Exhibit 22 HMO SG.pdf Exhibit 22 HMO SG.xlsx
Item Status:	
Status Date:	

State: New York **Filing Company:** Capital District Physicians Health Plan Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2015 HMO SG Off-Renewal
Project Name/Number: /

Satisfied - Item:	Exhibit 23-Requested 2015 Premium Rates
Comments:	
Attachment(s):	Exhibit 23.pdf Exhibit 23.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	14-0803 Rate Adjust Group Certificate Holder.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Final Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	CDPHP Small Group Recommendation Letter (2nd notice) 10 18 13.pdf CDPHP Subscriber Recommendation Letter (2nd notice) 10 22 13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Redacted Documents for Web Posting
Comments:	
Attachment(s):	Exhibit 21a HMO SG.(Redacted).pdf Exhibit 21a HMO SG.(Redacted).xlsx Exhibit 21b HMO SG.(Redacted).pdf Exhibit 21b HMO SG.(Redacted).xlsx Exhibit 11 (Off Exchange) Redacted.pdf Exhibit 11 (Off Exchange) Redacted.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Unified_Rate_Review_Template v2.0.2 SG HMO Off.pdf Unified_Rate_Review_Template v2.0.2 SG HMO Off.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	Print Screen 20140617

State: New York **Filing Company:** Capital District Physicians Health Plan Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2015 HMO SG Off-Renewal
Project Name/Number: /

Comments:	
Attachment(s):	Objection 20140617.pdf
Item Status:	
Status Date:	

Capital District Physicians' Health Plan, Inc.
Premium Rate Filing
FORM # 01-0006-2014, 01-0007-2014

Actuarial Certification
Small Group – Off- 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.

[redacted]

6/10/2014
Date

Capital District Physicians' Health Plan
Small Group HMO - Off 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	
Removal of Orthotics	($0.61)	n/a	
Total	$7.40	$8.01	A
Starting Claims cost	$365.20	$365.20	B
Factor Applied	1.0199	1.0215	C = 1+(A/(A+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					
		FREQ	**COST**	**PMPM**	**COPAY**	**COPAY PMPM**	**NET PMPM**
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			

Member Months

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	1.1310	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 acitivity
$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	**$3.31**

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

FREQ	**COST**	**PMPM**
0.0561	$131.29	**$0.61**

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 Conditi 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
						PMPM	**2.55**	PMPM	0.31

http://www.nccp.org/publications/pub_929.html

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 midâ€teens. 6 7
Individual and enviromental 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

http://www.nimh.nih.gov/statistics/index.shtml
http://www.nimh.nih.gov/statistics/1EAT_CHILD.shtml

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.

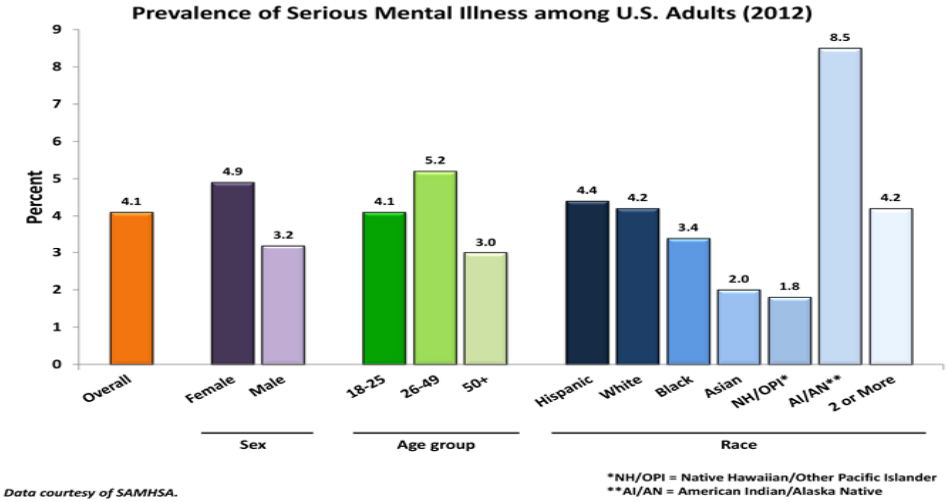

Exhibit B

Capital District Physicians' Health Plan

HMO 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%	5.5%	6.5%	1.0%	6.4%	7.5%
Other	3.8%	10.1%	14.3%	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%	5.5%	6.5%	1.0%	6.4%	7.5%
Total	0.0%	5.4%	5.5%	1.4%	3.8%	5.3%	1.2%	4.2%	5.5%

Capital District Physicians' Health Plan
HMO Product
Estimated Severity

Estimated Severity 2013 over 2012

Hospital Negotiated Rates (IP, Amb Surg, ER)	
Actual	7.96%
Contract rate (est for 2014)	6.39%
var	1.57%
Hospital Fee Schedule based (OP)	
Actual	13.67%
Fee Increase (projected 2014)	1.06%
var	12.61%
Professional	
Actual	9.62%
Fee Increase (projected 2014)	1.35%
var	8.26%
Weighted var (severity adj)	**3.60%**

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	0.9920

Dependents to Age 29			**Per Member Per Year**			
	% of Total	Allowed	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

			Per Member Per Month			
	% of Total	Allowed	Paid+WH	Total to 26	Total to 29	Rate Impact
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	**1.0018**

Family Planning
Data based on January - December 2013 paid through 2/28/14

							Trend 07/1/13 - 07/1/15				**Gross**		**Copay**	**Net**
	Util	**Cost**	**PMPM**	**Copay**	**PMPM**	**PMPM**	**Util**	**Cost**	**Util**	**Cost**	**PMPM**	**Copay**	**PMPM**	**PMPM**
Elective Abortion	0.0001	$1,298.02	$0.01	$93.30	$0.00	$0.01	1.0106	1.0575	0.0001	$1,372.60	$0.01	$97.63	$0.00	$0.01
Sterilization	0.0003	$8,488.91	$0.19	$394.41	$0.01	$0.18	1.0106	1.0575	0.0003	$8,976.63	$0.20	$412.71	$0.01	$0.19
Vasectomies	0.0019	$609.45	$0.09	$115.53	$0.02	$0.08	1.0106	1.0575	0.0019	$644.46	$0.10	$120.89	$0.02	$0.08
Contraceptives	0.7230	$39.36	$2.37	$0.00	$0.00	$2.37	1.0129	1.0836	0.7323	$42.66	$2.60	$0.00	$0.00	$2.60
						$2.64								**$2.89**
													Starting claims cost	$365.20
													Cost to carve out family planning	**0.9920**

Additional Benefits added to base plans (non-standard only)

	Factor
Adult Vision/HW	1.00512
SNF to 365	1.00003
Acupuncture	1.00013
Lasik	1.00333

Adult Vision Exam/Hardware - 1 every 2 years

	Freq	Cost	PMPM	Copay	Copay PMPM	Net PMPM	2013/2015 Trend Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
Vision Exams	0.3782	$74.61	$2.35	$26.96	$0.85	$1.50	1.1%	5.7%	0.3822	$78.90	$2.51	$26.96	$0.86	$1.65
Vision Hardware	0.1217	$22.92	$0.23	$3.97	$0.04	$0.19	5.3%	8.8%	0.1282	$24.94	$0.27	$3.97	$0.04	$0.22
						$1.69								$1.88
													Starting claims cost	$365.20
													Cost to add Adult Vision and Hardware	**1.00512**

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 Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
Skilled Nursing Facility (45)- 2013 Benefit	0.0140	$344.24	$0.40	$16.37	$0.02	$0.38	6.5%	6.5%	0.0149	$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%	0.0169	$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%	0.0174	$366.69	$0.53	$16.37	$0.02	$0.51
													200 - 365 days	**$0.01**
													Starting claims cost	$365.20
													Cost to extend SNF from 200 to 365 days	**1.00003**

Acupuncture

Jan 2012 - Dec 2013 as of 01/31/14 — Based on actual data from large group currently covering benefit

Membermonths	**Year**	Util	Cost	Gross PMPM	Copay	Copay PMPM	Net PMPM	*24 months trend* 2013/2015 Trend 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	$365.20
														Cost to add Acupuncture Benefit	**1.00013**

Lasik Surgery - $750 Maximum Reimbursement

% Population who would consider Lasik Surgery (18+) — Source: Forty Percent of Americans Who Use Glasses Would Consider Laser Eye Surgery.html

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

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	$365.20
			Cost to add Lasik Benefit	**1.00333**

Exhibit G

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

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
Small Group						
Four Tier Premiums						
Single	62.7%	1.00	0.627	1.000	0.627	
Double	13.9%	1.99	0.278	2.000	0.279	
Emp/Child(ren)	2.1%	2.61	0.056	1.700	0.036	
Family	21.2%	4.03	0.854	2.850	0.604	
Total 4T	100.0%		1.815		1.547	1.174
						1.174

Exhbit H

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)**
Regional Rating Factor	**1.0000**	**1.1805**	**1.1215**	**1.0771**
Counties:	Albany	Delaware	Broome	Chenango
	Columbia	Dutchess	Tioga	Essex
	Fulton	Orange		Hamilton
	Greene	Ulster	Herkimer	
	Montgomery			Madison
	Rensselaer			Oneida
	Saratoga			Otsego
	Schenectady			
	Schoharie			
	Warren			
	Washington			

Capital District Physicians' Health Plan
Benefit Summary
Small Group Rates Off-Exchange - HMO
Plan Designs for 2015

Exhibit I

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
01-0007-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY1	SHGFHN10	Non-Standard	94788	94788NY026	94788NY0260065-00	78.1%	25	40	1000	100	150	$150	0.2
01-0007-2014; 01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY2	SHGFHN11	Non-Standard	94788	94788NY026	94788NY0260066-00	78.1%	25	40	1000	100	150	$150	0.2
01-0007-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY3	SHGFHN12	Non-Standard	94788	94788NY026	94788NY0260067-00	78.1%	25	40	1000	100	150	$150	0.2
01-0007-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY4	SHGFHN13	Non-Standard	94788	94788NY026	94788NY0260068-00	78.1%	25	40	1000	100	150	$150	0.2
01-0007-2014; 01-0009-2014;01-0013-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY5	SHGFHN14	Non-Standard	94788	94788NY026	94788NY0260069-00	78.1%	25	40	1000	100	150	$150	0.2
01-0007-2014; 01-0009-2014;01-0012-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY6	SHGFHN15	Non-Standard	94788	94788NY026	94788NY0260070-00	78.1%	25	40	1000	100	150	$150	0.2
01-0007-2014; 01-0009-2014;01-0013-2014;01-0012-2014;01-00	SG	HMO	Gold	SHGFHNY7	SHGFHN16	Non-Standard	94788	94788NY026	94788NY0260071-00	78.1%	25	40	1000	100	150	$150	0.2
01-0007-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGFHNY8	SHGFHN17	Non-Standard	94788	94788NY026	94788NY0260072-00	78.1%	25	40	1000	100	150	$150	0.2
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1010	SHPF1114	Non-Standard	94788	94788NY026	94788NY0260032-00	89.0%	15	15	500	100	100	$100	0.5
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1024	SHPF1117	Non-Standard	94788	94788NY026	94788NY0260017-00	89.0%	15	15	500	100	100	$100	0.5
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1038	SHPF1120	Non-Standard	94788	94788NY026	94788NY0260018-00	89.0%	15	15	500	100	100	$100	0.5
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1052	SHPF1123	Non-Standard	94788	94788NY026	94788NY0260019-00	89.0%	15	15	500	100	100	$100	0.5
01-0006-2014;01-0009-2014;01-0013-20;01-0022-2014;01-0023-	SG	HMO	Platinum	SHPF1066	SHPF1126	Non-Standard	94788	94788NY026	94788NY0260020-00	89.0%	15	15	500	100	100	$100	0.5
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1080	SHPF1129	Non-Standard	94788	94788NY026	94788NY0260021-00	89.0%	15	15	500	100	100	$100	0.5
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1094	SHPF1132	Non-Standard	94788	94788NY026	94788NY0260022-00	89.0%	15	15	500	100	100	$100	0.5
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1108	SHPF1135	Non-Standard	94788	94788NY026	94788NY0260023-00	89.0%	15	15	500	100	100	$100	0.5
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1011	SHPF1115	Non-Standard	94788	94788NY026	94788NY0260048-00	89.0%	10	15	500	150	100	$100	0.5
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1025	SHPF1118	Non-Standard	94788	94788NY026	94788NY0260033-00	89.0%	10	15	500	150	100	$100	0.5
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1039	SHPF1121	Non-Standard	94788	94788NY026	94788NY0260034-00	89.0%	10	15	500	150	100	$100	0.5
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1053	SHPF1124	Non-Standard	94788	94788NY026	94788NY0260035-00	89.0%	10	15	500	150	100	$100	0.5
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1067	SHPF1127	Non-Standard	94788	94788NY026	94788NY0260036-00	89.0%	10	15	500	150	100	$100	0.5
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1081	SHPF1130	Non-Standard	94788	94788NY026	94788NY0260037-00	89.0%	10	15	500	150	100	$100	0.5
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1095	SHPF1133	Non-Standard	94788	94788NY026	94788NY0260038-00	89.0%	10	15	500	150	100	$100	0.5
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1109	SHPF1136	Non-Standard	94788	94788NY026	94788NY0260039-00	89.0%	10	15	500	150	100	$100	0.5
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1009	SHPF1113	Non-Standard	94788	94788NY026	94788NY0260016-00	90.2%	10	10	1000	100	100	$100	0.5
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1023	SHPF1116	Non-Standard	94788	94788NY026	94788NY0260001-00	90.2%	10	10	1000	100	100	$100	0.5
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1037	SHPF1119	Non-Standard	94788	94788NY026	94788NY0260002-00	90.2%	10	10	1000	100	100	$100	0.5
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1051	SHPF1122	Non-Standard	94788	94788NY026	94788NY0260003-00	90.2%	10	10	1000	100	100	$100	0.5
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1065	SHPF1125	Non-Standard	94788	94788NY026	94788NY0260004-00	90.2%	10	10	1000	100	100	$100	0.5
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1079	SHPF1128	Non-Standard	94788	94788NY026	94788NY0260005-00	90.2%	10	10	1000	100	100	$100	0.5
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1093	SHPF1131	Non-Standard	94788	94788NY026	94788NY0260006-00	90.2%	10	10	1000	100	100	$100	0.5
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1107	SHPF1134	Non-Standard	94788	94788NY026	94788NY0260007-00	90.2%	10	10	1000	100	100	$100	0.5
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2010	SHGF2105	Non-Standard	94788	94788NY026	94788NY0260064-00	80.0%	30	30	1000	250	200	$200	0.5
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2023	SHGF2106	Non-Standard	94788	94788NY026	94788NY0260049-00	80.0%	30	30	1000	250	200	$200	0.5
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2036	SHGF2107	Non-Standard	94788	94788NY026	94788NY0260050-00	80.0%	30	30	1000	250	200	$200	0.5
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2049	SHGF2108	Non-Standard	94788	94788NY026	94788NY0260051-00	80.0%	30	30	1000	250	200	$200	0.5
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2062	SHGF2109	Non-Standard	94788	94788NY026	94788NY0260052-00	80.0%	30	30	1000	250	200	$200	0.5
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2075	SHGF2110	Non-Standard	94788	94788NY026	94788NY0260053-00	80.0%	30	30	1000	250	200	$200	0.5
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Gold	SHGF2088	SHGF2111	Non-Standard	94788	94788NY026	94788NY0260054-00	80.0%	30	30	1000	250	200	$200	0.5
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2101	SHGF2112	Non-Standard	94788	94788NY026	94788NY0260055-00	80.0%	30	30	1000	250	200	$200	0.5

Capital District Physicians' Health Plan
Benefit Summary
Small Group Rates Off-Exchange - HMO
Plan Designs for 2015

Exhibit I

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	OON COIN
01-0007-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY1	SHGFHN10	60	15	30	$0.00	600	1200	4000	8000	N/A
01-0007-2014; 01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY2	SHGFHN11	60	15	30	$0.00	600	1200	4000	8000	N/A
01-0007-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY3	SHGFHN12	60	15	30	$0.00	600	1200	4000	8000	N/A
01-0007-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY4	SHGFHN13	60	15	30	$0.00	600	1200	4000	8000	N/A
01-0007-2014; 01-0009-2014;01-0013-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY5	SHGFHN14	60	15	30	$0.00	600	1200	4000	8000	N/A
01-0007-2014; 01-0009-2014;01-0012-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY6	SHGFHN15	60	15	30	$0.00	600	1200	4000	8000	N/A
01-0007-2014; 01-0009-2014;01-0013-2014;01-0012-2014;01-00	SG	HMO	Gold	SHGFHNY7	SHGFHN16	60	15	30	$0.00	600	1200	4000	8000	N/A
01-0007-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGFHNY8	SHGFHN17	60	15	30	$0.00	600	1200	4000	8000	N/A
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1010	SHPF1114	35	15	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1024	SHPF1117	35	15	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1038	SHPF1120	35	15	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1052	SHPF1123	35	15	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0013-20;01-0022-2014;01-0023-	SG	HMO	Platinum	SHPF1066	SHPF1126	35	15	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1080	SHPF1129	35	15	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1094	SHPF1132	35	15	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1108	SHPF1135	35	15	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1011	SHPF1115	30	10	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1025	SHPF1118	30	10	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1039	SHPF1121	30	10	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1053	SHPF1124	30	10	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1067	SHPF1127	30	10	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1081	SHPF1130	30	10	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1095	SHPF1133	30	10	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1109	SHPF1136	30	10	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1009	SHPF1113	30	10	10	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1023	SHPF1116	30	10	10	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1037	SHPF1119	30	10	10	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1051	SHPF1122	30	10	10	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1065	SHPF1125	30	10	10	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1079	SHPF1128	30	10	10	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1093	SHPF1131	30	10	10	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1107	SHPF1134	30	10	10	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2010	SHGF2105	80	15	30	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2023	SHGF2106	80	15	30	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2036	SHGF2107	80	15	30	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2049	SHGF2108	80	15	30	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2062	SHGF2109	80	15	30	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2075	SHGF2110	80	15	30	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Gold	SHGF2088	SHGF2111	80	15	30	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2101	SHGF2112	80	15	30	$0.00	0	0	6600	13200	N/A

Capital District Physicians' Health Plan
Benefit Summary
Small Group Rates Off-Exchange - HMO
Plan Designs for 2015

Exhibit I

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
01-0007-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY1	SHGFHN10	N/A	N/A	N/A	N/A	Embedded	HMO
01-0007-2014; 01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY2	SHGFHN11	N/A	N/A	N/A	N/A	Embedded	HMO
01-0007-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY3	SHGFHN12	N/A	N/A	N/A	N/A	Embedded	HMO
01-0007-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY4	SHGFHN13	N/A	N/A	N/A	N/A	Embedded	HMO
01-0007-2014; 01-0009-2014;01-0013-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY5	SHGFHN14	N/A	N/A	N/A	N/A	Embedded	HMO
01-0007-2014; 01-0009-2014;01-0012-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY6	SHGFHN15	N/A	N/A	N/A	N/A	Embedded	HMO
01-0007-2014; 01-0009-2014;01-0013-2014;01-0012-2014;01-00	SG	HMO	Gold	SHGFHNY7	SHGFHN16	N/A	N/A	N/A	N/A	Embedded	HMO
01-0007-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGFHNY8	SHGFHN17	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1010	SHPF1114	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1024	SHPF1117	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1038	SHPF1120	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1052	SHPF1123	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0013-20;01-0022-2014;01-0023-	SG	HMO	Platinum	SHPF1066	SHPF1126	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1080	SHPF1129	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1094	SHPF1132	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1108	SHPF1135	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1011	SHPF1115	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1025	SHPF1118	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1039	SHPF1121	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1053	SHPF1124	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1067	SHPF1127	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1081	SHPF1130	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1095	SHPF1133	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1109	SHPF1136	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1009	SHPF1113	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1023	SHPF1116	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1037	SHPF1119	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1051	SHPF1122	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1065	SHPF1125	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1079	SHPF1128	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1093	SHPF1131	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1107	SHPF1134	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2010	SHGF2105	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2023	SHGF2106	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2036	SHGF2107	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2049	SHGF2108	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2062	SHGF2109	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2075	SHGF2110	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Gold	SHGF2088	SHGF2111	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2101	SHGF2112	N/A	N/A	N/A	N/A	Embedded	HMO

Capital District Physicians' Health Plan
Benefit Summary
Small Group Rates Off-Exchange - HMO
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Benefit Type	Rx Benefit	Riders	Additional non EHB Benefits
01-0007-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY1	SHGFHN10	Copayment	$10/$35/$70	No Riders	No Riders
01-0007-2014; 01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY2	SHGFHN11	Copayment	$10/$35/$70	Age 29	No Riders
01-0007-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY3	SHGFHN12	Copayment	$10/$35/$70	No Family Planning	No Riders
01-0007-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY4	SHGFHN13	Copayment	$10/$35/$70	DP	No Riders
01-0007-2014; 01-0009-2014;01-0013-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY5	SHGFHN14	Copayment	$10/$35/$70	Age 29 + No Family Planning	No Riders
01-0007-2014; 01-0009-2014;01-0012-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY6	SHGFHN15	Copayment	$10/$35/$70	Age 29 + DP	No Riders
01-0007-2014; 01-0009-2014;01-0013-2014;01-0012-2014;01-00	SG	HMO	Gold	SHGFHNY7	SHGFHN16	Copayment	$10/$35/$70	Age 29 + DP + No Family Planning	No Riders
01-0007-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGFHNY8	SHGFHN17	Copayment	$10/$35/$70	DP + No Family Planning	No Riders
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1010	SHPF1114	Copayment	$4/$30/$60	No Riders	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1024	SHPF1117	Copayment	$4/$30/$60	Age 29	Adult Vision/HW
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1038	SHPF1120	Copayment	$4/$30/$60	No Family Planning	Adult Vision/HW
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1052	SHPF1123	Copayment	$4/$30/$60	DP	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0013-20;01-0022-2014;01-0023-	SG	HMO	Platinum	SHPF1066	SHPF1126	Copayment	$4/$30/$60	Age 29 + No Family Planning	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1080	SHPF1129	Copayment	$4/$30/$60	Age 29 + DP	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1094	SHPF1132	Copayment	$4/$30/$60	Age 29 + DP + No Family Planning	Adult Vision/HW
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1108	SHPF1135	Copayment	$4/$30/$60	DP + No Family Planning	Adult Vision/HW
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1011	SHPF1115	Copayment	$10/$25/$40	No Riders	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1025	SHPF1118	Copayment	$10/$25/$40	Age 29	Adult Vision/HW
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1039	SHPF1121	Copayment	$10/$25/$40	No Family Planning	Adult Vision/HW
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1053	SHPF1124	Copayment	$10/$25/$40	DP	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1067	SHPF1127	Copayment	$10/$25/$40	Age 29 + No Family Planning	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1081	SHPF1130	Copayment	$10/$25/$40	Age 29 + DP	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1095	SHPF1133	Copayment	$10/$25/$40	Age 29 + DP + No Family Planning	Adult Vision/HW
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1109	SHPF1136	Copayment	$10/$25/$40	DP + No Family Planning	Adult Vision/HW
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1009	SHPF1113	Copayment	$4/$30/$60	No Riders	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1023	SHPF1116	Copayment	$4/$30/$60	Age 29	Adult Vision/HW
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1037	SHPF1119	Copayment	$4/$30/$60	No Family Planning	Adult Vision/HW
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1051	SHPF1122	Copayment	$4/$30/$60	DP	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1065	SHPF1125	Copayment	$4/$30/$60	Age 29 + No Family Planning	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1079	SHPF1128	Copayment	$4/$30/$60	Age 29 + DP	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1093	SHPF1131	Copayment	$4/$30/$60	Age 29 + DP + No Family Planning	Adult Vision/HW
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1107	SHPF1134	Copayment	$4/$30/$60	DP + No Family Planning	Adult Vision/HW
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2010	SHGF2105	Copayment	$10/$80/$100	No Riders	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2023	SHGF2106	Copayment	$10/$80/$100	Age 29	Adult Vision/HW
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2036	SHGF2107	Copayment	$10/$80/$100	No Family Planning	Adult Vision/HW
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2049	SHGF2108	Copayment	$10/$80/$100	DP	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2062	SHGF2109	Copayment	$10/$80/$100	Age 29 + No Family Planning	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2075	SHGF2110	Copayment	$10/$80/$100	Age 29 + DP	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Gold	SHGF2088	SHGF2111	Copayment	$10/$80/$100	Age 29 + DP + No Family Planning	Adult Vision/HW
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2101	SHGF2112	Copayment	$10/$80/$100	DP + No Family Planning	Adult Vision/HW

Capital District Physicians' Health Plan
Benefit Summary
Small Group Rates Off-Exchange - HMO
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Additional non EHB Benefits	Additional non EHB Benefits	Additional non EHB Benefits
01-0007-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY1	SHGFHN10	No Riders	No Riders	No Riders
01-0007-2014; 01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY2	SHGFHN11	No Riders	No Riders	No Riders
01-0007-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY3	SHGFHN12	No Riders	No Riders	No Riders
01-0007-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY4	SHGFHN13	No Riders	No Riders	No Riders
01-0007-2014; 01-0009-2014;01-0013-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY5	SHGFHN14	No Riders	No Riders	No Riders
01-0007-2014; 01-0009-2014;01-0012-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY6	SHGFHN15	No Riders	No Riders	No Riders
01-0007-2014; 01-0009-2014;01-0013-2014;01-0012-2014;01-00	SG	HMO	Gold	SHGFHNY7	SHGFHN16	No Riders	No Riders	No Riders
01-0007-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGFHNY8	SHGFHN17	No Riders	No Riders	No Riders
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1010	SHPF1114	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1024	SHPF1117	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1038	SHPF1120	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1052	SHPF1123	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0013-20;01-0022-2014;01-0023-	SG	HMO	Platinum	SHPF1066	SHPF1126	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1080	SHPF1129	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1094	SHPF1132	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1108	SHPF1135	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1011	SHPF1115	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1025	SHPF1118	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1039	SHPF1121	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1053	SHPF1124	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1067	SHPF1127	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1081	SHPF1130	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1095	SHPF1133	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1109	SHPF1136	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1009	SHPF1113	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1023	SHPF1116	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1037	SHPF1119	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1051	SHPF1122	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1065	SHPF1125	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1079	SHPF1128	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1093	SHPF1131	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1107	SHPF1134	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2010	SHGF2105	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2023	SHGF2106	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2036	SHGF2107	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2049	SHGF2108	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2062	SHGF2109	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2075	SHGF2110	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Gold	SHGF2088	SHGF2111	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2101	SHGF2112	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)

2015 Commission Schedule

Capital District Physicians' Health Plan, Inc.

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

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

Large Group HMO

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

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

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

Medicare HMO Group Product

New group sales in 2015:	$35 Preferred or $26 Non-Preferred per subscriber per month
Existing group renewals in 2015:	Dependent upon the renewal rate in effect at the time group wasSold.

Preferred status is based on a minimum of 475 small group subscribers in Agent/Broker book of business as of December 31st for February - July effective dates or as of June 30th for August – January effective dates.

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

CDPHP Small Group Underwriting Guidelines
Effective Date: January 1, 2014

RULE	Off-Exchange
Open Enrollment Period	Continuous
MINIMUM PARTICIPATION	None
MINIMUM CONTRIBUTION	None
Eligible Employers	• Groups with less than 51 eligible employees. Owners with a least one non-spouse employee are considered an eligible group. • COBRA eligible enrollees are not included in the determination of group size • Retired enrollees are included in the determination of group size if the employer offers non Medicare Advantage group coverage to retirees • Sole proprietors are not eligible for a group product. Sole Proprietors are eligible for one of CDPHP's Individual products • Retiree only or COBRA only groups are not eligible • Employer must have a physical location within CDPHP's service area with eligible employees who live, work or reside in CDPHP's service area. **CDPHP Service Area is defined as follows:** **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
Eligible Employees	Eligible workers or employees as determined by the employer
Guaranteed Renewability	Coverage will renew or continue in force at the option of the group policyholder except under the following conditions: 1. Nonpayment of premium; 2. Fraud or intentional misrepresentation of a material fact; 3. Violation of minimum participation rules 4. There is no longer any enrollee under the plan who lives, resides, or works in the CDPHP service area; 5. CDPHP decides to discontinue the product in which the group is enrolled 6. CDPHP decides to discontinue all coverage in the market

April 25, 2014

[redacted]
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,

[redacted]
Senior Vice President, Finance and CFO
Capital District Physicans' Health Plan Inc.

Capital District Physicians' Health Plan
Premium Rate Filing
FORMS # 01-0006-2014, 01-0007-2014

ACTUARIAL MEMORANDUM

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

General Information

Company Legal Name: Capital District Physicians' Health Plan
State: New York
HIOS Issuer ID: 94788
QHP Template SERFF #: CAPD-129571322
Market: Small Group
Effective Date: January through December 2015
Primary Contact Name: Patricia Zuchowski
Primary Contact Telephone Number: 518-641-4096
Primary Contact Email Address: pzuchows@cdphp.com

Overview

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

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

The information in this actuarial memorandum has been prepared for the use of CDPHP and is subject to the terms and conditions of the Consulting Services Agreement between CDPHP and Milliman, Inc. dated 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 # 01-0006-2014, 01-0007-2014

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 Small Group CDPHP 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 small group 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 region mirrors NYS's defined Rating Region 1. The impact of NYS Regulation 146 risk adjustment pool and NYS Healthy NY Stop-loss Reimbursement pool was excluded from the base period starting claims costs.

Worksheet 1 HHS Unified Rate Review Template

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

Incurred claims and allowed claims presented on Worksheet 1 come directly from CDPHP's claim payment records in the data warehouse combined with capitated expenses and NYS HCRA surcharges from the accounting general ledger for the base period. Approximately 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 # 01-0006-2014, 01-0007-2014

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
-The impact of Essential Health Benefits
- Membership Risk Pool Changes
- Federal Risk Adjustment
- Claim Trend Projection
- Severity Adjustment
- 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 cost 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 was 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.

Base Period In-force plan Index Rate Development		
Average Incurred Claims PMPM	$329.15	**A**
Average AV Pricing Value	.8828	**B**
Induced Demand	1.0209	**C**
Index Rate **(Exhibit 18, line 12)**	$365.20	**A / B / C**

Capital District Physicians' Health Plan
Premium Rate Filing
FORMS # 01-0006-2014, 01-0007-2014

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)

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. No adjustments were applied outside the claim trend development.

Impact on risk pool in expected covered membership risk characteristics

With the aging of the small group population offered under the CDPHP line of business, an adjustment factor of 1.016 accounts for the change in the age/gender of the membership remaining in the pool.

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, 93% 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.

	MMs	Deloitte Estimated RA Transfer Payment PMPM
CDPHP Small Group HMO	166,414	($22.22)

The resulting PMPM was converted to a factor based upon overall average Projected Index rate PMPM for all metal tier plans. This factor, 1.0586, was applied consistently across plans in each metal tier.

SMC Pool Impact

There is no impact to rates. CDPHP is a net payer to the 2013 High Cost Claims Pool.

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.

Claim Trend Projection: Cost and Utilization Trend Factors

The average annual trend factor applied is 5.36%. The effective trend based on 24 months from the midpoint of the base period to the midpoint of the rate period is 11.0%.

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 contracted provider reimbursement rates, and input from CDPHP's medical utilization management team and the following assumptions.

- Service Mix Intensity: An adjustment of 3.6% has been included to account for the severity of services based on actual 2013 costs over 2012 costs. (Exhibit D)

- Case Mix: No additional adjustment has been made.

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

- 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: 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.

Annual rate trend are shown in the following table:

Projected Trend Factor 2014	5.3%
Projected Trend Factor 2015	5.5%

A quarterly trend of 1.34% was applied to the second, third and fourth quarter rolling rates. This trend was derived by taking one-quarter of the trend factor used in the 2015 projection

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 ™ 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:

	Induced Demand
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 & Hardware available once every two years
Skilled Nursing Facility – extends coverage from 200 days to 365 days
Acupuncture – maximum of 10 visits per year
Lasik Surgery – maximum reimbursement of $750

Administrative Expense Load

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

SG HMO & HNY Off Exchange	**% of Premium Projected for 2015**	**% of Premium based on 2013 Actuals**	**2014 Filing % of Premium Projected**
General Administrative Expense	8.18%	10.21%	5.51%
Broker Commissions	4.00%	2.19%	4.22%
Quality Improvement	0.92%	0.94%	1.03%
Community Benefits	0.00%	0.06%	0.00%
Subtotal – Excluding ACA Taxes and Fees	**13.10%**	**13.40%**	**10.76%**
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	0.87%	n/a	1.49%
Total Administrative Expense Including ACA	**15.83%**	**14.43%**	**14.84%**
Profit and contribution to Surplus	2.00%	0% (a loss was incurred)	1.75%
Total Retention including Profit	**17.83%**	**14.43%**	**16.59%**

Other Adjustments

Healthy New York Stoploss

The projected Healthy New York Stoploss recovery is based on the estimated recoveries PMPM for the 2013 calendar year, $54.40 PMPM.

Additional Factors applied to Premium rate build up

Conversion Factor

The single conversion factor was calculated using subscribers and members enrolled in Small Group HMO and UBI products, excluding 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.

Projected Loss Ratio

The projected loss ratio based on the New York State definition is 82.2%.

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.

Capital District Physicians' Health Plan
Premium Rate Filing
FORMS # 01-0006-2014, 01-0007-2014

Miscellaneous Exhibits

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

See Exhibit I.

Broker Commissions

Broker commission have been updated for 2015; filed under CAPD-129469193 (Exhibit J).

Underwriting Guidelines

There have been no changes made to the Underwriting Guidelines effective January 1, 2014 (Exhibit K).

Terminated Products

There are no products being terminated for this block of business.

Capital District Physicians' Health Plan, Inc.
Premium Rate Filing
FORM # 01-0006-2014, 01-0007-2014

Actuarial Certification
Small Group – Off- Exchange Plans

I, Susan E. Pantely, 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
Small Group HMO - Off 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	
Removal of Orthotics	($0.61)	n/a	
Total	$7.40	$8.01	A
Starting Claims cost	$365.20	$365.20	B
Factor Applied	1.0199	1.0215	C = 1+(A/(A+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					
		FREQ	**COST**	**PMPM**	**COPAY**	**COPAY PMPM**	**NET PMPM**
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			

Member Months

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	1.1310	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 acitivity
$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	**$3.31**

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

FREQ	**COST**	**PMPM**
0.0561	$131.29	**$0.61**

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 Conditi 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
						PMPM	**2.55**	PMPM	0.31

http://www.nccp.org/publications/pub_929.html

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 midâ€teens. 6 7
Individual and enviromental 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

http://www.nimh.nih.gov/statistics/index.shtml
http://www.nimh.nih.gov/statistics/1EAT_CHILD.shtml

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.

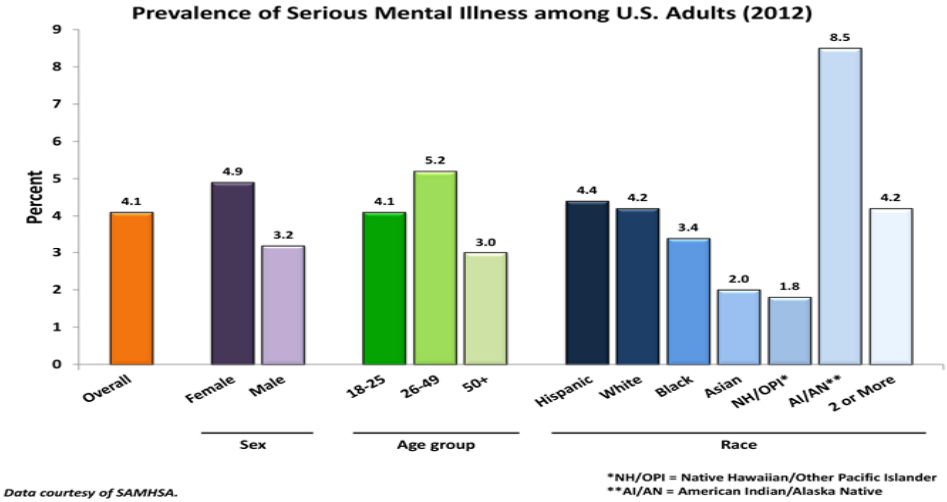

Exhibit B

Capital District Physicians' Health Plan

HMO 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%	5.5%	6.5%	1.0%	6.4%	7.5%
Other	3.8%	10.1%	14.3%	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%	5.5%	6.5%	1.0%	6.4%	7.5%
Total	0.0%	5.4%	5.5%	1.4%	3.8%	5.3%	1.2%	4.2%	5.5%

Capital District Physicians' Health Plan
HMO Product
Estimated Severity

Estimated Severity 2013 over 2012

Hospital Negotiated Rates (IP, Amb Surg, ER)	
Actual	7.96%
Contract rate (est for 2014)	6.39%
var	1.57%
Hospital Fee Schedule based (OP)	
Actual	13.67%
Fee Increase (projected 2014)	1.06%
var	12.61%
Professional	
Actual	9.62%
Fee Increase (projected 2014)	1.35%
var	8.26%
Weighted var (severity adj)	**3.60%**

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	0.9920

Dependents to Age 29			**Per Member Per Year**			
	% of Total	Allowed	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

			Per Member Per Month			
	% of Total	Allowed	Paid+WH	Total to 26	Total to 29	Rate Impact
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	**1.0018**

Family Planning
Data based on January - December 2013 paid through 2/28/14

							Trend 07/1/13 - 07/1/15				**Gross**		**Copay**	**Net**
	Util	**Cost**	**PMPM**	**Copay**	**PMPM**	**PMPM**	**Util**	**Cost**	**Util**	**Cost**	**PMPM**	**Copay**	**PMPM**	**PMPM**
Elective Abortion	0.0001	$1,298.02	$0.01	$93.30	$0.00	$0.01	1.0106	1.0575	0.0001	$1,372.60	$0.01	$97.63	$0.00	$0.01
Sterilization	0.0003	$8,488.91	$0.19	$394.41	$0.01	$0.18	1.0106	1.0575	0.0003	$8,976.63	$0.20	$412.71	$0.01	$0.19
Vasectomies	0.0019	$609.45	$0.09	$115.53	$0.02	$0.08	1.0106	1.0575	0.0019	$644.46	$0.10	$120.89	$0.02	$0.08
Contraceptives	0.7230	$39.36	$2.37	$0.00	$0.00	$2.37	1.0129	1.0836	0.7323	$42.66	$2.60	$0.00	$0.00	$2.60
						$2.64								**$2.89**
													Starting claims cost	$365.20
													Cost to carve out family planning	**0.9920**

Additional Benefits added to base plans (non-standard only)

	Factor
Adult Vision/HW	1.00512
SNF to 365	1.00003
Acupuncture	1.00013
Lasik	1.00333

Adult Vision Exam/Hardware - 1 every 2 years

	Freq	Cost	PMPM	Copay	Copay PMPM	Net PMPM	2013/2015 Trend Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
Vision Exams	0.3782	$74.61	$2.35	$26.96	$0.85	$1.50	1.1%	5.7%	0.3822	$78.90	$2.51	$26.96	$0.86	$1.65
Vision Hardware	0.1217	$22.92	$0.23	$3.97	$0.04	$0.19	5.3%	8.8%	0.1282	$24.94	$0.27	$3.97	$0.04	$0.22
						$1.69								$1.88
													Starting claims cost	$365.20
													Cost to add Adult Vision and Hardware	**1.00512**

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 Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
Skilled Nursing Facility (45)- 2013 Benefit	0.0140	$344.24	$0.40	$16.37	$0.02	$0.38	6.5%	6.5%	0.0149	$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%	0.0169	$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%	0.0174	$366.69	$0.53	$16.37	$0.02	$0.51
													200 - 365 days	**$0.01**
													Starting claims cost	$365.20
													Cost to extend SNF from 200 to 365 days	**1.00003**

Acupuncture

Jan 2012 - Dec 2013 as of 01/31/14 — Based on actual data from large group currently covering benefit

Membermonths	**Year**	Util	Cost	Gross PMPM	Copay	Copay PMPM	Net PMPM	*24 months trend* 2013/2015 Trend 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	$365.20
														Cost to add Acupuncture Benefit	**1.00013**

Lasik Surgery - $750 Maximum Reimbursement

% Population who would consider Lasik Surgery (18+) — Source: Forty Percent of Americans Who Use Glasses Would Consider Laser Eye Surgery.html

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

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	$365.20
			Cost to add Lasik Benefit	**1.00333**

Exhibit G

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

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
Small Group						
Four Tier Premiums						
Single	62.7%	1.00	0.627	1.000	0.627	
Double	13.9%	1.99	0.278	2.000	0.279	
Emp/Child(ren)	2.1%	2.61	0.056	1.700	0.036	
Family	21.2%	4.03	0.854	2.850	0.604	
Total 4T	100.0%		1.815		1.547	1.174
						1.174

Exhbit H

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)**
Regional Rating Factor	**1.0000**	**1.1805**	**1.1215**	**1.0771**
Counties:	Albany	Delaware	Broome	Chenango
	Columbia	Dutchess	Tioga	Essex
	Fulton	Orange		Hamilton
	Greene	Ulster	Herkimer	
	Montgomery			Madison
	Rensselaer			Oneida
	Saratoga			Otsego
	Schenectady			
	Schoharie			
	Warren			
	Washington			

Capital District Physicians' Health Plan
Benefit Summary
Small Group Rates Off-Exchange - HMO
Plan Designs for 2015

Exhibit I

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
01-0007-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY1	SHGFHN10	Non-Standard	94788	94788NY026	94788NY0260065-00	78.1%	25	40	1000	100	150	$150	0.2
01-0007-2014; 01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY2	SHGFHN11	Non-Standard	94788	94788NY026	94788NY0260066-00	78.1%	25	40	1000	100	150	$150	0.2
01-0007-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY3	SHGFHN12	Non-Standard	94788	94788NY026	94788NY0260067-00	78.1%	25	40	1000	100	150	$150	0.2
01-0007-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY4	SHGFHN13	Non-Standard	94788	94788NY026	94788NY0260068-00	78.1%	25	40	1000	100	150	$150	0.2
01-0007-2014; 01-0009-2014;01-0013-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY5	SHGFHN14	Non-Standard	94788	94788NY026	94788NY0260069-00	78.1%	25	40	1000	100	150	$150	0.2
01-0007-2014; 01-0009-2014;01-0012-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY6	SHGFHN15	Non-Standard	94788	94788NY026	94788NY0260070-00	78.1%	25	40	1000	100	150	$150	0.2
01-0007-2014; 01-0009-2014;01-0013-2014;01-0012-2014;01-00	SG	HMO	Gold	SHGFHNY7	SHGFHN16	Non-Standard	94788	94788NY026	94788NY0260071-00	78.1%	25	40	1000	100	150	$150	0.2
01-0007-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGFHNY8	SHGFHN17	Non-Standard	94788	94788NY026	94788NY0260072-00	78.1%	25	40	1000	100	150	$150	0.2
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1010	SHPF1114	Non-Standard	94788	94788NY026	94788NY0260032-00	89.0%	15	15	500	100	100	$100	0.5
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1024	SHPF1117	Non-Standard	94788	94788NY026	94788NY0260017-00	89.0%	15	15	500	100	100	$100	0.5
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1038	SHPF1120	Non-Standard	94788	94788NY026	94788NY0260018-00	89.0%	15	15	500	100	100	$100	0.5
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1052	SHPF1123	Non-Standard	94788	94788NY026	94788NY0260019-00	89.0%	15	15	500	100	100	$100	0.5
01-0006-2014;01-0009-2014;01-0013-20;01-0022-2014;01-0023-	SG	HMO	Platinum	SHPF1066	SHPF1126	Non-Standard	94788	94788NY026	94788NY0260020-00	89.0%	15	15	500	100	100	$100	0.5
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1080	SHPF1129	Non-Standard	94788	94788NY026	94788NY0260021-00	89.0%	15	15	500	100	100	$100	0.5
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1094	SHPF1132	Non-Standard	94788	94788NY026	94788NY0260022-00	89.0%	15	15	500	100	100	$100	0.5
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1108	SHPF1135	Non-Standard	94788	94788NY026	94788NY0260023-00	89.0%	15	15	500	100	100	$100	0.5
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1011	SHPF1115	Non-Standard	94788	94788NY026	94788NY0260048-00	89.0%	10	15	500	150	100	$100	0.5
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1025	SHPF1118	Non-Standard	94788	94788NY026	94788NY0260033-00	89.0%	10	15	500	150	100	$100	0.5
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1039	SHPF1121	Non-Standard	94788	94788NY026	94788NY0260034-00	89.0%	10	15	500	150	100	$100	0.5
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1053	SHPF1124	Non-Standard	94788	94788NY026	94788NY0260035-00	89.0%	10	15	500	150	100	$100	0.5
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1067	SHPF1127	Non-Standard	94788	94788NY026	94788NY0260036-00	89.0%	10	15	500	150	100	$100	0.5
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1081	SHPF1130	Non-Standard	94788	94788NY026	94788NY0260037-00	89.0%	10	15	500	150	100	$100	0.5
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1095	SHPF1133	Non-Standard	94788	94788NY026	94788NY0260038-00	89.0%	10	15	500	150	100	$100	0.5
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1109	SHPF1136	Non-Standard	94788	94788NY026	94788NY0260039-00	89.0%	10	15	500	150	100	$100	0.5
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1009	SHPF1113	Non-Standard	94788	94788NY026	94788NY0260016-00	90.2%	10	10	1000	100	100	$100	0.5
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1023	SHPF1116	Non-Standard	94788	94788NY026	94788NY0260001-00	90.2%	10	10	1000	100	100	$100	0.5
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1037	SHPF1119	Non-Standard	94788	94788NY026	94788NY0260002-00	90.2%	10	10	1000	100	100	$100	0.5
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1051	SHPF1122	Non-Standard	94788	94788NY026	94788NY0260003-00	90.2%	10	10	1000	100	100	$100	0.5
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1065	SHPF1125	Non-Standard	94788	94788NY026	94788NY0260004-00	90.2%	10	10	1000	100	100	$100	0.5
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1079	SHPF1128	Non-Standard	94788	94788NY026	94788NY0260005-00	90.2%	10	10	1000	100	100	$100	0.5
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1093	SHPF1131	Non-Standard	94788	94788NY026	94788NY0260006-00	90.2%	10	10	1000	100	100	$100	0.5
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1107	SHPF1134	Non-Standard	94788	94788NY026	94788NY0260007-00	90.2%	10	10	1000	100	100	$100	0.5
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2010	SHGF2105	Non-Standard	94788	94788NY026	94788NY0260064-00	80.0%	30	30	1000	250	200	$200	0.5
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2023	SHGF2106	Non-Standard	94788	94788NY026	94788NY0260049-00	80.0%	30	30	1000	250	200	$200	0.5
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2036	SHGF2107	Non-Standard	94788	94788NY026	94788NY0260050-00	80.0%	30	30	1000	250	200	$200	0.5
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2049	SHGF2108	Non-Standard	94788	94788NY026	94788NY0260051-00	80.0%	30	30	1000	250	200	$200	0.5
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2062	SHGF2109	Non-Standard	94788	94788NY026	94788NY0260052-00	80.0%	30	30	1000	250	200	$200	0.5
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2075	SHGF2110	Non-Standard	94788	94788NY026	94788NY0260053-00	80.0%	30	30	1000	250	200	$200	0.5
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Gold	SHGF2088	SHGF2111	Non-Standard	94788	94788NY026	94788NY0260054-00	80.0%	30	30	1000	250	200	$200	0.5
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2101	SHGF2112	Non-Standard	94788	94788NY026	94788NY0260055-00	80.0%	30	30	1000	250	200	$200	0.5

Capital District Physicians' Health Plan
Benefit Summary
Small Group Rates Off-Exchange - HMO
Plan Designs for 2015

Exhibit I

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	OON COIN
01-0007-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY1	SHGFHN10	60	15	30	$0.00	600	1200	4000	8000	N/A
01-0007-2014; 01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY2	SHGFHN11	60	15	30	$0.00	600	1200	4000	8000	N/A
01-0007-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY3	SHGFHN12	60	15	30	$0.00	600	1200	4000	8000	N/A
01-0007-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY4	SHGFHN13	60	15	30	$0.00	600	1200	4000	8000	N/A
01-0007-2014; 01-0009-2014;01-0013-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY5	SHGFHN14	60	15	30	$0.00	600	1200	4000	8000	N/A
01-0007-2014; 01-0009-2014;01-0012-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY6	SHGFHN15	60	15	30	$0.00	600	1200	4000	8000	N/A
01-0007-2014; 01-0009-2014;01-0013-2014;01-0012-2014;01-00	SG	HMO	Gold	SHGFHNY7	SHGFHN16	60	15	30	$0.00	600	1200	4000	8000	N/A
01-0007-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGFHNY8	SHGFHN17	60	15	30	$0.00	600	1200	4000	8000	N/A
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1010	SHPF1114	35	15	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1024	SHPF1117	35	15	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1038	SHPF1120	35	15	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1052	SHPF1123	35	15	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0013-20;01-0022-2014;01-0023-	SG	HMO	Platinum	SHPF1066	SHPF1126	35	15	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1080	SHPF1129	35	15	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1094	SHPF1132	35	15	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1108	SHPF1135	35	15	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1011	SHPF1115	30	10	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1025	SHPF1118	30	10	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1039	SHPF1121	30	10	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1053	SHPF1124	30	10	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1067	SHPF1127	30	10	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1081	SHPF1130	30	10	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1095	SHPF1133	30	10	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1109	SHPF1136	30	10	15	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1009	SHPF1113	30	10	10	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1023	SHPF1116	30	10	10	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1037	SHPF1119	30	10	10	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1051	SHPF1122	30	10	10	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1065	SHPF1125	30	10	10	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1079	SHPF1128	30	10	10	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1093	SHPF1131	30	10	10	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1107	SHPF1134	30	10	10	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2010	SHGF2105	80	15	30	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2023	SHGF2106	80	15	30	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2036	SHGF2107	80	15	30	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2049	SHGF2108	80	15	30	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2062	SHGF2109	80	15	30	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2075	SHGF2110	80	15	30	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Gold	SHGF2088	SHGF2111	80	15	30	$0.00	0	0	6600	13200	N/A
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2101	SHGF2112	80	15	30	$0.00	0	0	6600	13200	N/A

Capital District Physicians' Health Plan
Benefit Summary
Small Group Rates Off-Exchange - HMO
Plan Designs for 2015

Exhibit I

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
01-0007-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY1	SHGFHN10	N/A	N/A	N/A	N/A	Embedded	HMO
01-0007-2014; 01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY2	SHGFHN11	N/A	N/A	N/A	N/A	Embedded	HMO
01-0007-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY3	SHGFHN12	N/A	N/A	N/A	N/A	Embedded	HMO
01-0007-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY4	SHGFHN13	N/A	N/A	N/A	N/A	Embedded	HMO
01-0007-2014; 01-0009-2014;01-0013-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY5	SHGFHN14	N/A	N/A	N/A	N/A	Embedded	HMO
01-0007-2014; 01-0009-2014;01-0012-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY6	SHGFHN15	N/A	N/A	N/A	N/A	Embedded	HMO
01-0007-2014; 01-0009-2014;01-0013-2014;01-0012-2014;01-00	SG	HMO	Gold	SHGFHNY7	SHGFHN16	N/A	N/A	N/A	N/A	Embedded	HMO
01-0007-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGFHNY8	SHGFHN17	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1010	SHPF1114	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1024	SHPF1117	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1038	SHPF1120	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1052	SHPF1123	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0013-20;01-0022-2014;01-0023-	SG	HMO	Platinum	SHPF1066	SHPF1126	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1080	SHPF1129	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1094	SHPF1132	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1108	SHPF1135	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1011	SHPF1115	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1025	SHPF1118	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1039	SHPF1121	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1053	SHPF1124	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1067	SHPF1127	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1081	SHPF1130	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1095	SHPF1133	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1109	SHPF1136	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1009	SHPF1113	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1023	SHPF1116	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1037	SHPF1119	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1051	SHPF1122	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1065	SHPF1125	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1079	SHPF1128	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1093	SHPF1131	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1107	SHPF1134	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2010	SHGF2105	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2023	SHGF2106	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2036	SHGF2107	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2049	SHGF2108	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2062	SHGF2109	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2075	SHGF2110	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Gold	SHGF2088	SHGF2111	N/A	N/A	N/A	N/A	Embedded	HMO
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2101	SHGF2112	N/A	N/A	N/A	N/A	Embedded	HMO

Capital District Physicians' Health Plan
Benefit Summary
Small Group Rates Off-Exchange - HMO
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Benefit Type	Rx Benefit	Riders	Additional non EHB Benefits
01-0007-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY1	SHGFHN10	Copayment	$10/$35/$70	No Riders	No Riders
01-0007-2014; 01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY2	SHGFHN11	Copayment	$10/$35/$70	Age 29	No Riders
01-0007-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY3	SHGFHN12	Copayment	$10/$35/$70	No Family Planning	No Riders
01-0007-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY4	SHGFHN13	Copayment	$10/$35/$70	DP	No Riders
01-0007-2014; 01-0009-2014;01-0013-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY5	SHGFHN14	Copayment	$10/$35/$70	Age 29 + No Family Planning	No Riders
01-0007-2014; 01-0009-2014;01-0012-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY6	SHGFHN15	Copayment	$10/$35/$70	Age 29 + DP	No Riders
01-0007-2014; 01-0009-2014;01-0013-2014;01-0012-2014;01-00	SG	HMO	Gold	SHGFHNY7	SHGFHN16	Copayment	$10/$35/$70	Age 29 + DP + No Family Planning	No Riders
01-0007-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGFHNY8	SHGFHN17	Copayment	$10/$35/$70	DP + No Family Planning	No Riders
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1010	SHPF1114	Copayment	$4/$30/$60	No Riders	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1024	SHPF1117	Copayment	$4/$30/$60	Age 29	Adult Vision/HW
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1038	SHPF1120	Copayment	$4/$30/$60	No Family Planning	Adult Vision/HW
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1052	SHPF1123	Copayment	$4/$30/$60	DP	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0013-20;01-0022-2014;01-0023-	SG	HMO	Platinum	SHPF1066	SHPF1126	Copayment	$4/$30/$60	Age 29 + No Family Planning	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1080	SHPF1129	Copayment	$4/$30/$60	Age 29 + DP	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1094	SHPF1132	Copayment	$4/$30/$60	Age 29 + DP + No Family Planning	Adult Vision/HW
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1108	SHPF1135	Copayment	$4/$30/$60	DP + No Family Planning	Adult Vision/HW
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1011	SHPF1115	Copayment	$10/$25/$40	No Riders	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1025	SHPF1118	Copayment	$10/$25/$40	Age 29	Adult Vision/HW
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1039	SHPF1121	Copayment	$10/$25/$40	No Family Planning	Adult Vision/HW
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1053	SHPF1124	Copayment	$10/$25/$40	DP	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1067	SHPF1127	Copayment	$10/$25/$40	Age 29 + No Family Planning	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1081	SHPF1130	Copayment	$10/$25/$40	Age 29 + DP	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1095	SHPF1133	Copayment	$10/$25/$40	Age 29 + DP + No Family Planning	Adult Vision/HW
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1109	SHPF1136	Copayment	$10/$25/$40	DP + No Family Planning	Adult Vision/HW
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1009	SHPF1113	Copayment	$4/$30/$60	No Riders	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1023	SHPF1116	Copayment	$4/$30/$60	Age 29	Adult Vision/HW
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1037	SHPF1119	Copayment	$4/$30/$60	No Family Planning	Adult Vision/HW
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1051	SHPF1122	Copayment	$4/$30/$60	DP	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1065	SHPF1125	Copayment	$4/$30/$60	Age 29 + No Family Planning	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1079	SHPF1128	Copayment	$4/$30/$60	Age 29 + DP	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1093	SHPF1131	Copayment	$4/$30/$60	Age 29 + DP + No Family Planning	Adult Vision/HW
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1107	SHPF1134	Copayment	$4/$30/$60	DP + No Family Planning	Adult Vision/HW
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2010	SHGF2105	Copayment	$10/$80/$100	No Riders	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2023	SHGF2106	Copayment	$10/$80/$100	Age 29	Adult Vision/HW
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2036	SHGF2107	Copayment	$10/$80/$100	No Family Planning	Adult Vision/HW
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2049	SHGF2108	Copayment	$10/$80/$100	DP	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2062	SHGF2109	Copayment	$10/$80/$100	Age 29 + No Family Planning	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2075	SHGF2110	Copayment	$10/$80/$100	Age 29 + DP	Adult Vision/HW
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Gold	SHGF2088	SHGF2111	Copayment	$10/$80/$100	Age 29 + DP + No Family Planning	Adult Vision/HW
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2101	SHGF2112	Copayment	$10/$80/$100	DP + No Family Planning	Adult Vision/HW

Capital District Physicians' Health Plan
Benefit Summary
Small Group Rates Off-Exchange - HMO
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Additional non EHB Benefits	Additional non EHB Benefits	Additional non EHB Benefits
01-0007-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY1	SHGFHN10	No Riders	No Riders	No Riders
01-0007-2014; 01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY2	SHGFHN11	No Riders	No Riders	No Riders
01-0007-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY3	SHGFHN12	No Riders	No Riders	No Riders
01-0007-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGFHNY4	SHGFHN13	No Riders	No Riders	No Riders
01-0007-2014; 01-0009-2014;01-0013-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY5	SHGFHN14	No Riders	No Riders	No Riders
01-0007-2014; 01-0009-2014;01-0012-2014;01-0022-2014;01-00	SG	HMO	Gold	SHGFHNY6	SHGFHN15	No Riders	No Riders	No Riders
01-0007-2014; 01-0009-2014;01-0013-2014;01-0012-2014;01-00	SG	HMO	Gold	SHGFHNY7	SHGFHN16	No Riders	No Riders	No Riders
01-0007-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGFHNY8	SHGFHN17	No Riders	No Riders	No Riders
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1010	SHPF1114	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1024	SHPF1117	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1038	SHPF1120	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1052	SHPF1123	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0013-20;01-0022-2014;01-0023-	SG	HMO	Platinum	SHPF1066	SHPF1126	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1080	SHPF1129	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1094	SHPF1132	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1108	SHPF1135	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1011	SHPF1115	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1025	SHPF1118	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1039	SHPF1121	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1053	SHPF1124	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1067	SHPF1127	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1081	SHPF1130	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1095	SHPF1133	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1109	SHPF1136	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1009	SHPF1113	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1023	SHPF1116	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1037	SHPF1119	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Platinum	SHPF1051	SHPF1122	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1065	SHPF1125	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1079	SHPF1128	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Platinum	SHPF1093	SHPF1131	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Platinum	SHPF1107	SHPF1134	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2010	SHGF2105	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2023	SHGF2106	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0013-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2036	SHGF2107	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0012-2014;01-0022-2014;01-0023-2014	SG	HMO	Gold	SHGF2049	SHGF2108	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0013-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2062	SHGF2109	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2075	SHGF2110	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0009-2014;01-0012-2014;01-0013-2014;01-002	SG	HMO	Gold	SHGF2088	SHGF2111	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
01-0006-2014;01-0013-2014;01-0012-2014;01-0022-2014;01-002	SG	HMO	Gold	SHGF2101	SHGF2112	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)

2015 Commission Schedule

Capital District Physicians' Health Plan, Inc.

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

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

Large Group HMO

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

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

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

Medicare HMO Group Product

New group sales in 2015:	$35 Preferred or $26 Non-Preferred per subscriber per month
Existing group renewals in 2015:	Dependent upon the renewal rate in effect at the time group wasSold.

Preferred status is based on a minimum of 475 small group subscribers in Agent/Broker book of business as of December 31st for February - July effective dates or as of June 30th for August – January effective dates.

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

CDPHP Small Group Underwriting Guidelines
Effective Date: January 1, 2014

RULE	Off-Exchange
Open Enrollment Period	Continuous
MINIMUM PARTICIPATION	None
MINIMUM CONTRIBUTION	None
Eligible Employers	• Groups with less than 51 eligible employees. Owners with a least one non-spouse employee are considered an eligible group. • COBRA eligible enrollees are not included in the determination of group size • Retired enrollees are included in the determination of group size if the employer offers non Medicare Advantage group coverage to retirees • Sole proprietors are not eligible for a group product. Sole Proprietors are eligible for one of CDPHP's Individual products • Retiree only or COBRA only groups are not eligible • Employer must have a physical location within CDPHP's service area with eligible employees who live, work or reside in CDPHP's service area. **CDPHP Service Area is defined as follows:** **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
Eligible Employees	Eligible workers or employees as determined by the employer
Guaranteed Renewability	Coverage will renew or continue in force at the option of the group policyholder except under the following conditions: 1. Nonpayment of premium; 2. Fraud or intentional misrepresentation of a material fact; 3. Violation of minimum participation rules 4. There is no longer any enrollee under the plan who lives, resides, or works in the CDPHP service area; 5. CDPHP decides to discontinue the product in which the group is enrolled 6. CDPHP decides to discontinue all coverage in the market

April 25, 2014

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

RE: Data Reliance Statement for 2015 Rate Filing

Dear [redacted]

I, [redacted] Senior Vice President of Finance and CFO of Capital District Physicians' Health Plan (CDPHP) and CDPHP Universal Benefits, Inc, hereby affirm that the listings, summaries, exhibits, and analyses relating to the data prepared for and submitted to Ms. Susan E. Pantely, Principal and Consulting Actuary at Milliman, Inc. in support of the actuarial 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,

[redacted]
Senior Vice President, Finance and CFO
Capital District Physicans' Health Plan Inc.

Capital District Physicians' Health Plan
Premium Rate Filing
FORMS # 01-0006-2014, 01-0007-2014

ACTUARIAL MEMORANDUM

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

General Information

Company Legal Name: Capital District Physicians' Health Plan
State: New York
HIOS Issuer ID: 94788
QHP Template SERFF #: CAPD-129571322
Market: Small Group
Effective Date: January through December 2015
Primary Contact Name: [redacted]
Primary Contact Telephone Number: [redacted]
Primary Contact Email Address: p[redacted]

Overview

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

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

The information in this actuarial memorandum has been prepared for the use of CDPHP and is subject to the terms and conditions of the Consulting Services Agreement between CDPHP and Milliman, Inc. dated 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 # 01-0006-2014, 01-0007-2014

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 Small Group CDPHP 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 small group 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 region mirrors NYS's defined Rating Region 1. The impact of NYS Regulation 146 risk adjustment pool and NYS Healthy NY Stop-loss Reimbursement pool was excluded from the base period starting claims costs.

Worksheet 1 HHS Unified Rate Review Template

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

Incurred claims and allowed claims presented on Worksheet 1 come directly from CDPHP's claim payment records in the data warehouse combined with capitated expenses and NYS HCRA surcharges from the accounting general ledger for the base period. Approximately 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 # 01-0006-2014, 01-0007-2014

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
-The impact of Essential Health Benefits
- Membership Risk Pool Changes
- Federal Risk Adjustment
- Claim Trend Projection
- Severity Adjustment
- 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 cost 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 was 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.

Base Period In-force plan Index Rate Development		
Average Incurred Claims PMPM	$329.15	**A**
Average AV Pricing Value	.8828	**B**
Induced Demand	1.0209	**C**
Index Rate **(Exhibit 18, line 12)**	$365.20	**A / B / C**

Capital District Physicians' Health Plan
Premium Rate Filing
FORMS # 01-0006-2014, 01-0007-2014

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)

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. No adjustments were applied outside the claim trend development.

Impact on risk pool in expected covered membership risk characteristics

With the aging of the small group population offered under the CDPHP line of business, an adjustment factor of 1.016 accounts for the change in the age/gender of the membership remaining in the pool.

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, 93% 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.

	MMs	Deloitte Estimated RA Transfer Payment PMPM
CDPHP Small Group HMO	166,414	($22.22)

The resulting PMPM was converted to a factor based upon overall average Projected Index rate PMPM for all metal tier plans. This factor, 1.0586, was applied consistently across plans in each metal tier.

SMC Pool Impact

There is no impact to rates. CDPHP is a net payer to the 2013 High Cost Claims Pool.

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.

Claim Trend Projection: Cost and Utilization Trend Factors

The average annual trend factor applied is 5.36%. The effective trend based on 24 months from the midpoint of the base period to the midpoint of the rate period is 11.0%.

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 contracted provider reimbursement rates, and input from CDPHP's medical utilization management team and the following assumptions.

- Service Mix Intensity: An adjustment of 3.6% has been included to account for the severity of services based on actual 2013 costs over 2012 costs. (Exhibit D)

- Case Mix: No additional adjustment has been made.

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

- 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: 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.

Annual rate trend are shown in the following table:

Projected Trend Factor 2014	5.3%
Projected Trend Factor 2015	5.5%

A quarterly trend of 1.34% was applied to the second, third and fourth quarter rolling rates. This trend was derived by taking one-quarter of the trend factor used in the 2015 projection

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 ™ 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:

	Induced Demand
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 & Hardware available once every two years
Skilled Nursing Facility – extends coverage from 200 days to 365 days
Acupuncture – maximum of 10 visits per year
Lasik Surgery – maximum reimbursement of $750

Administrative Expense Load

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

SG HMO & HNY Off Exchange	**% of Premium Projected for 2015**	**% of Premium based on 2013 Actuals**	**2014 Filing % of Premium Projected**
General Administrative Expense	8.18%	10.21%	5.51%
Broker Commissions	4.00%	2.19%	4.22%
Quality Improvement	0.92%	0.94%	1.03%
Community Benefits	0.00%	0.06%	0.00%
Subtotal – Excluding ACA Taxes and Fees	**13.10%**	**13.40%**	**10.76%**
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	0.87%	n/a	1.49%
Total Administrative Expense Including ACA	**15.83%**	**14.43%**	**14.84%**
Profit and contribution to Surplus	2.00%	0% (a loss was incurred)	1.75%
Total Retention including Profit	**17.83%**	**14.43%**	**16.59%**

Other Adjustments

Healthy New York Stoploss

The projected Healthy New York Stoploss recovery is based on the estimated recoveries PMPM for the 2013 calendar year, $54.40 PMPM.

Additional Factors applied to Premium rate build up

Conversion Factor

The single conversion factor was calculated using subscribers and members enrolled in Small Group HMO and UBI products, excluding 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.

Projected Loss Ratio

The projected loss ratio based on the New York State definition is 82.2%.

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.

Capital District Physicians' Health Plan
Premium Rate Filing
FORMS # 01-0006-2014, 01-0007-2014

Miscellaneous Exhibits

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

See Exhibit I.

Broker Commissions

Broker commission have been updated for 2015; filed under CAPD-129469193 (Exhibit J).

Underwriting Guidelines

There have been no changes made to the Underwriting Guidelines effective January 1, 2014 (Exhibit K).

Terminated Products

There are no products being terminated for this block of business.

Plan Name 2014:	Plan Name 2015:
SHGFHNY1	SHGFHN10
SHGFHNY2	SHGFHN11
SHGFHNY3	SHGFHN12
SHGFHNY4	SHGFHN13
SHGFHNY5	SHGFHN14
SHGFHNY6	SHGFHN15
SHGFHNY7	SHGFHN16
SHGFHNY8	SHGFHN17

78.1%

Gold

Small Group
HMO
Off

User Inputs for Plan Parameters

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

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

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

	Tier 1 Plan Benefit Design		
	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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☐		$150.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$1,000.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☐	☐		
Specialist Visit	☑	☐		$40.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☑	☐		$40.00	☐	☐		
Rehabilitative Speech Therapy	☑	☐		$40.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$40.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$40.00	☐	☐		
X-rays and Diagnostic Imaging	☑	☐		$40.00	☐	☐		
Skilled Nursing Facility	☑	☐		$1,000.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☑	☑	82%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		$10.00	☐	☐		
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		$70.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☐		$70.00	☐	☐		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.1%
Metal Tier:	Gold

Plan Name 2014:	Plan Name 2015:
SHGF2010	SHGF2105
SHGF2023	SHGF2106
SHGF2036	SHGF2107
SHGF2049	SHGF2108
SHGF2062	SHGF2109
SHGF2075	SHGF2110
SHGF2088	SHGF2111
SHGF2101	SHGF2112

80.0%

Gold

Small Group
HMO
Off

User Inputs for Plan Parameters

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

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum ($)	$6,600.00		
OOP Maximum if Separate ($)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$200.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$1,000.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☐	☐		$30.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$30.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$30.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$30.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$30.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐		
Skilled Nursing Facility	☐	☐		$1,000.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	91%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	87%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		$10.00	☐	☐		
Preferred Brand Drugs	☐	☐		$80.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		$100.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.0%
Metal Tier:	Gold

Plan Name 2014:	Plan Name 2015:
SHPF1010	SHPF1114
SHPF1024	SHPF1117
SHPF1038	SHPF1120
SHPF1052	SHPF1123
SHPF1066	SHPF1126
SHPF1080	SHPF1129
SHPF1094	SHPF1132
SHPF1108	SHPF1135

89.0%

Platinum

Small Group
HMO
Off

User Inputs for Plan Parameters

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

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum ($)	$6,600.00		
OOP Maximum if Separate ($)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$100.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$500.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐		
Specialist Visit	☐	☐		$15.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$15.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$15.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$15.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$15.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$15.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$15.00	☐	☐		
Skilled Nursing Facility	☐	☐		$500.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	97%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	93%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		$4.00	☐	☐		
Preferred Brand Drugs	☐	☐		$30.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		$60.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☐		$60.00	☐	☐		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	89.0%
Metal Tier:	Platinum

Plan Name 2014:	Plan Name 2015:
SHPF1009	SHPF1113
SHPF1023	SHPF1116
SHPF1037	SHPF1119
SHPF1051	SHPF1122
SHPF1065	SHPF1125
SHPF1079	SHPF1128
SHPF1093	SHPF1131
SHPF1107	SHPF1134

90.2%

Platinum

Small Group
HMO
Off

User Inputs for Plan Parameters

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

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum ($)	$6,600.00		
OOP Maximum if Separate ($)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$100.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$1,000.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☐	☐		
Specialist Visit	☐	☐		$10.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$10.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$10.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$10.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$10.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$10.00	☐	☐		
Skilled Nursing Facility	☐	☐		$1,000.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	97%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	96%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		$4.00	☐	☐		
Preferred Brand Drugs	☐	☐		$30.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		$60.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☐		$60.00	☐	☐		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	90.2%
Metal Tier:	Platinum

Plan Name 2014:	Plan Name 2015:
SHPF1011	SHPF1115
SHPF1025	SHPF1118
SHPF1039	SHPF1121
SHPF1053	SHPF1124
SHPF1067	SHPF1127
SHPF1081	SHPF1130
SHPF1095	SHPF1133
SHPF1109	SHPF1136

89.0%

Platinum

Small Group
HMO
Off

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$6,600.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$100.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$500.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☐	☐		
Specialist Visit	☐	☐		$15.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$15.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$15.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$15.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$15.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$15.00	☐	☐		
Skilled Nursing Facility	☐	☐		$500.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	95%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	95%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		$10.00	☐	☐		
Preferred Brand Drugs	☐	☐		$25.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		$40.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☐		$40.00	☐	☐		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	89.0%
Metal Tier:	Platinum

EXHIBIT 13
NARRATIVE SUMMARY
Small Group HMO Off-Exchange

Company Name: Capital District Physicians' Health Plan, Inc.
NAIC Code: 95491
SERFF Tracking #: CAPD-129571322

Capital District Physicians' Health Plan, Inc. (CDPHP) offers a Health Maintenance Organization (HMO) product on a community rated basis to small groups.

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): +9.1%
- Corrections for past pricing: -1.9%
- Demographic and aging changes +1.6%
- Federal Risk Adjustment: -1.1%
- Changes in benefits: +6.0% (varies by benefit plan)
- Changes in administrative expenses +1.1%

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 though 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: 6.45%. 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 -1.9% 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 +1.6 % 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 -1.1% decrease in rates.

Changes to 2015 benefits impact the rates. The 2014 behavioral health residential care mandate will impact premium rates in 2015 by 1.0%. Federal changes to out of pocket maximums and deductibles will increase premiums, on average by 4.6%.

Enhanced benefits were added to all non-standard products will increase premiums 0.4%.

- 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 +1.1%.

- General administrative cost increased approximately +2.5%.
- 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	Captial District Physicians' Health Plan
NAIC Code:	95491
SERFF Tra	CAPD-129571322
Market Segment:	Small Groups Off 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 the 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	$ 539.40	$ 440.80	NA	NA	NA
2015 Premium Rates	$ 617.85	$ 480.85	NA	NA	NA

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

	2014 to 2015
Requested Rate Adjustment	8.6%

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

	2011 to 2012	2012 to 2013	2013 to 2014
Average Rate Adjustment	9.34%	9.74%	NA

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

2011		2012	2013
	MLR	84.9%	83.3%	88.5%

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	6.50%	5.27%	5.47%
Expense Ratios	11.45%	14.84%	15.83%
Pre Tax Profit Ratios	2.00%	1.75%	2.00%

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

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

-- for Small Group Medical Plans

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Tracking #: CAPD-129571322
Market Segment: Small Groups Off Groups

1) Use this Exhibit for Small Group Medical Plans.
2) The format of this exhibit is discussed below. Insert more rows as needed. Only use the first tab for data entry.
3) Market segment refers to the Small Group 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 rating period, metal level, rating region and product name.
5) The product street 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 the DFS). A separate row is to be used for each combination of rating period, metal level, rating region and product name.
6) The effective date is the earliest date that the proposed new rate would become effective if approved. Effective Dates for Small Groups are 1/1/15, 4/1/15, 7/1/15 and 10/1/15.
7) If the percentage change (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.).
8) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).
9) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that that rating period, metal level and rating region, including any applicable riders. This includes benefit designs included in this rate filing which have no actual members.
10) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that rating period, metal level and rating region, including any applicable riders. This includes benefit designs included in this rate filing which have no actual members.
11) The weighted average percentage should be developed based on annualized premium volume or membership for that rating period, metal level and rating region, including any applicable riders.
12) This exhibit must be submitted as an Excel file and as a PDF file.

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	1/1/2015	Platinum	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Gold	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Gold	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	1 - Albany Area	HMO	HMO	1.61%	8.85%	7.45%
Small Group	1/1/2015	Gold	1 - Albany Area	HMO	HMO	-1.37%	11.70%	10.47%
Small Group	1/1/2015	Silver	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%

EXHIBIT 14B

Small Group	1/1/2015	Bronze	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	HMO	HMO	8.46%	13.66%	13.00%
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	HMO	HMO	5.28%	16.64%	12.21%
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	6 - Syracuse Area	HMO	HMO	3.87%	3.87%	3.87%
Small Group	1/1/2015	Gold	6 - Syracuse Area	HMO	HMO	11.70%	11.70%	11.70%
Small Group	1/1/2015	Silver	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	HMO	HMO	0.00%	8.85%	6.90%
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	HMO	HMO	11.70%	11.70%	11.70%
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	6 - Syracuse Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	7 - Utica/Watertown Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	1 - Albany Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	3 - Mid Hudson Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	6 - Syracuse Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	7 - Utica/Watertown Area	HMO	HMO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	1 - Albany Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	HDHMO	HDHMO	0.00%	0.00%	0.00%

EXHIBIT 14B

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

EXHIBIT 14B

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

EXHIBIT 15 - PART B: DISTRIBUTION OF CONTRACTS BY REQUESTED PERCENT ADJUSTMENTS FOR SMALL GROUP PRODUCTS

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Tracking #: CAPD-129571322
Market Segment: Small Groups Off Exchange

Instructions:

1) The percentage rate change reflects the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
2) The effective date is the earliest date that the proposed new rate would become effective if approved. Effective Dates for Small Group are 1/1/15, 4/1/15, 7/1/15 and 10/1/15.
3) The distribution is by number of members or number of contracts . The Company should fill in the appropriate column below (members or contracts) and replace the mm/dd/yy placeholder with the applicable as of date.
4) The Weighted Average Percentage change should be developed based on the distribution of annualized premiums for that Market Segment/Rating Period/Metal Level and for the market segment in total.
5) Market segment refers to Small Group market segment.
6) Rating region refers to the standard rating regions applicable to this filing. If the percentage change for each plan design does not vary by region, then "All Regions" can be used in the rating region column; otherwise indicate the applicable rating region.
7) Under each market segment, the table should provide the distribution by metal level (platinum, gold, silver, bronze).
8) Provide distribution information by quarter of renewal.
9) Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
10) After each effective period/market segment combination there should be a market segment total row. Enter the effective period in the applicable column, the sum of the counts in the various columns, and the market segment weighted avg change %.
11) This exhibit must be submitted as an Excel file and a PDF file.

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level	Rating Region	Weighted Avg Change %	Annualized Premiums as of	Total # of Members as of	Total # of Contracts as of	Number of (*) with Requested Percentage Rate Change at Renewal										
					3/31/2014			Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
Small Group	1/1/2015	Platinum	1 - Albany Area	7.4%	$18,457,218.96	3419	1915	0	0	520	2,899	0	0	0	0	0	0	0
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	13.0%	$1,046,732.40	172	103	0	0	0	16	156	0	0	0	0	0	0
Small Group	1/1/2015	Platinum	6 - Syracuse Area	3.9%	$19,854.36	4	1	0	0	4	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Platinum	Utica/Watertown Ar	6.9%	$337,891.92	60	36	0	0	18	42	0	0	0	0	0	0	0
Small Group	1/1/2015	Gold	1 - Albany Area	10.5%	$8,513,541.60	2099	1212	15	0	210	45	1,829	0	0	0	0	0	0
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	12.2%	$553,461.00	114	67	0	0	0	42	11	61	0	0	0	0	0
Small Group	1/1/2015	Gold	6 - Syracuse Area	11.7%	$5,242.92	1	1	0	0	0	0	1	0	0	0	0	0	0
Small Group	1/1/2015	Gold	Utica/Watertown Ar	11.7%	$82,580.28	20	8	0	0	0	0	20	0	0	0	0	0	0
Small Group	1/1/2015	Silver	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Silver	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Silver	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	3 - Mid Hudson A	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Catastrophic	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Catastrophic	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Catastrophic	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Catastrophic	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Silver	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Silver	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Silver	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Catastrophic	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Catastrophic	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Catastrophic	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Catastrophic	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	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
Small Group	7/1/2015	Gold	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0

Small Group	7/1/2015	Silver	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	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
Small Group	7/1/2015	Silver	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	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
Small Group	7/1/2015	Bronze	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Catastrophic	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	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
Small Group	7/1/2015	Catastrophic	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Catastrophic	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	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
Small Group	10/1/2015	Platinum	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	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
Small Group	10/1/2015	Gold	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	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
Small Group	10/1/2015	Silver	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	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
Small Group	10/1/2015	Bronze	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Catastrophic	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	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
Small Group	10/1/2015	Catastrophic	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Catastrophic	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Market Segment Total:				8.8%	$29,016,523.44	5,889	3,343	15	0	752	3,044	2,017	61	0	0	0	0	0

EXHIBIT 16: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: Captial District Physicians' Health Plan

NAIC Code: 95491

SERFF Number: CAPD-129571322

Market Segment: Small Groups Off Exchange

Instructions:

1) This Exhibit summarizes all benefit/rate changes filed after the initial rate filing in calendar year 2013 that impacts the rate tables in this current filing.
2) 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 DFS).
3) Enter filing status (approved or pending) using the drop down list. For pending files leave the approval date blank.
4) Extend the worksheet to add more rows as needed. Only use the first tab for data entry.
5) This form must be submitted as an Excel file and as a PDF file.

List of rate filings that have been approved since the §3231(d) or §4308(b) initial rate filing in calendar year 2013, or are currently pending with DFS.

Filing Status	SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Approval Date
Approved	CAPD-128989140	2013040222	4/30/2013			New Plans	9/17/2013
Approved	CAPD-129008752	2013050030	5/2/2013			HNY	8/29/2013
Approved	CAPD-NY14-125002094		6/11/2013				

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

Company Name: Captial District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-129571322
Market Segment: Small Groups Off 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/y)	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) ($)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	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
HNY SG	HMO	HNY		01/01/15	SG-HNY	HMO	No	Open	635	2,664	XX	01/01/13	12/31/13	34,294	9,557,293	9,557,293	8,901,516	8,835,735	(1,675,961)	0	1,503,373	XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX

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)

	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) ($)	
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
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
XX	01/01/12	12/31/12	36,626	9,891,859	10,718,818	9,744,416	8,906,527	(1,996,000)	0	2,166,337	XX
XX											XX
XX											XX
XX											XX
XX											XX
XX											XX
XX											XX
XX											XX
XX											XX
XX											XX
XX											XX

Second Prior Experience Period
(NY statewide experience, base medical policy form + associated riders)

	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	01/01/11	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	01/01/11	12/31/11	8,846	4,130,900	5,080,363	4,207,598	4,086,544	0	94,570	433,132	XX
XX	01/01/11	12/31/11	36,790	9,077,869	10,755,534	8,100,435	8,005,041	(1,938,925)	0	1,459,135	XX
XX											XX
XX											XX
XX											XX
XX											XX
XX											XX
XX											XX
XX											XX
XX											XX
XX											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-129571322
Market Segment : Small Groups Off 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*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	89.04%	89.04%	89.04%	89.04%	89.04%	89.04%	89.04%
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	HMO
7	Plan Name*	SHPF1114	SHPF1117	SHPF1120	SHPF1123	SHPF1126	SHPF1129	SHPF1132
8	HIOS Plan ID*	94788NY0260032	94788NY0260017	94788NY0260018	94788NY0260019	94788NY0260020	94788NY0260021	94788NY0260022
9	Exchange Plan?*	No	No	No	No	No	No	No

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

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & 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	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**365.20**	**365.20**	**365.20**	**365.20**	**365.20**	**365.20**	**365.20**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level	1.0215						
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 adustment 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 **	1.0161						
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	1.0000						
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.	1.0586						
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	1.0000						
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)	1.1103						
25	Other 1 (specify)	1.0000						
26	Other 2 (specify)	1.0360						
27	Other 3 (specify)	1.0000						
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.264**	**1.264**	**1.264**	**1.264**	**1.264**	**1.264**	**1.264**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0.8904	0.8904	0.8904	0.8904	0.8904	0.8904	0.8904
30	Pricing actuarial value (only the induced demand factor) #	1.0370	1.0370	1.0370	1.0370	1.0370	1.0370	1.0370
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)	1.0086	1.0104	1.0006	1.0086	1.0024	1.0104	1.0024
36	Administrative costs (excluding Exchange user fees and profits)	1.1926	1.1926	1.1926	1.1926	1.1926	1.1926	1.1926
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	Other 1 (specify)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
41	Other 2 (specify)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
42	Other 3 (specify)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.133**	**1.135**	**1.124**	**1.133**	**1.126**	**1.135**	**1.126**

\# 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	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**523.13**	**524.05**	**518.95**	**523.13**	**519.87**	**524.05**	**519.87**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Works

Company Name: Capital District Physicia
NAIC Code: 95491
SERFF Number: CAPD-129571322
Market Segment : Small Groups Off Exch

Line #	General							
1	Product*	94788	94788	94788	94788	94788	94788	94788
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	89.04%	89.02%	89.02%	89.02%	89.02%	89.02%	89.02%
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	HMO
7	Plan Name*	SHPF1135	SHPF1115	SHPF1118	SHPF1121	SHPF1124	SHPF1127	SHPF1130
8	HIOS Plan ID*	94788NY0260023	94788NY0260048	94788NY0260033	94788NY0260034	94788NY0260035	94788NY0260036	94788NY0260037
9	Exchange Plan?*	No	No	No	No	No	No	No

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

	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	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**365.20**	**365.20**	**365.20**	**365.20**	**365.20**	**365.20**	**365.20**

	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 adustment 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	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
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 1 (specify)							
26	Other 2 (specify)							
27	Other 3 (specify)							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.264**	**1.264**	**1.264**	**1.264**	**1.264**	**1.264**	**1.264**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0.8904	0.8902	0.8902	0.8902	0.8902	0.8902	0.8902
30	Pricing actuarial value (only the induced demand factor) #	1.0370	1.0370	1.0370	1.0370	1.0370	1.0370	1.0370
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)	1.0006	1.0086	1.0104	1.0006	1.0086	1.0024	1.0104
36	Administrative costs (excluding Exchange user fees and profits)	1.1926	1.1926	1.1926	1.1926	1.1926	1.1926	1.1926
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	Other 1 (specify)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
41	Other 2 (specify)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
42	Other 3 (specify)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.124**	**1.133**	**1.135**	**1.124**	**1.133**	**1.126**	**1.135**

\# 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	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**518.95**	**523.01**	**523.94**	**518.84**	**523.01**	**519.76**	**523.94**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Works

Company Name: Capital District Physicia
NAIC Code: 95491
SERFF Number: CAPD-129571322
Market Segment : Small Groups Off Exch

Line #	General							
1	Product*	94788	94788	94788	94788	94788	94788	94788
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	89.02%	89.02%	90.19%	90.19%	90.19%	90.19%	90.19%
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	HMO
7	Plan Name*	SHPF1133	SHPF1136	SHPF1113	SHPF1116	SHPF1119	SHPF1122	SHPF1125
8	HIOS Plan ID*	94788NY0260038	94788NY0260039	94788NY0260016	94788NY0260001	94788NY0260002	94788NY0260003	94788NY0260004
9	Exchange Plan?*	No	No	No	No	No	No	No

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

	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	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**365.20**	**365.20**	**365.20**	**365.20**	**365.20**	**365.20**	**365.20**

	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 adustment 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	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
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 1 (specify)							
26	Other 2 (specify)							
27	Other 3 (specify)							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.264**	**1.264**	**1.264**	**1.264**	**1.264**	**1.264**	**1.264**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0.8902	0.8902	0.9019	0.9019	0.9019	0.9019	0.9019
30	Pricing actuarial value (only the induced demand factor) #	1.0370	1.0370	1.0370	1.0370	1.0370	1.0370	1.0370
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)	1.0024	1.0006	1.0086	1.0104	1.0006	1.0086	1.0024
36	Administrative costs (excluding Exchange user fees and profits)	1.1926	1.1926	1.1926	1.1926	1.1926	1.1926	1.1926
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	Other 1 (specify)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
41	Other 2 (specify)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
42	Other 3 (specify)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.126**	**1.124**	**1.148**	**1.150**	**1.139**	**1.148**	**1.141**

\# 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	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**519.76**	**518.84**	**529.90**	**530.84**	**525.68**	**529.90**	**526.60**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Works

Company Name: Capital District Physicia
NAIC Code: 95491
SERFF Number: CAPD-129571322
Market Segment : Small Groups Off Exch

Line #	General							
1	Product*	94788	94788	94788	94788	94788	94788	94788
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	90.19%	90.19%	90.19%	80.02%	80.02%	80.02%	80.02%
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	HMO
7	Plan Name*	SHPF1128	SHPF1131	SHPF1134	SHGF2105	SHGF2106	SHGF2107	SHGF2108
8	HIOS Plan ID*	94788NY0260005	94788NY0260006	94788NY0260007	94788NY0260064	94788NY0260049	94788NY0260050	94788NY0260051
9	Exchange Plan?*	No	No	No	No	No	No	No

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

	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	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**365.20**	**365.20**	**365.20**	**365.20**	**365.20**	**365.20**	**365.20**

	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 adustment 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	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
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 1 (specify)							
26	Other 2 (specify)							
27	Other 3 (specify)							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.264**	**1.264**	**1.264**	**1.264**	**1.264**	**1.264**	**1.264**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0.9019	0.9019	0.9019	0.8002	0.8002	0.8002	0.8002
30	Pricing actuarial value (only the induced demand factor) #	1.0370	1.0370	1.0370	0.9780	0.9780	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)	1.0104	1.0024	1.0006	1.0086	1.0104	1.0006	1.0086
36	Administrative costs (excluding Exchange user fees and profits)	1.1926	1.1926	1.1926	1.1926	1.1926	1.1926	1.1926
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	Other 1 (specify)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
41	Other 2 (specify)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
42	Other 3 (specify)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.150**	**1.141**	**1.139**	**0.961**	**0.962**	**0.953**	**0.961**

\# 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	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**530.84**	**526.60**	**525.68**	**443.36**	**444.14**	**439.82**	**443.36**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Works

Company Name: Capital District Physicia
NAIC Code: 95491
SERFF Number: CAPD-129571322
Market Segment : Small Groups Off Exch

Line #	General							
1	Product*	94788	94788	94788	94788	94788	94788	94788
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	80.02%	80.02%	80.02%	80.02%	78.06%	78.06%	78.06%
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	HMO
7	Plan Name*	SHGF2109	SHGF2110	SHGF2111	SHGF2112	SHGFHN10	SHGFHN11	SHGFHN12
8	HIOS Plan ID*	94788NY0260052	94788NY0260053	94788NY0260054	94788NY0260055	94788NY0260065	94788NY0260066	94788NY0260067
9	Exchange Plan?*	No	No	No	No	No	No	No

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

	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	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**365.20**	**365.20**	**365.20**	**365.20**	**365.20**	**365.20**	**365.20**

	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 adustment 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	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
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 1 (specify)							
26	Other 2 (specify)							
27	Other 3 (specify)							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.264**	**1.264**	**1.264**	**1.264**	**1.264**	**1.264**	**1.264**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0.8002	0.8002	0.8002	0.8002	0.7806	0.7806	0.7806
30	Pricing actuarial value (only the induced demand factor) #	0.9780	0.9780	0.9780	0.9780	0.9780	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)	1.0024	1.0104	1.0024	1.0006	1.0000	1.0018	0.9920
36	Administrative costs (excluding Exchange user fees and profits)	1.1926	1.1926	1.1926	1.1926	1.1926	1.1926	1.1926
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	Other 1 (specify)	1.0000	1.0000	1.0000	1.0000	0.8730	0.8730	0.8730
41	Other 2 (specify)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
42	Other 3 (specify)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.955**	**0.962**	**0.955**	**0.953**	**0.811**	**0.812**	**0.805**

\# 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	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**440.60**	**444.14**	**440.60**	**439.82**	**374.36**	**375.02**	**371.38**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Works

Company Name: Capital District Physicia
NAIC Code: 95491
SERFF Number: CAPD-129571322
Market Segment : Small Groups Off Exch

Line #	General					
1	Product*	94788	94788	94788	94788	94788
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	78.06%	78.06%	78.06%	78.06%	78.06%
5	AV Pricing Value (total, risk pool experience based)*	90.13%	90.13%	90.13%	90.13%	90.13%
6	Plan Type*	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHGFHN13	SHGFHN14	SHGFHN15	SHGFHN16	SHGFHN17
8	HIOS Plan ID*	94788NY0260068	94788NY0260069	94788NY0260070	94788NY0260071	94788NY0260072
9	Exchange Plan?*	No	No	No	No	No

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

	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	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**365.20**	**365.20**	**365.20**	**365.20**	**365.20**

	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 adustment 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	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**					
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 1 (specify)					
26	Other 2 (specify)					
27	Other 3 (specify)					
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.264**	**1.264**	**1.264**	**1.264**	**1.264**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments					
29	Pricing actuarial value (without induced demand factor) #	0.7806	0.7806	0.7806	0.7806	0.7806
30	Pricing actuarial value (only the induced demand factor) #	0.9780	0.9780	0.9780	0.9780	0.9780
31	Impact of provider network characteristics ##	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
33	Impact of utilization management practices ##	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
35	Benefits in additional to EHB (greater than 1.00)	1.0000	0.9938	1.0018	0.9938	0.9920
36	Administrative costs (excluding Exchange user fees and profits)	1.1926	1.1926	1.1926	1.1926	1.1926
37	Profit/Contribution to surplus margins	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
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
40	Other 1 (specify)	0.8730	0.8730	0.8730	0.8730	0.8730
41	Other 2 (specify)	1.0000	1.0000	1.0000	1.0000	1.0000
42	Other 3 (specify)	1.0000	1.0000	1.0000	1.0000	1.0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.811**	**0.806**	**0.812**	**0.806**	**0.805**

\# 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	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**374.36**	**372.03**	**375.02**	**372.03**	**371.38**

EXHIBIT 19 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN

Company Name: Captial District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-129571322
Market Segment: Small Groups Off 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/yyy; 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 mm/dd/yyyy		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 6 and broker fees - as a % of gross premium	.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	8. State income tax 8.1 component - as a % of gross premium	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	Off Non Std	3655	XX	01/01/15	12/31/15	5.47%	0.86%	0.92%	4.00%	0.00%	1.87%	8.18%	15.83%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.83%	XX
Gold	Off Non Std	2234	XX	01/01/15	12/31/15	5.47%	0.86%	0.92%	4.00%	0.00%	1.87%	8.18%	15.83%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.83%	XX
Silver	Off Non Std	0	XX	01/01/15	12/31/15	5.47%	0.86%	0.92%	4.00%	0.00%	1.87%	8.18%	15.83%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.83%	XX
Bronze	Off Non Std	0	XX	01/01/15	12/31/15	5.47%	0.86%	0.92%	4.00%	0.00%	1.87%	8.18%	15.83%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.83%	XX
Catastrophic	Off Non Std	0	XX	01/01/15	12/31/15	5.47%	0.86%	0.92%	4.00%	0.00%	1.87%	8.18%	15.83%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.83%	XX

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

				For the rate period included in the prior rate and form filing																For the rate period included in the prior rate and form filing
1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of mm/dd/yyyy		14.1 Period assumed - beginning date (mm/dd/yy)	14.2 Period assumed - ending date (mm/dd/yy)	15. Average annual claim trend assumed	16.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	16.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement 16.3 Supplement Health Care Exhibit - as a % of gross premium	Commissions and broker fees - as a % of gross premium	16.4 Premium Taxes - as a % of gross premium	16.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	16.6 Other administrative expenses - as a % of gross premium	16.7 Subtotal columns 20.1 through 20.6	17 After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	18 State income tax component - as a % of gross premium	18.1 State income tax rate assumed (eg 3%)	19 Federal income tax component - as a % of gross premium	19.1 Federal income tax rate assumed (eg 30%)	20 Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	21 Subtotal columns 16.7 + 17 + 18 + 19 +20
Platinum	Off Non Std	3655	XX	01/01/14	12/31/14	5.27%	0.73%	1.03%	4.22%	0.00%	3.35%	5.51%	14.84%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.59%
Gold	Off Non Std	2234	XX	01/01/14	12/31/14	5.27%	0.73%	1.03%	4.22%	0.00%	3.35%	5.51%	14.84%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.59%
Silver	Off Non Std	0	XX	01/01/14	12/31/14	5.27%	0.73%	1.03%	4.22%	0.00%	3.35%	5.51%	14.84%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.59%
Bronze	Off Non Std	0	XX	01/01/14	12/31/14	5.27%	0.73%	1.03%	4.22%	0.00%	3.35%	5.51%	14.84%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.59%
Catastrophic	Off Non Std	0	XX	01/01/14	12/31/14	5.27%	0.73%	1.03%	4.22%	0.00%	3.35%	5.51%	14.84%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.59%

EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: Captial District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-129571322
Market Segment: Small Groups Off 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)
94788NY0260032	SHPF1114	Platinum	OFF	No	26	NO	EXCLUDED	NO	NO	Yes
94788NY0260017	SHPF1117	Platinum	OFF	No	30	NO	EXCLUDED	NO	NO	Yes
94788NY0260018	SHPF1120	Platinum	OFF	No	26	NO	INCLUDED	NO	NO	Yes
94788NY0260019	SHPF1123	Platinum	OFF	No	26	YES	EXCLUDED	NO	NO	Yes
94788NY0260020	SHPF1126	Platinum	OFF	No	30	NO	INCLUDED	NO	NO	Yes
94788NY0260021	SHPF1129	Platinum	OFF	No	30	YES	EXCLUDED	NO	NO	Yes
94788NY0260022	SHPF1132	Platinum	OFF	No	30	YES	INCLUDED	NO	NO	Yes
94788NY0260023	SHPF1135	Platinum	OFF	No	26	YES	INCLUDED	NO	NO	Yes
94788NY0260048	SHPF1115	Platinum	OFF	No	26	NO	EXCLUDED	NO	NO	Yes
94788NY0260033	SHPF1118	Platinum	OFF	No	30	NO	EXCLUDED	NO	NO	Yes
94788NY0260034	SHPF1121	Platinum	OFF	No	26	NO	INCLUDED	NO	NO	Yes
94788NY0260035	SHPF1124	Platinum	OFF	No	26	YES	EXCLUDED	NO	NO	Yes
94788NY0260036	SHPF1127	Platinum	OFF	No	30	NO	INCLUDED	NO	NO	Yes
94788NY0260037	SHPF1130	Platinum	OFF	No	30	YES	EXCLUDED	NO	NO	Yes
94788NY0260038	SHPF1133	Platinum	OFF	No	30	YES	INCLUDED	NO	NO	Yes
94788NY0260039	SHPF1136	Platinum	OFF	No	26	YES	INCLUDED	NO	NO	Yes
94788NY0260016	SHPF1113	Platinum	OFF	No	26	NO	EXCLUDED	NO	NO	Yes
94788NY0260001	SHPF1116	Platinum	OFF	No	30	NO	EXCLUDED	NO	NO	Yes
94788NY0260002	SHPF1119	Platinum	OFF	No	26	NO	INCLUDED	NO	NO	Yes
94788NY0260003	SHPF1122	Platinum	OFF	No	26	YES	EXCLUDED	NO	NO	Yes
94788NY0260004	SHPF1125	Platinum	OFF	No	30	NO	INCLUDED	NO	NO	Yes
94788NY0260005	SHPF1128	Platinum	OFF	No	30	YES	EXCLUDED	NO	NO	Yes
94788NY0260006	SHPF1131	Platinum	OFF	No	30	YES	INCLUDED	NO	NO	Yes
94788NY0260007	SHPF1134	Platinum	OFF	No	26	YES	INCLUDED	NO	NO	Yes
94788NY0260064	SHGF2105	Gold	OFF	No	26	NO	EXCLUDED	NO	NO	Yes
94788NY0260049	SHGF2106	Gold	OFF	No	30	NO	EXCLUDED	NO	NO	Yes
94788NY0260050	SHGF2107	Gold	OFF	No	26	NO	INCLUDED	NO	NO	Yes
94788NY0260051	SHGF2108	Gold	OFF	No	26	YES	EXCLUDED	NO	NO	Yes
94788NY0260052	SHGF2109	Gold	OFF	No	30	NO	INCLUDED	NO	NO	Yes
94788NY0260053	SHGF2110	Gold	OFF	No	30	YES	EXCLUDED	NO	NO	Yes
94788NY0260054	SHGF2111	Gold	OFF	No	30	YES	INCLUDED	NO	NO	Yes
94788NY0260055	SHGF2112	Gold	OFF	No	26	YES	INCLUDED	NO	NO	Yes

EXHIBIT 20

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)
94788NY0260065	SHGFHN10	Gold	OFF	No	26	NO	EXCLUDED	NO	NO	No
94788NY0260066	SHGFHN11	Gold	OFF	No	30	NO	EXCLUDED	NO	NO	No
94788NY0260067	SHGFHN12	Gold	OFF	No	26	NO	INCLUDED	NO	NO	No
94788NY0260068	SHGFHN13	Gold	OFF	No	26	YES	EXCLUDED	NO	NO	No
94788NY0260069	SHGFHN14	Gold	OFF	No	30	NO	INCLUDED	NO	NO	No
94788NY0260070	SHGFHN15	Gold	OFF	No	30	YES	EXCLUDED	NO	NO	No
94788NY0260071	SHGFHN16	Gold	OFF	No	30	YES	INCLUDED	NO	NO	No
94788NY0260072	SHGFHN17	Gold	OFF	No	26	YES	INCLUDED	NO	NO	No

EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS

Company Name: Captial District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-129571322
Market Segment: Groups Off 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 pland 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
Total Medical & Hospital	451,081	76,760,024	17,279	170	26.106	4,442.39	515,946	81,415,052	20,604	158	25.041	3,951.42	545,656	87,794,651	22,300	161	24.469	3,936.98

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-129571322
Market Segment: Small Groups Off 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 Albany	Region 2 Buffalo	Region 3 Mid-Hudson	Region 4 New York	Region 5 Rochester	Region 6 Syracuse	Region 7 Utica	Region 8 Long Island
94788NY0260021	Platinum	SG	Off	Non-Standard	No	615.24		726.29			689.99	662.67	
94788NY0260037	Platinum	SG	Off	Non-Standard	No	615.10		726.13			689.84	662.53	
94788NY0260005	Platinum	SG	Off	Non-Standard	No	623.21		735.69			698.92	671.25	
94788NY0260053	Gold	SG	Off	Non-Standard	No	521.42		615.54			584.77	561.62	
94788NY0260070	Gold	SG	Off	Non-Standard	No	440.28		519.75			493.77	474.22	

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

[Date]

[Contact Name]
[Group 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.; CDPHP Universal Benefits, Inc.] is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group 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 Changes

If approved, the percentage change to your group's 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 that your group policyholder selects 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 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; CDPHP UBI] for additional information at:

[Capital District Physicians' Health Plan, Inc.; CDPHP Universal Benefits, Inc.]
500 Patroon Creek Blvd
Albany, NY 12206
[1-800-777-2273; 1-877-269-2134]
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
DFS Website: 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.; CDPHP Universal Benefits, Inc.]
2. The name of your plan, which is [Insert Plan Name]
3. Indicate you have small group 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.; CDPHP Universal Benefits, Inc.] website: www.cdphp.com

DFS website: 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.

Enclosed is a copy of a notice that employees enrolled in your CDPHP group plan are required to receive. If you are unable or unwilling to deliver these notices to your employees, please let us know within three business days by contacting us at employerinfo@cdphp.com. If you would prefer a PDF of the document, or need additional copies, please indicate the correct contact person, address, and quantity desired.

Sincerely,

Sr. Vice President, Sales
Capital District Physicians' Health Plan, Inc.
CDPHP Universal Benefits, Inc.

Enclosure

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

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

[Capital District Physicians' Health Plan, Inc.; CDPHP Universal Benefits, Inc.] is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group 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 Changes

If approved, the percentage change to your group's 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 that your group policyholder selects 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 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; CDPHP UBI] for additional information at:

[Capital District Physicians' Health Plan, Inc.; CDPHP Universal Benefits, Inc.]
500 Patroon Creek Blvd
Albany, NY 12206
[1-800-777-2273; 1-877-269-2134]
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
DFS Website: 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.; CDPHP Universal Benefits, Inc.]
2. The name of your plan, which is [Insert Plan Name]
3. Indicate you have small group 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.; CDPHP Universal Benefits, Inc.] website: www.cdphp.com

DFS website: 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.

[Date]

[Contact Name]
[Group name]
[Address]
[City, State ZIP]

Dear Health Benefits Administrator:

As you may know, as a result of federal health care reform legislation, or the Affordable Care Act (ACA), changes to your health insurance are beginning to take effect. While your current policy is ending upon your renewal, CDPHP® is committed to making it simple to select your new policy.

On the reverse, we have prepared two replacement policy recommendations with coverage levels and price points similar to those in your current plan. You may also choose from our entire CDPHP small group plan portfolio. CDPHP has plans to fit all types of businesses and budgets, so your broker or CDPHP account representative can assist you in finding a plan to meet your needs.

In 2014, small businesses (50 or fewer employees) can buy coverage directly from their insurer, or from New York's new health benefit exchange, NY State of Health's Small Business Marketplace, at www.nystateofhealth.ny.gov. The Marketplace can help you calculate costs, compare insurance options and prices, and enroll in coverage online, in person, over the phone, or by mail. You can begin purchasing insurance through NY State of Health in October 2013 for coverage starting January 1, 2014.

~~On the reverse side of this letter~~Enclosed is a copy of a notice that employees enrolled in your CDPHP plan are required to receive. If, for any reason, you are unable or unwilling to deliver these notices to your employees, please let us know within three business days by contacting us at employerinfo@cdphp.com.

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

CDPHP
Att: Sales Information Analyst
500 Patroon Creek Blvd.
Albany, NY 12206

employerinfo@cdphp.com

If you have any questions, please contact your broker or CDPHP account representative at (518) «Phone». As always, thank you for your business. We look forward to continuing to meet your health care coverage needs.

Sincerely,

Carole Montepare
Senior Vice President, Sales
Capital District Physicians' Health Plan, Inc.

Plan Names:	**«Product_Type»**	**«Product_Type»**
Office Visit:	$«Office_Visit»	$«Office_Visit»
Specialist Visit:	$«Specialist_Visit»	$«Specialist_Visit»
In-Network Deductible:	«INN_Single__Family_Deductible»	«INN_Single__Family_Deductible»
In-Network Coinsurance:	«Coinsurance»	«Coinsurance»
Rx:	«Description2»	«Description2»
Other Options:	«Description3»	«Description3»
	«Description4»	«Description4»
	«Description5»	«Description5»
Tier	**Monthly Premium**	**Monthly Premium**
Individual Premium:	**$«rate1»**	**$«rate1»**
Employee +1 Premium:	**$«rate2»**	**$«rate2»**
Employee/Child Premium:	**$«rate3»**	**$«rate3»**
Family Premium:	**$«rate4»**	**$«rate4»**

[Date]

Dear Subscriber:

As you may know, as a result of federal health care reform legislation, or the Affordable Care Act (ACA), changes to your health insurance are beginning to take effect. While your current policy is ending upon your renewal, CDPHP® is committed to make the transition to a new plan as easy as possible.

On the reverse, we have prepared two replacement policy recommendations for your employer with coverage levels and price points similar to those in your current plan. Your employer may also choose from our entire CDPHP small group plan portfolio. Speak with your employer to find out more about the plan they will offer upon renewal.

In 2014, your employer has the option to buy coverage directly from their insurer, or from New York's new health benefit exchange, NY State of Health's Small Business Marketplace, at www.nystateofhealth.ny.gov. The Marketplace can help your employer calculate costs, compare insurance options and prices, and enroll in coverage online, in person, over the phone, or by mail. Your employer can begin purchasing insurance through NY State of Health in October 2013 for coverage starting January 1, 2014.

New York ~~Health Benefit Exchange~~State of Health. If your employer does not replace your policy with a similar policy, you may purchase a new contract as an individual direct pay member. Information on individual health insurance coverage is available from New York~~'s Health Benefit Exchange~~State of Health (http://nystateofhealth.ny.gov/). The ~~Exchange~~ Marketplace will help you shop for and enroll in health insurance. You will be able to use the ~~Exchange~~ Marketplace to compare insurance options and prices offered through the ~~Exchange~~Marketplace. You will also be able to calculate costs and enroll in coverage online, in person, over the phone or by mail. You can purchase insurance through the ~~Exchange~~ Marketplace beginning in October 2013 for coverage starting January 1, 2014. Individuals may qualify to receive federal tax credits to help pay for insurance offered through the NY State of Health ~~marketplace~~ Marketplace only. Tax credits are not available when coverage is purchased directly from CDPHP.

If you have any questions, please contact CDPHP at the number on your ID card.

As always, thank you for your business. We look forward to continuing to meet your health care coverage needs.

Sincerely,

~~Laura Kordas~~Patricia Lushkevich
~~Director, Member Services~~Vice President, Internal Operations
Capital District Physicians' Health Plan, Inc.

Plan Names:	«Product_Type»	«Product_Type»
Office Visit:	$«Office_Visit»	$«Office_Visit»
Specialist Visit:	$«Specialist_Visit»	$«Specialist_Visit»
In-Network Deductible:	«INN_Single__Family_Deductible»	«INN_Single__Family_Deductible»
In-Network Coinsurance:	«Coinsurance»	«Coinsurance»
Rx:	«Description2»	«Description2»
Other Options:	«Description3»	«Description3»
	«Description4»	«Description4»
	«Description5»	«Description5»
Tier	**Monthly Premium**	**Monthly Premium**
Individual Premium:	**$«rate1»**	**$«rate1»**
Employee +1 Premium:	**$«rate2»**	**$«rate2»**
Employee/Child Premium:	**$«rate3»**	**$«rate3»**
Family Premium:	**$«rate4»**	**$«rate4»**

EXHIBIT 21A: HOSPITAL UNIT COST DEVELOPMENT - INPATIENT SERVICES

Company Name: Captial District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-129571322
Market Segment: Small Groups Off Exchange

1) This exhibit shows a history of fee schedule increases by hospital for **INPATIENT services.**
2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the hospital name
3) Enter in column 4 the allowed charges by hospital over a recent 12 month period which will be used as the hospital weights
4) Enter the Small Group Market allowed charges for calendar year 2013; Charges should be only be for hospital inpatient services
5) Enter in column 5 the actual or estimated percentage fee increase for that hospital over the proposed rate period (2015 over 2014).
6) Enter in column 6 the actual or estimated percentage fee increase for that hospital for the year immediately preceding the rate period (2014 over 2013)
7) Enter in column 7 the actual or estimated percentage fee increase for that hospital for the second year immediately preceding the rate period (2013 over 2012)
8) At the end, add a total row and show the sum of the weights and the weighted average of columns 5, 6, and 7.
9) The provider list need not include all hospitals but must include data for the hospitals comprising 90% of the New York State total allowed charges for the Small Group Market in calendar year 2013 used to develop the weights
10) A redacted version of this exhibit can be created for posting on the DFS website as part of posting the rate adjustment submission.
11) This exhibit must be submitted as an Excel and as a PDF file.

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
110005719	141338307	Albany Medical Center Hospital				
110005852	141348692	St. Peter's Hospital of Albany				
110005801	141338428	Ellis Hospital				
110005819	141338413	Glens Falls Hospital				
110005822	141338547	Saratoga Hospital				
110005818	141338544	Samaritan Hospital				
110005863	133290293	Four Winds Saratoga, Inc				
110018851	150532245	St. Elizabeth Medical Center				
110005850	141347719	St. Mary's Healthcare- Amsterdam Memorial Hospita				
110016551	135596796	Mary Imogene Bassett Hospital				
110005758	141338457	Albany Memorial Hospital				
110005854	141338386	Sunnyview Hospital & Rehab				
110019452	141338586	Vassar Brothers Medical Center				
110005823	141776186	Seton Health Systems				
TOTAL			$ 0	#DIV/0!	#DIV/0!	#DIV/0!

EXHIBIT 21B: HOSPITAL UNIT COST DEVELOPMENT - OUTPATIENT SERVICES

Company Name: Captial District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-129571322
Market Segment: Small Groups Off Exchange

1) This exhibit shows a history of fee schedule increases by hospital for **OUTPATIENT services.**
2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the hospital name.
3) Enter in column 4 the allowed charges by hospital over a recent 12 month period which will be used as the hospital weights.
4) The allowed charges for the Small Group market should only be for hospital outpatient services.
5) Enter in column 5 the actual or estimated percentage fee increase for that hospital over the proposed rate period (2015 over 2014).
6) Enter in column 6 the actual or estimated percentage fee increase for that hospital for the year immediately preceeding the rate period (2014 over 2013).
7) Enter in column 7 the actual or estimated percentage fee increase for that hospital for the second year immediately preceeding the rate period (2013 over 2012).
8) At the end, add a total row and show the sum of the weights and the weighted average of columns 5, 6, and 7.
9) The provider list need not include all hospitals but must include data for the hospitals comprising 90% of the New York State total allowed charges in the period used to develop the weights.
10) A redacted version of this exhbit can be created for posting on the DFS website as part of posting the rate adjustment submission.
11) This exhibit must be submitted as an Excel and as a PDF file.

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
110005852	141348692	St. Peter's Hospital of Albany				
110005719	141338307	Albany Medical Center Hospital				
110005819	141338413	Glens Falls Hospital				
110005801	141338428	Ellis Hospital				
110005822	141338547	Saratoga Hospital				
110016551	135596796	Mary Imogene Bassett Hospital				
110005758	141338457	Albany Memorial Hospital				
110005818	141338544	Samaritan Hospital				
110030311	141338307	Albany Medical Center Hospital				
110005823	141776186	Seton Health Systems				
110005775	141338465	Nathan Littauer Hospital				
110045926	141819902	Capital Region Ambulatory Surg Ctr				
110005783	141338373	Columbia Memorial Hospital				
110061617	460463892	St. Peter's Surgery & Endoscopy Center				
110005850	141347719	St. Mary's Healthcare- Amsterdam Memorial Hospital				
110019452	141338586	Vassar Brothers Medical Center				
110005740	141772971	Cobleskill Regional Hospital				
110086360	550867698	Saratoga Schenectady Endoscopy Center LLC				
110017288	141338467	Northern Dutchess Hospital				
110025756	043267217	NYDS New York Dialysis Services - Albany				
110043997	141819770	Executive Woods Ambulatory Surg Ctr				
110005761	131624082	Memorial Hospital For Cancer and Allied Diseases				
110019282	161165049	United Health Services				
110005742	141338470	Benedictine Hospital				
TOTAL			$ 0	#DIV/0!	#DIV/0!	#DIV/0!

EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE FILING

Company Name: Captial District Physicians' Health Plan
NAIC Code: **95491**
SERFF Tracking #: **CAPD-129571322**
Market Segment: **Small Groups Off Exchange**

A. Insurer Information:

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

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:

New rate applicability period	New rate effective date	SERFF Tracking Number
January 1, 2015 - December 31, 2015		CAPD-129571322

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:

	Response
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.	Yes
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing? If yes, mention these filings on Exhibit 16.	No
3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (2).	Yes June 13, 2013
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?	Yes
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	Yes CAPD-129569075

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.

Unified Rate Review v2.0.2

Company Legal Name: **Capital District Physicians' Hea** State: **NY**
HIOS Issuer ID: **94788** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2015**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2013 to 12/31/2013

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$75,209,319	$387.00	100.00%
Incurred Claims in Experience Period	$63,966,891	329.15	85.05%
Allowed Claims:	$70,972,792	365.20	94.37%
Index Rate of Experience Period		$365.00	
Experience Period Member Months	$194,339		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2015 to 12/31/2015 Mid-point to Mid-point, Experience to Projection: 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Days	245.07	$2,744.01	$56.04	1.000	1.036	1.065	0.978	234.22	$3,225.13	$62.95	0.00	$0.00	$0.00
Outpatient Hospital	Visits	2,074.97	420.09	72.64	1.000	1.036	1.025	1.044	2,261.60	457.19	86.17	0.00	0.00	0.00
Professional	Visits	9,505.17	144.00	114.06	1.000	1.036	1.039	1.005	9,592.85	160.96	128.67	0.00	0.00	0.00
Other Medical	Visits	4,681.57	74.92	29.23	1.000	1.036	1.039	1.039	5,058.71	83.85	35.35	0.00	0.00	0.00
Capitation	Other	12,000.00	28.94	28.94	1.000	1.036	1.000	1.000	12,000.00	29.99	29.99	0.00	0.00	0.00
Prescription Drug	Prescriptions	11,938.67	64.62	64.28	1.000	1.036	1.041	1.017	12,356.09	72.56	74.71	0.00	0.00	0.00
Total				$365.20							$417.83			$0.00

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	100.00%	0.00%	$417.83	$44,523,439
Paid to Allowed Average Factor in Projection Period			0.901	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$376.59	$40,128,420
Projected Risk Adjustments PMPM			-22.22	(2,367,719)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$398.81	$42,496,138
Projected ACA reinsurance recoveries, net of rein prem, PMPM			0.00	0
Projected Incurred Claims			$398.81	$42,496,138
Administrative Expense Load		13.10%	63.58	6,774,622
Profit & Risk Load		2.00%	9.71	1,034,293
Taxes & Fees		2.73%	13.23	1,409,616
Single Risk Pool Gross Premium Avg. Rate, PMPM			$485.32	$51,714,669
Index Rate for Projection Period			$414.39	
% increase over Experience Period			25.41%	
% Increase, annualized:			11.98%	
Projected Member Months				106,558

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

Product-Plan Data Collection

Company Legal Name:	**Capital District Physicians' Health Plan**	State:	**NY**
HIOS Issuer ID:	**94788**	Market:	**Small Group**
Effective Date of Rate Change(s):	**1/1/2015**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																
Product ID:																
Metal:		Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
AV Metal Value		0.890	0.890	0.890	0.890	0.890	0.890	0.890	0.890	0.890	0.890	0.890	0.890	0.890	0.890
AV Pricing 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
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		SHPF1114	SHPF1117	SHPF1120	SHPF1123	SHPF1126	SHPF1129	SHPF1132	SHPF1135	SHPF1115	SHPF1118	SHPF1121	SHPF1124	SHPF1127	SHPF1130
Plan ID (Standard Component ID):		94788NY0260032	94788NY0260017	94788NY0260018	94788NY0260019	94788NY0260020	94788NY0260021	94788NY0260022	94788NY0260023	94788NY0260048	94788NY0260033	94788NY0260034	94788NY0260035	94788NY0260036	94788NY0260037
Exchange Plan?		No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2															
Historical Rate Increase - Calendar Year - 1															
Historical Rate Increase - Calendar Year 0															
Effective Date of Proposed Rates		1/1/2015	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)		10.13%	7.74%	10.02%	10.13%	7.63%	7.74%	7.63%	10.02%	11.81%	9.38%	11.70%	11.81%	9.27%	9.38%
Cum'tive Rate Change % (over 12 mos prior)		10.13%	7.74%	10.02%	10.13%	7.63%	7.74%	7.63%	10.02%	11.81%	9.38%	11.70%	11.81%	9.27%	9.38%
Proj'd Per Rate Change % (over Exper. Period)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Threshold Rate Increase %															

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

Plan ID (Standard Component ID):	Total	94788NY0260032	94788NY0260017	94788NY0260018	94788NY0260019	94788NY0260020	94788NY0260021	94788NY0260022	94788NY0260023	94788NY0260048	94788NY0260033	94788NY0260034	94788NY0260035	94788NY0260036	94788NY0260037
Inpatient	$0.00	$10.60	$9.01	$10.44	$10.60	$8.87	$9.01	$8.87	$10.44	$11.68	$10.12	$11.51	$11.68	$9.97	$10.12
Outpatient	$0.00	$17.98	$15.30	$17.72	$17.98	$15.05	$15.30	$15.05	$17.72	$19.82	$17.17	$19.54	$19.82	$16.91	$17.17
Professional	$0.00	$11.17	$9.50	$11.00	$11.17	$9.35	$9.50	$9.35	$11.00	$12.31	$10.67	$12.14	$12.31	$10.51	$10.67
Prescription Drug	$0.00	$20.64	$17.56	$20.33	$20.64	$17.27	$17.56	$17.27	$20.33	$22.74	$19.71	$22.43	$22.74	$19.41	$19.71
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
Capitation	$0.00	$15.19	$12.92	$14.96	$15.19	$12.71	$12.92	$12.71	$14.96	$16.74	$14.51	$16.50	$16.74	$14.28	$14.51
Administration	$0.00	$6.01	$5.11	$5.92	$6.01	$5.03	$5.11	$5.03	$5.92	$6.62	$5.74	$6.53	$6.62	$5.65	$5.74
Taxes & Fees	$0.00	($3.48)	($2.96)	($3.43)	($3.48)	($2.91)	($2.96)	($2.91)	($3.43)	($3.83)	($3.32)	($3.78)	($3.83)	($3.27)	($3.32)
Risk & Profit Charge	$0.00	$0.64	$0.55	$0.63	$0.64	$0.54	$0.55	$0.54	$0.63	$0.71	$0.61	$0.70	$0.71	$0.60	$0.61
Total Rate Increase	$0.00	$78.75	$66.99	$77.58	$78.75	$65.90	$66.99	$65.90	$77.58	$86.78	$75.21	$85.56	$86.78	$74.07	$75.21
Member Cost Share Increase	$0.00	14.7%	12.2%	14.6%	14.7%	12.1%	12.2%	12.1%	14.6%	16.5%	13.9%	16.3%	16.5%	13.8%	13.9%
Average Current Rate PMPM	$422.41	$458.24	$469.23	$455.04	$458.24	$465.96	$469.23	$465.96	$455.04	$451.25	$462.08	$448.10	$451.25	$458.86	$462.08
Projected Member Months	106,908	4,505	-	1	3,950	1	1	1	1	1,147	5,863	1	5,276	1	1

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	94788NY0260032	94788NY0260017	94788NY0260018	94788NY0260019	94788NY0260020	94788NY0260021	94788NY0260022	94788NY0260023	94788NY0260048	94788NY0260033	94788NY0260034	94788NY0260035	94788NY0260036	94788NY0260037
Average Rate PMPM	$385.01														
Member Months	194,339														
Total Premium (TP)	$74,822,928	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB Percent of TP, [see instructions]	0.00%														
state mandated benefits portion of TP that are other than EHB	0.00%														
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$70,972,792														
EHB Percent of TAC, [see instructions]	100.00%														
state mandated benefits portion of TAC that are other than EHB	0.00%														
Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	100.00%	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:	$7,005,901														
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0														
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$63,966,891	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein	$0.00														
Net Amt of Risk Adj	$0.00														
Incurred Claims PMPM	$329.15	#DIV/0!	#DIV/0!	#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	$365.20	#DIV/0!	#DIV/0!	#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	$365.20	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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

Plan ID (Standard Component ID):	Total	94788NY0260032	94788NY0260017	94788NY0260018	94788NY0260019	94788NY0260020	94788NY0260021	94788NY0260022	94788NY0260023	94788NY0260048	94788NY0260033	94788NY0260034	94788NY0260035	94788NY0260036	94788NY0260037
Plan Adjusted Index Rate	$486.08	$523.13	$524.05	$518.95	$523.13	$519.87	$524.05	$519.87	$518.95	$523.01	$523.94	$518.84	$523.01	$519.76	$523.94
Member Months	106,908	4,505	-	1	3,950	1	1	1	1	1,147	5,863	1	5,276	1	1
Total Premium (TP)	$51,965,435	$2,356,691	$0	$519	$2,066,355	$520	$524	$520	$519	$599,897	$3,071,849	$519	$2,759,423	$520	$524
EHB Percent of TP, [see instructions]	77.19%	77.0%	76.82%	77.6%	76.96%	77.4%	76.8%	77.4%	77.6%	77.0%	76.8%	77.6%	77.0%	77.4%	76.8%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	22.81%	23.04%	23.18%	22.42%	23.04%	22.56%	23.18%	22.56%	22.42%	23.04%	23.18%	22.42%	23.04%	22.56%	23.18%
Total Allowed Claims (TAC)	$44,467,767	$1,865,953	$0	$414	$1,636,074	$414	$414	$414	$414	$475,083	$2,428,431	$414	$2,185,298	$414	$414
EHB Percent of TAC, [see instructions]	97.90%	97.9%	97.90%	97.9%	97.90%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%
Allowed Claims which are not the issuer's obligation	$2,024,766	$84,963	$0	$19	$74,496	$19	$19	$19	$19	$21,632	$110,575	$19	$99,504	$19	$19
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0														
Portion of above payable by HHS on behalf of insured person, as %	0.00%		#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$42,443,002	$1,780,989	$0	$395	$1,561,578	$395	$395	$395	$395	$453,451	$2,317,856	$395	$2,085,794	$395	$395
Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Risk Adj	$2,375,496	$100,101	$0	$22	$87,769	$22	$22	$22	$22	$25,486	$130,276	$22	$117,233	$22	$22
Incurred Claims PMPM	$397.00	$395.34	#DIV/0!	$395.34	$395.34	$395.34	$395.34	$395.34	$395.34	$395.34	$395.34	$395.34	$395.34	$395.34	$395.34
Allowed Claims PMPM	$415.94	$414.20	#DIV/0!	$414.20	$414.20	$414.20	$414.20	$414.20	$414.20	$414.20	$414.20	$414.20	$414.20	$414.20	$414.20
EHB portion of Allowed Claims, PMPM	$407.19	$405.48	#DIV/0!	$405.48	$405.48	$405.48	$405.48	$405.48	$405.48	$405.48	$405.48	$405.48	$405.48	$405.48	$405.48

Product-Plan Data Collection

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

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		94788													
Product ID:		94788NY026													
Metal:		Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold
AV Metal Value		0.890	0.890	0.902	0.902	0.902	0.902	0.902	0.902	0.902	0.902	0.800	0.800	0.800	0.800
AV Pricing 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
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		SHPF1133	SHPF1136	SHPF1113	SHPF1116	SHPF1119	SHPF1122	SHPF1125	SHPF1128	SHPF1131	SHPF1134	SHGF2105	SHGF2106	SHGF2107	SHGF2108
Plan ID (Standard Component ID):		94788NY0260038	94788NY0260039	94788NY0260016	94788NY0260001	94788NY0260002	94788NY0260003	94788NY0260004	94788NY0260005	94788NY0260006	94788NY0260007	94788NY0260064	94788NY0260049	94788NY0260050	94788NY0260051
Exchange Plan?		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
Rate Change % (over prior filing)		9.27%	11.70%	15.38%	12.88%	15.27%	15.38%	12.76%	12.88%	12.76%	15.27%	11.13%	8.72%	11.02%	11.13%
Cum'tive Rate Change % (over 12 mos prior)		9.27%	11.70%	15.38%	12.88%	15.27%	15.38%	12.76%	12.88%	12.76%	15.27%	11.13%	8.72%	11.02%	11.13%
Proj'd Per Rate Change % (over Exper. Period)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Threshold Rate Increase %		12.80%													

Section II: Components of Premium Increase (PMPM Dollar Amount at

Plan ID (Standard Component ID):	Total	94788NY0260038	94788NY0260039	94788NY0260016	94788NY0260001	94788NY0260002	94788NY0260003	94788NY0260004	94788NY0260005	94788NY0260006	94788NY0260007	94788NY0260064	94788NY0260049	94788NY0260050	94788NY0260051
Inpatient	$0.00	$9.97	$11.51	$14.06	$12.53	$13.87	$14.06	$12.36	$12.53	$12.36	$13.87	$6.61	$5.21	$6.50	$6.61
Outpatient	$0.00	$16.91	$19.54	$23.85	$21.27	$23.54	$23.85	$20.98	$21.27	$20.98	$23.54	$11.22	$8.85	$11.02	$11.22
Professional	$0.00	$10.51	$12.14	$14.82	$13.21	$14.62	$14.82	$13.03	$13.21	$13.03	$14.62	$6.97	$5.50	$6.85	$6.97
Prescription Drug	$0.00	$19.41	$22.43	$27.38	$24.41	$27.02	$27.38	$24.08	$24.41	$24.08	$27.02	$12.88	$10.16	$12.65	$12.88
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
Capitation	$0.00	$14.28	$16.50	$20.15	$17.96	$19.88	$20.15	$17.72	$17.96	$17.72	$19.88	$9.48	$7.47	$9.31	$9.48
Administration	$0.00	$5.65	$6.53	$7.97	$7.11	$7.87	$7.97	$7.01	$7.11	$7.01	$7.87	$3.75	$2.96	$3.68	$3.75
Taxes & Fees	$0.00	($3.27)	($3.78)	($4.61)	($4.11)	($4.55)	($4.61)	($4.06)	($4.11)	($4.06)	($4.55)	($2.17)	($1.71)	($2.13)	($2.17)
Risk & Profit Charge	$0.00	$0.60	$0.70	$0.85	$0.76	$0.84	$0.85	$0.75	$0.76	$0.75	$0.84	$0.40	$0.32	$0.39	$0.40
Total Rate Increase	$0.00	$74.07	$85.56	$104.47	$93.14	$103.10	$104.47	$91.86	$93.14	$91.86	$103.10	$49.14	$38.75	$48.28	$49.14
Member Cost Share Increase	$0.00	13.8%	16.3%	20.2%	17.6%	20.1%	20.2%	17.5%	17.6%	17.5%	20.1%	10.4%	8.0%	10.3%	10.4%
Average Current Rate PMPM	$422.41	$458.86	$448.10	$443.04	$453.67	$439.95	$443.04	$450.51	$453.67	$450.51	$439.95	$403.42	$413.10	$400.61	$403.42
Projected Member Months	106,908	1	1	470	4,588	1	32,075	1	1	1	7,899	1	1	8,578	1

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	94788NY0260038	94788NY0260039	94788NY0260016	94788NY0260001	94788NY0260002	94788NY0260003	94788NY0260004	94788NY0260005	94788NY0260006	94788NY0260007	94788NY0260064	94788NY0260049	94788NY0260050	94788NY0260051
Average Rate PMPM	$385.01														
Member Months	194,339														
Total Premium (TP)	$74,822,928	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB Percent of TP, [see instructions]	0.00%														
state mandated benefits portion of TP that are other than EHB	0.00%														
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$70,972,792														
EHB Percent of TAC, [see instructions]	100.00%														
state mandated benefits portion of TAC that are other than EHB	0.00%														
Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	100.00%	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:	$7,005,901														
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0														
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$63,966,891	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein	$0.00														
Net Amt of Risk Adj	$0.00														
Incurred Claims PMPM	$329.15	#DIV/0!	#DIV/0!	#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	$365.20	#DIV/0!	#DIV/0!	#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	$365.20	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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

Plan ID (Standard Component ID):	Total	94788NY0260038	94788NY0260039	94788NY0260016	94788NY0260001	94788NY0260002	94788NY0260003	94788NY0260004	94788NY0260005	94788NY0260006	94788NY0260007	94788NY0260064	94788NY0260049	94788NY0260050	94788NY0260051
Plan Adjusted Index Rate	$486.08	$519.76	$518.84	$529.90	$530.84	$525.68	$529.90	$526.60	$530.84	$526.60	$525.68	$443.36	$444.14	$439.82	$443.36
Member Months	106,908	1	1	470	4,588	1	32,075	1	1	1	7,899	1	1	8,578	1
Total Premium (TP)	$51,965,435	$520	$519	$249,054	$2,435,490	$526	$16,996,644	$527	$531	$527	$4,152,318	$443	$444	$3,772,792	$443
EHB Percent of TP, [see instructions]	77.19%	77.4%	77.6%	77.0%	76.8%	77.6%	77.0%	77.4%	76.8%	77.4%	77.6%	77.0%	76.8%	77.6%	77.0%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	22.81%	22.56%	22.42%	23.04%	23.18%	22.42%	23.04%	22.56%	23.18%	22.56%	22.42%	23.04%	23.18%	22.42%	23.04%
Total Allowed Claims (TAC)	$44,467,767	$414	$414	$194,672	$1,900,331	$414	$13,285,334	$414	$414	$414	$3,271,733	$414	$414	$3,552,972	$414
EHB Percent of TAC, [see instructions]	97.90%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%
Allowed Claims which are not the issuer's obligation	$2,024,766	$19	$19	$8,864	$86,528	$19	$604,926	$19	$19	$19	$148,973	$19	$19	$161,779	$19
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0														
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$42,443,002	$395	$395	$185,808	$1,813,802	$395	$12,680,408	$395	$395	$395	$3,122,760	$395	$395	$3,391,194	$395
Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Risk Adj	$2,375,496	$22	$22	$10,443	$101,945	$22	$712,707	$22	$22	$22	$175,516	$22	$22	$190,603	$22
Incurred Claims PMPM	$397.00	$395.34	$395.34	$395.34	$395.34	$395.34	$395.34	$395.34	$395.34	$395.34	$395.34	$395.34	$395.34	$395.34	$395.34
Allowed Claims PMPM	$415.94	$414.20	$414.20	$414.20	$414.20	$414.20	$414.20	$414.20	$414.20	$414.20	$414.20	$414.20	$414.20	$414.20	$414.20
EHB portion of Allowed Claims, PMPM	$407.19	$405.48	$405.48	$405.48	$405.48	$405.48	$405.48	$405.48	$405.48	$405.48	$405.48	$405.48	$405.48	$405.48	$405.48

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:														94788NY024			
Metal:		Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Catastrophic	Catastrophic	Catastrophic	Catastrophic
AV Metal Value		0.800	0.800	0.800	0.800	0.781	0.781	0.781	0.781	0.781	0.781	0.781	0.781	0.000	0.000	0.000	0.000
AV Pricing 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	0.000	0.000	0.000	0.000
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		SHGF2109	SHGF2110	SHGF2111	SHGF2112	SHGFHN10	SHGFHN11	SHGFHN12	SHGFHN13	SHGFHN14	SHGFHN15	SHGFHN16	SHGFHN17	HA29513	HA6513	HA8513	HA9513
Plan ID (Standard Component ID):		94788NY0260052	94788NY0260053	94788NY0260054	94788NY0260055	94788NY0260065	94788NY0260066	94788NY0260067	94788NY0260068	94788NY0260069	94788NY0260070	94788NY0260071	94788NY0260072	94788NY0240001	94788NY0240002	94788NY0240003	94788NY0240004
Exchange Plan?		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2														9.02%			
Historical Rate Increase - Calendar Year - 1														5.43%			
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
Rate Change % (over prior filing)		8.61%	8.72%	8.61%	11.02%	13.77%	11.30%	13.65%	13.77%	11.18%	11.30%	11.18%	13.65%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		8.61%	8.72%	8.61%	11.02%	13.77%	11.30%	13.65%	13.77%	11.18%	11.30%	11.18%	13.65%	0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	-100.00%	-100.00%	-100.00%
Product Threshold Rate Increase %														#DIV/0!			

Section II: Components of Premium Increase (PMPM Dollar Amount at

Plan ID (Standard Component ID):	Total	94788NY0260052	94788NY0260053	94788NY0260054	94788NY0260055	94788NY0260065	94788NY0260066	94788NY0260067	94788NY0260068	94788NY0260069	94788NY0260070	94788NY0260071	94788NY0260072	94788NY0240001	94788NY0240002	94788NY0240003	94788NY0240004
Inpatient	$0.00	$5.11	$5.21	$5.11	$6.50	$6.72	$5.56	$6.61	$6.72	$5.47	$5.56	$5.47	$6.61	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$8.67	$8.85	$8.67	$11.02	$11.40	$9.44	$11.22	$11.40	$9.27	$9.44	$9.27	$11.22	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$5.38	$5.50	$5.38	$6.85	$7.08	$5.86	$6.97	$7.08	$5.76	$5.86	$5.76	$6.97	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$9.95	$10.16	$9.95	$12.65	$13.08	$10.84	$12.88	$13.08	$10.65	$10.84	$10.65	$12.88	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$7.32	$7.47	$7.32	$9.31	$9.63	$7.97	$9.48	$9.63	$7.83	$7.97	$7.83	$9.48	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$2.90	$2.96	$2.90	$3.68	$3.81	$3.15	$3.75	$3.81	$3.10	$3.15	$3.10	$3.75	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	($1.68)	($1.71)	($1.68)	($2.13)	($2.20)	($1.83)	($2.17)	($2.20)	($1.79)	($1.83)	($1.79)	($2.17)	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.31	$0.32	$0.31	$0.39	$0.41	$0.34	$0.40	$0.41	$0.33	$0.34	$0.33	$0.40	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$37.95	$38.75	$37.95	$48.28	$49.92	$41.35	$49.14	$49.92	$40.62	$41.35	$40.62	$49.14	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	7.9%	8.0%	7.9%	10.3%	12.8%	10.4%	12.7%	12.8%	10.3%	10.4%	10.3%	78.2%	$0.00	$0.00	$0.00	$0.00
Average Current Rate PMPM	$422.41	$410.22	$413.10	$410.22	$400.61	$333.43	$341.43	$331.10	$333.43	$339.05	$341.43	$339.05	$331.10				
Projected Member Months	106,908	1	1	5,000	15,000	7,117	1,998	1	3,418	1	1	1	1				

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	94788NY0260052	94788NY0260053	94788NY0260054	94788NY0260055	94788NY0260065	94788NY0260066	94788NY0260067	94788NY0260068	94788NY0260069	94788NY0260070	94788NY0260071	94788NY0260072	94788NY0240001	94788NY0240002	94788NY0240003	94788NY0240004
Average Rate PMPM	$385.01													$412.43	$420.97	$444.40	$447.11
Member Months	194,339													13,738	43,744	11,172	7,117
Total Premium (TP)	$74,822,928	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$5,665,930	$18,415,088	$4,964,846	$3,182,111
EHB Percent of TP, [see instructions]	0.00%																
state mandated benefits portion of TP that are other than EHB	0.00%																
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$70,972,792													$5,017,131	$15,975,351	$4,080,025	$2,599,135
EHB Percent of TAC, [see instructions]	100.00%													100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%													0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	$7,005,901													$495,253	$1,576,967	$402,749	$256,567
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0																
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$63,966,891	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$4,521,878	$14,398,385	$3,677,276	$2,342,568
Net Amt of Rein	$0.00																
Net Amt of Risk Adj	$0.00																
Incurred Claims PMPM	$329.15	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$329.15	$329.15	$329.15	$329.15
Allowed Claims PMPM	$365.20	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$365.20	$365.20	$365.20	$365.20
EHB portion of Allowed Claims, PMPM	$365.20	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$365.20	$365.20	$365.20	$365.20

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

Plan ID (Standard Component ID):	Total	94788NY0260052	94788NY0260053	94788NY0260054	94788NY0260055	94788NY0260065	94788NY0260066	94788NY0260067	94788NY0260068	94788NY0260069	94788NY0260070	94788NY0260071	94788NY0260072	94788NY0240001	94788NY0240002	94788NY0240003	94788NY0240004
Plan Adjusted Index Rate	$486.08	$440.60	$444.14	$440.60	$439.82	$374.36	$375.02	$371.38	$374.36	$372.03	$375.02	$372.03	$371.38				
Member Months	106,908	1	1	5,000	15,000	7,117	1,998	1	3,418	1	1	1	1	-	-	-	-
Total Premium (TP)	$51,965,435	$441	$444	$2,202,994	$6,597,329	$2,664,340	$749,298	$371	$1,279,572	$372	$375	$372	$371	$0	$0	$0	$0
EHB Percent of TP, [see instructions]	77.19%	77.4%	76.8%	77.4%	77.6%	77.6%	77.5%	78.2%	77.6%	78.1%	77.5%	78.1%	78.2%				
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
Other benefits portion of TP	22.81%	22.56%	23.18%	22.56%	22.42%	22.38%	22.51%	21.75%	22.38%	21.89%	22.51%	21.89%	21.75%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$44,467,767	$414	$414	$2,070,980	$6,212,939	$3,053,930	$857,349	$429	$1,466,676	$429	$429	$429	$429				
EHB Percent of TAC, [see instructions]	97.90%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%				
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
Other benefits portion of TAC	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation	$2,024,766	$19	$19	$94,299	$282,896	$139,056	$39,038	$20	$66,783	$20	$20	$20	$20				
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0																
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$42,443,002	$395	$395	$1,976,681	$5,930,043	$2,914,874	$818,311	$410	$1,399,893	$410	$410	$410	$410	$0	$0	$0	$0
Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0				
Net Amt of Risk Adj	$2,375,496	$22	$22	$111,100	$333,300	$158,140	$44,396	$22	$75,948	$22	$22	$22	$22				
Incurred Claims PMPM	$397.00	$395.34	$395.34	$395.34	$395.34	$409.57	$409.57	$409.57	$409.57	$409.57	$409.57	$409.57	$409.57	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$415.94	$414.20	$414.20	$414.20	$414.20	$429.10	$429.10	$429.10	$429.10	$429.10	$429.10	$429.10	$429.10	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$407.19	$405.48	$405.48	$405.48	$405.48	$420.08	$420.08	$420.08	$420.08	$420.08	$420.08	$420.08	$420.08	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

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

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product				94788	
Product ID:				94788NY018	
Metal:		Catastrophic	Catastrophic	Catastrophic	Catastrophic
AV Metal Value		0.000	0.000	0.000	0.000
AV Pricing Value		0.000	0.000	0.000	0.000
Plan Type:		HMO	HMO	HMO	HMO
Plan Name		HM1S13	HM2S13	HNY	HDHNY
Plan ID (Standard Component ID):		94788NY0240005	94788NY0240006	94788NY0180001	94788NY0180002
Exchange Plan?		No	No	No	No
Historical Rate Increase - Calendar Year - 2				9.02%	
Historical Rate Increase - Calendar Year - 1				5.43%	
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
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)		-100.00%	-100.00%	-100.00%	-100.00%
Product Threshold Rate Increase %				#DIV/0!	

Section II: Components of Premium Increase (PMPM Dollar Amount at

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

Average Current Rate PMPM	$422.41				
Projected Member Months	106,908				

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	94788NY0240005	94788NY0240006	94788NY0180001	94788NY0180002
Average Rate PMPM	$385.01	$391.15	$384.70	$294.63	$236.99
Member Months	194,339	27,519	58,385	28,261	4,403
Total Premium (TP)	$74,822,928	$10,764,181	$22,460,620	$8,326,667	$1,043,486
EHB Percent of TP, [see instructions]	0.00%				
state mandated benefits portion of TP that are other than EHB	0.00%				
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$70,972,792	$10,049,966	$21,322,259	$10,320,945	$1,607,980
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	$7,005,901	$992,057	$2,104,773	$1,018,806	$158,728
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0				
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$63,966,891	$9,057,909	$19,217,486	$9,302,139	$1,449,252
Net Amt of Rein	$0.00				
Net Amt of Risk Adj	$0.00				
Incurred Claims PMPM	$329.15	$329.15	$329.15	$329.15	$329.15
Allowed Claims PMPM	$365.20	$365.20	$365.20	$365.20	$365.20
EHB portion of Allowed Claims, PMPM	$365.20	$365.20	$365.20	$365.20	$365.20

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

Plan ID (Standard Component ID):	Total	94788NY0240005	94788NY0240006	94788NY0180001	94788NY0180002
Plan Adjusted Index Rate	$486.08				
Member Months	106,908	-	-	-	-
Total Premium (TP)	$51,965,435	$0	$0	$0	$0
EHB Percent of TP, [see instructions]	77.19%				
state mandated benefits portion of TP that are other than EHB	0.00%				
Other benefits portion of TP	22.81%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$44,467,767				
EHB Percent of TAC, [see instructions]	97.90%				
state mandated benefits portion of TAC that are other than EHB	0.00%				
Other benefits portion of TAC	2.10%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation	$2,024,766				
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0				
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$42,443,002	$0	$0	$0	$0
Net Amt of Rein	$0				
Net Amt of Risk Adj	$2,375,496				
Incurred Claims PMPM	$397.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$415.94	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$407.19	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Hamel, Sheryl

Dawn,

Please see below print screen.

Add Rate data is marked “yes”

Please let me know if you require any further information.

SERFF - System for Electro

https://login.serff.com/serff/updateFilingView.do#

Home | About SERFF | Contact Us | naic.org

Welcome, Sheryl Hamel.
CDPHP01
Help | Logoff

Tracking Number: Search...

Filings | Plan Management | Messages | Billing | Settings | Filing Rules | Templates | Alerts

My Workfolder | My Open Filings | My Draft Filings | Search | Create Filing | EFT Report

Add Authors | Update | Change Schedule Items | Set Confidentiality | Create Reminder | Move to Workfolder | PDF Pipeline | Clone Filing

New York

View General Instructions View Filing Log

Product Name: * 2015 HMO SG Off-Renewal
SERFF Tr Num: CAPD-129571322
SERFF Status: Pending Industry Response
TOI: H15G Group Health - Hospital/Surgical/Medical Expense
State Tr Num: 2014060205
State Status:
Sub-TOI: H15G.003 Small Group Only
Co Tr Num: HMO_SG_OFF_RENEWAL
Co Status:
Filing Type: Prior Approval Off Exchange Form & Rate Filing
Date Submitted: 06/13/2014
Disposition Date:
Implementation Date Requested: * 01/01/2015
Authors: Andrew Blanchard , Patricia Zuchowski , Sheryl Hamel , David Benyo , Meghan Cassidy , Kari Mysliwiec , Spicer Mike , Jesse Drury , Samson Liang

General Information | Form Schedule | Rate/Rule Schedule | Supporting Documentation | State Specific | Companies and Contact | Filing Fees | Filing Correspondence

Add Rate Data? Yes

Filing Method:	Prior Approval Off 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:	Prior Approval Off 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 required):	Minimum % Change (where required):
Capital District Physicians Health Plan Inc	Increase	8.790 %	8.790 %	$2,773,094.00	3,343	$31,565,671.00	16.640 %	-1.370 %

View Rate Review Detail

Item No.	Schedule Item Status	Document Name: *	Affected Form Numbers: (Separate with commas)	Rate Action: *	Rate Action Information:	Attach Document:	Submitted:
1		HMO SG Off		New		Rate Manual - SG HMO Off Exchange- TOC.pdf Rate Manual - SG HMO Off Exchange.pdf	Date Submitted: 06/13/2014 By: Andrew Blanchard

Icon Legend: - Draft Schedule Item - Open Objection - Complete Rate Review Detail - Incomplete Rate Review Detail

Desktop 2:45 PM

[redacted]