

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]

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 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; 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
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.
2. The name of your plan, which is [Insert Plan Name]
3. Indicate you have large group coverage

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

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,
Brian O'Grady
Sr. Vice President, Sales
Capital District Physicians' Health Plan, Inc.

Enclosure

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



Subscriber Notice of Proposed Premium Rate Change

[Plan Name]

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