



**Prior Approval Submission**  
**NYS Department of Financial Services**  
To: PremiumRateIncreases

07/22/2014 09:44 AM

Capital District Physicians Health Plan Inc.  
individual  
hmo



I am writing this statement in regards to the Notice of Premium Rate Change. I would like to express my opposition to this increase. I currently pay in excess of \$4000/year! An 8.6% increase to cover items such as corrections for past pricing, changes in administrative expenses and coverages of drugs such as Sovaldi [treatment for Hep C] in unacceptable. If the increase takes place, I will leave CDPHP, which I have been a member of for 16+ years in November at our open enrollment date.



**FW: Proposed premium rate increase epo copayment 203 gold**

to: premiumrateincreases

07/31/2014 10:03 PM

**From:** [REDACTED] [mailto:[REDACTED]]  
**Sent:** Thursday, July 31, 2014 10:02 PM  
**To:** [REDACTED]  
**Subject:** FW: Proposed premium rate increase epo copayment 203 gold

**From:** [REDACTED] [mailto:[REDACTED]]  
**Sent:** Thursday, July 31, 2014 8:44 PM  
**To:** premiumrateincreases@dfs.ny.gov  
**Subject:** Proposed premium rate increase epo copayment 203 gold

NYS Department Of Financial Services  
Health Bureau-Premium Rate Adjustments  
1 State Street  
New York, NY, 10004

Dear Sir,

I'm writing in regards to the 7.1 percent premium rate increase request from CDPHP on my health care policy for my family.

Policy EPO Copayment 203b Gold  
HIOS ID: [REDACTED]

Let me try to find the words adequate enough to express my absolute disgust with this request. I currently pay a astounding \$4100.00 per quarter for this policy which continues to add larger deductibles and less coverage. The math is I pay around \$16,400 A year for this policy which has a Family out of pocket limit of 12,700 and a family in network deductible of \$1000.00. As you can see it is pretty easy to get the total annual cost of this policy to me, at close to \$19,000 per year. Even as I type this and know it is factual blows my mind. I am self employed so in order to crack this nut and pay for this with after tax dollars I need to gross close to \$35,000-\$40,000 in sales.

I have been self employed for 32 years now and do very physical labor this may sound easy enough to some but not the case here. I have never depended on the government for assistance. I ask for your assistance here in considering this.

I have one last question, is this what is called the affordable care act? Are the politicians who shoved this down our throat also paying this kind of money for their policies?

Where is the equity here? Before you ask me to go to the health care market place I already have and the prices were even higher for similar coverage.

7 percent added to this is unacceptable and just continues to put more burden on the hard working middle class who is being put under incredible pressure to make ends meet.

Sincerely,

A solid black rectangular box redacting the signature of the sender.



re: CDPHP Universal Benefits, Inc

to: premiumrateincreases

08/04/2014 02:38 PM

Good day.

Our family is presently insured through Embrace Health EPO copayment 205 Gold.

Since the letter I received from CDPHP is *deliberately undated*, and I only have/had 30 days to provide input to DFS, it may be too late to even enter an opinion.

Nevertheless, I have a strong opinion.

I honestly do not see why ANY increase should be granted, and DFS appears (from where I sit, paying these health insurance costs for years and years) to simply "rubberstamp" whatever the insurance companies request.

For more than a decade, with the single exception of last year, the annual rate increase was in excess of 10 percent!!!!!! So in a decade, health insurance costs for consumers more than doubled. At the same time, all consumer goods rise, but the state knows full well what people are paid, and what shape our US economy is in since that unpaid-for war in Iraq and the Wall Streeter thefts.

So, here we are...another huge rate increase...on top of our \$16,000/yr health insurance policy!

MY HUSBAND AND I BASICALLY RELY ON HIS INCOME FOR THE MOST PART, AND HE IS SELF-EMPLOYED WITH A BUSINESS SINCE THE EARLY 1980'S. THIS PAST YEAR HEALTH AND DENTAL INSURANCE CAME TO RIGHT AROUND \$16,000. WE CANNOT AFFORD THIS. WE CANNOT PUT MONEY ASIDE. WE CANNOT HAVE ANY SECURITY. WE ARE DENIED THAT, IN PART BY YOU, THE DFS. YOU RAISE OUR HEALTH INSURANCE COSTS ANNUALLY WITH NARY A CARE FOR NYS CITIZENS.

SHAME ON YOU! THIS SHOULD END. HOW ARE PEOPLE TO START A BUSINESS IN NYS IF INSURING YOURSELF IS THIS EXPENSIVE???? AND THE EXCHANGE DID NOTHING TO HELP US. ALL WE CAN DO IS DROP OUR CHILDREN'S COVERAGE. THEY COULD BE COVERED UNTIL 26 IF NYS HAD AFFORDABLE HEALTH INSURANCE, BUT NYS DOES NOT AND THAT IS YOUR FAULT. YOU WORK FOR THE INSURANCE COMPANIES, NOT THE PEOPLE.

Sincerely,

[Redacted signature]

Capital District Physicians Health Plan Inc.

individual

hmo



CDPHP's request to increase health insurance premium rates should be denied. If the company is having difficulty making enough money, management should do something to reduce the massive bureaucratic inefficiency that seems to be endemic in the organization. One place they might look is in the pharmaceutical approvals area, where they seem willing to spend large sums in labor and paperwork in order to deny policy holders access to much needed medication. Additional training for employees would also reduce costs. Various departments seem unable or unwilling to communicate effectively regarding the needs of policy holders. I cannot even estimate the number of hours I and my doctors have spent dealing with employees who didn't know what was going on, being sent into games of "call transfer tag" that ended in disconnection, and submitting massive amounts of paperwork simply to get approval for treatment. This company's mismanagement should not be passed on to consumers based on vague forecasts of healthcare cost increases.



June 30, 2014

RECEIVED

JUL 02 2014

Attention: NYS Department of Financial Services  
Health Bureau-Premium Rate Adjustments

HEALTH BUREAU  
N.Y.C. OFFICE



Re: Proposed Premium Rate Change

The Affordable Health Care Act will not be affordable for the average American with the proposed increase in premiums – Many consumers will find the cost prohibitive.

We previously were able to purchase Healthy New York Health Insurance which was far more affordable, even with the policy restrictions. I certainly would have been happier to have continued with that insurance but was not allowed.

One would think that higher co-pays and deductibles would be a better approach than monthly premium increases.

As to why CDPHP is requesting rate changes:

1. increases in medical and pharmacy trends-  
this should have been considered initially
2. corrections for past pricing-  
why should the consumer have to pay more due to their errors
3. demographic and aging changes-  
these were known as soon as people signed up or were not allowed to continue with their prior health insurance(Healthy NY -prior coverage)
4. Federal Risk Adjustment and Federal Transitional Reinsurance Program Changes-  
Why does the consumer have to pay this- why not pay it from taxes collected from the Federal Government?
5. Federal Taxes due to the Affordable Care Act-  
why should the consumer have to pay for this too? I ask- Then let me write off the total cost of my premium when I do my taxes, not the total cost reduced by 10% of the gross income.
6. Changes in administrative expenses-

this is ridiculous – there is no reason for this to come out of the consumers monthly premium or to believe that the costs are that much different than the previously charged billing of the Healthy NY Health Plan.

7.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- not everyone needs or wants this as part of their insurance- have a special insurance rider for those people who want this coverage.

The NYS Department of Financial Services Health Bureau needs to reduce the proposed premium increases as wanted by the Health Insurance Companies.

Where will the average consumer, now forced to buy health insurance be, if the prices continue to increase at the proposed rate this year and in the future? No one will believe that NYS or the Federal Government will ever be able to regulate premium increases.

Name of Insurer- Capital District Physicians' Health Plan, Inc.

Name of My Plan- HMO Copayment [REDACTED]

Individual Coverage

HIOS identification number- [REDACTED]

Thank you for your time regarding this matter; which is of great concern to many consumers.

Sincerely,

[REDACTED]

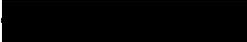


RECEIVED  
JUL 02 2014  
HEALTH BUREAU  
N.Y.C. OFFICE

June 29, 2014

NYS Department of Financial Services  
Health Bureau - Premium Rate Adjustments



Re: Comments on CDPHP proposed rate change for 2015  
Insurer: Capital District Physicians Health Plan, Inc.  
Plan Name: HMO Copayment 11 Platinum NS INN Dep25 Adult Vision Lasik Wellness  
Coverage: Individual  
HIOS identification number: 

Ladies/Gentlemen:

I write to object strongly to the proposed 11.8% rate increase which was announced to me by letter, dated June 13, 2014, from my insurer, Capital District Physicians Health Plan, Inc.

I have only been insured through CDPHP since January, 2014 as the result of my application through New York's on-line Marketplace (commonly called Obamacare). Presently, my monthly premium is \$1,184.31. During the first five months of coverage, CDPHP has paid out \$1,535.59 to all my healthcare providers (including pharmacy) while I have paid copayments of \$249.85. Thus, in that time frame, I have paid \$6,171.40 for medical and pharmacy care (\$5,921.55 to CDPHP in premiums).

My calculations indicate that CDPHP has made a before expenses profit on my policy of \$4,385.96. That amounts to their retention of 74% of my premiums to pay expenses related to my policy that do not involve payments to my healthcare providers. I have no idea what their overhead may be. Nor do I know what net profit they may be seeking after the payment of all their expenses.

But, it seems to me that the 74% they have not paid toward my direct healthcare should be more than enough to allow them to cover all the expenses of a well run business, make a profit AND retain a reserve that is sufficient to cover contingencies that may arise in 2015 and beyond. In fact, given these numbers and percentages, I believe that I am being charged **too much** in monthly premiums.

I have read that most well run businesses must strive to keep expenses below 50% of the gross income. Of course, that may vary from industry to industry. But, taking my individual policy into

account only (as it is all that I am privy to), it seems that the promise of universal healthcare is coming at a steeper price than I or anyone else anticipated. What I am objecting to is an increase in rates that seems to me to be based on propping up a poorly run business on the backs of those Obamacare was supposed to help. I am not wealthy. I want and need health coverage. In your oversight role, I respectfully request that you deny this rate increase as unwarranted.. In fact, if you could roll back rates, it would help me a bit. I and many others are struggling to survive. This is not the time for another blow to our pocketbooks. Thank you for your attention to these comments.



DEAR DFS

6/29/14

I BEG you to decline CDPHP's  
Request for a 7.7% premium increase.

RAISING PREMIUMS 10-15% EVERY  
YEAR is NOT AFFORDABLE HEALTH CARE!

Respectfully,

[REDACTED]

RECEIVED

JUL 07 2014

HEALTH BUREAU  
N.Y.C. OFFICE

NYS Department of Financial Services  
Health Bureau – Premium Rate Adjustment



Capital District Physicians Health Plan, Inc.



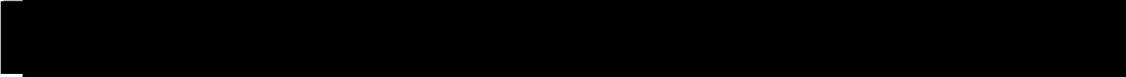
RECEIVED  
JUN 26 2014  
HEALTH BUREAU  
N.Y.C. OFFICE

June 23, 2014

Re: Notice of Proposed Premium Rate Change



I am in receipt of a letter notifying me of my health insurance company's filing a request with DFS to approve an increase in my 2015 premium. The proposed change is 11.8%. The purpose of this correspondence is to state that an increase at that rate would place an unreasonable hardship on my life at this time. I have thoroughly read the insurance company's stated reasons for the rate change but want to express my views regarding this proposed increase: it is too high and simply put I just don't know how I will manage to pay the extra money.

- Name of insurer: Capital District Physicians' Health Plan, Inc.
- 
- I have individual coverage



I understand that written comments submitted to DFS will be posted on the DFS website minus my personal information



[REDACTED]

June 24, 2014

NYS Department of Financial Services  
Health Bureau - Premium Rate Adjustments

RECEIVED

JUN 26 2014

HEALTH BUREAU  
N.Y.C. OFFICE

[REDACTED]

Dear Sirs,

This is in reference to the Capital District Physicians' Health Plan (CDPHP) request to increase the premium rate for my insurance plan by 11.8%.

The name of my individual coverage plan is [REDACTED]

I obtained this individual coverage plan effective the first of this year, January 1, 2014, under the Affordable Care health law (Obamacare) and through the New York State Department of Health. And now it is less than 6 months later and CDPHP already is looking to increase the premium by double digits. That is totally absurd, and presents an awful and unsupportable financial hardship on those of us who are retired and pay for our medical insurance entirely by ourselves. The key word in the legislation creating this program is "affordable". By increasing the premiums by this obscene amount so soon after the program began defeats the very purpose of the law.

I strongly urge DFS to deny any rate increase sought by CDPHP for this critical medical insurance program. If any increase is allowed, it must be kept to a sane amount, 2% at the absolute most.

Thank you for your attention to and consideration of my letter.

Sincerely,

[REDACTED]

[REDACTED]

RECEIVED  
JUN 30 2014  
HEALTH BUREAU  
N.Y.C. OFFICE

June 25, 2014

NYS Department of Financial Service  
Health Bureau – Premium Rate Adjustments  
1 State Street  
New York NY 10004

SUBJECT: **Opposition** to Proposed Premium Rate Change – Capital District Physicians’ Health Plan, Inc.  
HMO Copayment 11 Platinum NS INN Dep25 Adult Vision Lasik Wellness  
JIOS ID: 94788NY0280049

To Whom it May Concern:

We strongly oppose the proposed 7.0% rate increase for our CDPHP individual coverage. Inadequate justification is provided and the rates are already too high.

We urge you to reject this request.

Sincerely,

  
Petersburg, NY 

My insurance provider is asking for a 9.1% increase. This just seems WAY OUT OF LINE.  
Doesn't anyone stick up for the consumer anymore?

Provider: Capital District Physicians' Health Plan, Inc.

Plan: HDHMO Qualified 41 Bronze NS INN Dep25 Adult Vision Lasik Wellness

Coverage: Individual

HIOS ID: 94788NY0280033

Let's do something to get our health care under control. Surely we can do more.

The name of the insurer is Capital District Physician's Health Plan. The name of my plan is HMO copayment 10 Platinum Child Only ST INN. The comments I would like known are not favorable for CDPHP. The letter I received today from CDPHP states that the reason for the requested increase in premium rates is as the following; EXPECTED increases in claims, corrections for past pricing, aging changes, program changes, benefit changes, taxes, and most ridiculous of all, ADMINISTRATIVE changes. Now, reading this garbage, I am infuriated that we have to pick up the slack of incompetency and immoral greed by these insurance companies. It is no longer about healthy people but a corrupt business looking to get their share of the "market" it has now become. These "changes" are nothing but covered up greed with names imposed on them by the upper echelon of these "insurance companies". I have a question: when business entities cry poor and ask for astronomical increases in premium fees (my increase is slated at 71.9%!!!), can I ask for a pay rate increase per hour from my federal government citing taxes, program changes and expected increases in my bills???



**CDPHP Rate Increase**

to: premiumrateincreases@dfs.ny.gov

06/19/2014 11:38 AM

RE: [REDACTED]  
Individual Health Plan ID Number 94788NY0280013

I just received in the mail, a notice from CDPHP, my health insurance company, that they were applying for a rate increase of 11.8 percent per month-- which is very very disturbing to me. The economy is bad, business is slow, and now my insurance company wants more money from me each month. An 11.8 percent increase on my premium means an extra \$61 per month! To a large company who can absorb it, it may not sound like much--but to an individual small business owner in a low income tax bracket--paying full Social Security cost, full health insurance, and Federal and State income taxes alone, it is a lot of money.

I run a TINY, one person business, struggling to pay bills with my income. If it is not bad enough that Obamacare has forced me out of being part of a larger group for health insurance, now my insurance company is rubbing salt in the wound by requesting an increase in premiums --during the very first year of my mandatory individual coverage. WILL THIS HAPPEN EVERY YEAR???

Health insurance cost is a very real problem for small business owners like myself. I am paying \$514 per month just to insure myself--as my husband is on Medicare. This increase will bring my monthly payment to almost \$600. I have no employer helping to pay my insurance bills. I am sure there are many more people like me, in a similar situation.

PLEASE give careful consideration to the request made by CDPHP for approval of premium increases during the first year of Obamacare. Please consider the small mom and pop business and one-owner businesses, to which this increase will create an undue hardship.

Thank you.

[REDACTED]

To: permiumrateincreases@dfs.ny.gov

Subject: the cost

Date: Thu, 19 Jun 2014 14:42:21 -0400

I just received a letter from my health insurance company cdphp . I have a hmo Hybrid gold 22. I have individual coverage. My insurance was cancelled because of the affordable care act. I now pay for less coverage. Now they want to raise the rate by 11.8%. What happen to affordable.? How are you suppose to keep paying for this? Please put a led on the spending. Normal people can not afford there raises every year.



re: Notice of Proposed Premium Rate Change

to: premiumrateincreases

06/19/2014 04:04 PM

re:

Notice of Proposed Premium Rate Change

Plan Name: HMO Copayment 10 Platinum ST INN Dep25

Individual Coverage

HIOS ID: 94788NY0280053

To whom it may concern-

Yesterday I received a note from Capital District Physican's Health Plan, Inc (CDPHP) about a possible 14.5% rate increase in 2015.

According to the letter I received, this increase request is due to "trends", Federal Risk Adjustment, Federal Transitional Reinsurance and Federal Taxes due to the Affordable Care Act.

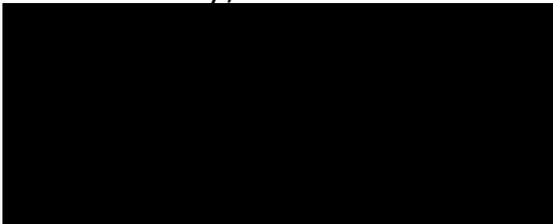
I have been a supporter of the Affordable Care Act but **with this raise in rate my insurance will be unaffordable.**

I'm seriously considering opening an HSA instead of having any insurance as it's become more difficult to justify paying so much for getting so little. The "just in case" thought that has been instilled in us by the insurance industry but I'm beginning to ask myself who is benefiting.

I am a single woman, working for myself with a preexisting health condition. I have continual financial stress that, according to studies, could lead to future health issues.

To put it bluntly, I feel that I'm part of the middle class that is financially being bleed a slow death.

Sincerely,





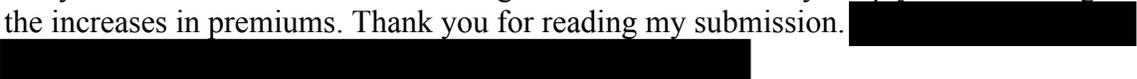
**Prior Approval Submission**  
**NYS Department of Financial Services**  
To: PremiumRateIncreases

06/19/2014 06:41 PM

Capital District Physicians Health Plan Inc.  
individual  
hmo



Per a notice today from CDPHP, my insurance premium is expected to increase by 9.7% if the New York State Department of Financial Services approves a rate change for 2015. That is a \$118 increase to the already \$1,220 I currently pay for my husband and I to be covered by CDPHP's HMO Copayment 10 Platinum Standard plan. My HIOS identification number is 94788NY0280053. Somehow, this negates the true intentions of the "Affordable Health Care Act" to insure all NYS residents. My husband and I chose a health plan which we are struggling to afford, and now another \$118 is to be added on only after 8 months?? Bankrupting the policyholders is not going to ensure anyone's well-being. If anything, it will force more people to drop their healthcare plans in lieu of paying a fine. My suggestion is this, place a moratorium on all policy premiums for, at least, the first two years of the inception of the Affordable Health Care Act. Not only is this fair and just for every policy holder, but it does hold the insurance companies accountable for their part in the "Affordable Health Care Act" as well. Let's please stop these premium increases from going out of hand right now. This was the initial reason why many New York State residents no longer had health care...they simply could no longer afford the increases in premiums. Thank you for reading my submission.





CDPHP



to: premiumrateincreases

06/22/2014 01:46 PM

I fully disagree with the rate increase and ask for a flat budget year for CDPHP. In 2014, Obamacare took effect which changed our complete benefit structure for employees. We went from a no plan deductible and a minimal fee for doctor's visits to a \$600.00 per employee/\$1,200.00 per family plan deductible which also includes a moderate fee for visits.

Our staff now bear the brunt of these fees and have lost money in their paychecks directly hurting the staff and families.

Our company has also been reduced funding (2014) through rate rationalization from the Federal and State Govt's and will continue for the next three years.

Therefore, if the healthcare field has to maintain a flat budget for 2015, so should the insurance field. An increase of health insurance would mean less money in employee paychecks and thus hurting the employees and families. I hope you consider these comments prior to making your decision. Thank you.

To Whom It May Concern:

I **strongly** oppose the proposed 2015 premium rate adjustment to Capital District Physicians' Health Plan: HMO Copayment 30 Silver CSR2 ST INN Dep 25.

I have individual coverage which I purchased because I am no longer working and have no other coverage. My HIOS identification number is 94788NY0280055.

The Affordable Care Act insurance plans only went into effect a few months ago and it is outrageous that the insurance company is already asking for a premium increase. Surely, the company had plenty of time to assess what projected costs were going to be for the foreseeable future when they established this plan. It has only been a relatively few months since then, so how could these **"increases in medical and pharmacy trends (expected increases in claim costs), corrections for past pricing; demographic and aging changes"** and all the other reasons they give for this change SO much in that time? They had many analysts collecting data and working on all these aspects diligently to make sure they calculated correctly to cover costs. Did the data change that much in only a few months?! And *surely*, the **"expected increases due to advances in medical technology and increased frequency of genetic testing"** were already expected when rates were set and can't have changed that much in this short amount of time.

A 7.7% increase is especially hefty and affordable for those of us with no jobs who don't want to rely on the emergency rooms and urgent care centers as our primary health care.

Please do not approve this increase or allow CDPHP to cut services.

Thank you for your consideration of my email to you.

Sincerely,



**Prior Approval Submission**  
**NYS Department of Financial Services**  
To: PremiumRateIncreases

06/24/2014 06:59 AM

Capital District Physicians Health Plan Inc.  
individual  
hmo

[REDACTED]

I CDPHP receives their proposed increase I will no longer be able to afford health insurance for my family. I do not qualify for welfare (APTC). I have a mortgage, car payment, medical bills, tuition payments ect..... Of course no asks any one about that when determining what is or is not affordable. This is the worst thing that has ever happened to me financially speaking. It is a travesty. My employer offers health insurance but it costs more than the pathetic horrible plan I have now. Do not let this increase take affect,please. You'll be hurting so many people.



## CDPHP Rate Change

to: premiumrateincreases

06/25/2014 01:12 PM

We struggle to pay the high premium and copays of the Affordable Care Act coverage from CDPHP. They could save a lot of money and manpower if they did not send out so much literature and letters every month. I am happy with their services overall but another rate increase (they do one every year) may mean I will have to shop for more affordable coverage.

My Insurer: Capital District Physician's Health Plan, Inc.  
My Plan: HMO Copayment 11 Platinum NS INN Dep25 Adult Vision Lasik  
My individual coverage HIOS # 9488NY0280049

Please don't approve this raise.