

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



[Date]

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

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

Dear [Name]:

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

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

### **Proposed Premium Rate Change**

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

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

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

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

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

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

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

You can contact [CDPHP] for additional information at:

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

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

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

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

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

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

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

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

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

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

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

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

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