

May 3, 2014

New York State
Department of Financial Services
1 Commerce Plaza
Albany, NY 12257

RE; CAPITAL DISTRICT PHYSICIANS HEALTH PLAN PROPOSED MEDICARE
SUPPLEMENT RATE INCREASE

TO WHOM IT MAY CONCERN:

Capital District Physicians Health Plan, hereafter referred to as CDPHP, is my Medicare Supplement carrier. CDPHP raised my monthly premium from \$136.30 to \$162.20 effective on July 1, 2014. This is an increase of 19%. CDPHP is now applying for another rate increase of 19% beginning on January 1, 2015.

I need a Medicare Supplement policy. A second rate increase of 19% is unreasonable and this will definitely create a financial hardship for myself and many other CDPHP members. Social Security Administration recipients are not going to receive a 19% COLA boost in our monthly benefit check.

I am asking that this CDPHP rate increase be denied. If a rate increase is deemed applicable, please keep it in the proper constraints that Social Security beneficiaries can afford.

Sincerely,

[REDACTED]

[REDACTED]

Montour Falls, NY 14865

[REDACTED]

October 6, 2014

To Whom It May Concern,

My Medicare Supplement Plan is through
CDHP Universal Benefits, Inc. It is an
individual F plan.

When I started the plan it cost \$ 136.30
a month.

Then it increased to \$ 162.20 a month.

Now - They are asking for a 19% increase
per month starting in January 2015.

This would add another \$ 30.82 to \$ 162.20.

Being on a limited income this will
make it impossible to continue. Why
can't limited income people afford
a supplement plan.

I hope the 19% increase will not
be allowed.

Thank you.

Sincerely,

[REDACTED]

HEALTH BUREAU - Premium Rate Adjustments
NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
ONE COMMERCE PLAZA
ALBANY, NY. 12257

10/7/14

5077.- MY INSURER IS CDPHD UNIVERSAL BENEFITS, INC AT
500 PATROON CREEK BLVD, ALBANY, NY. 12206-1057.

5058.- MY PLAN IS A MEDICARE SUPPLEMENT POLICY PLAN B.

5059.- I HAVE INDIVIDUAL COVERAGE

Comment - A RATE OF INCREASE OF 19% FOR A
SENIOR CITIZEN ON A FIXED INCOME IS JUST NOT FAIR.

IF MY SOCIAL SECURITY WERE TO INCREASE BY THAT
AMOUNT WE COULD POSSIBLY MAKE ENDS MEET.

I FIND LIVING IN NEW YORK STATE VERY EXPENSIVE, SOON
THE MIDDLE CLASS WILL BE ON WELFARE IF THIS KIND
OF INCREASE IS GRANTED.

PLEASE DO NOT APPROVE THIS INCREASE.

PS. MY WIFE FEELS THE SAME.

SEND YOU COMMENTS TO.

Sincerely,



RECEIVED
HEALTH BUREAU

OCT 09 2014

ALBANY, NEW YORK

October 8, 2014

CDPHP Universal Benefits, Inc.
500 Patroon Creek Blvd.
Albany, NY 12206-1057

Re: Notice of Proposed Premium Rate Change
Individual Medicare Supplemental Plan

Att: Director of Member Services

Dear Ms.

I am writing in reference to your September 29, 2014 letter to me announcing a proposed premium rate increase for 2015.

When I enrolled in CDPHP on June 1, 2012, it was because of the lower monthly premium than I was paying for AARP for the "F" plan, and I welcomed the switch because my only monthly income was a very low Social Security check.

Since then, the CDPHP premium has been increased twice from \$132.27 to \$140.29 and currently \$166.95.

I am struggling even now to pay this because my Social Security check has not increased and I find this extremely difficult to continue.

I know I am not the only senior citizen having problems financially, but I pray you will take this into consideration as you contemplate the requested rate increase. Please find another way, I beg you. Thank you for your time and consideration taken to read this letter. I await your response.

[Redacted]

Sincerely,

[Redacted]

Fly Creek, NY 13337

[Redacted]

CC: Health Bureau-Premium Rate Adjustments
NYS Department of Financial Services
One Commerce Plaza
Albany, NY 12257

Web Submission Date: **Wed Oct 8 11:25:51 EDT 2014**

I have been authorized by [REDACTED] to intercede on his/her behalf which includes the release of any information to this matter.

COMPLAINANT:

Business Name:
First Name: [REDACTED]
Middle Initial:
Last Name: [REDACTED]
Address 1: [REDACTED]
Address 2: [REDACTED]
City: **East Greenbush** State: **NY - New York** Zip: **12061**
Country:
Phone: [REDACTED]
Fax:
Email: [REDACTED]

RESPONDENT:

Business Name: **CDPHP Universal Benefits, Inc**
First Name:
Last Name:
Address: **500 Patroon Creek Blvd**
City: **Albany** State: **NY** Zip: **122061057**

REPRESENTATIVE:

Business Name:
First Name: [REDACTED]
Middle Initial:
Last Name: [REDACTED]
Address 1: [REDACTED]
Address 2:
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
Country:
Representative Email:

Complaint text:

This is a complaint against CDPHP Universal Benefits, Inc. and the proposed 19 % premium increase for an Individual Medicare Supplemental Plan [REDACTED]. While I am sympathetic to the need for some increase - a 19 % increase seems outrageous and is targeting the individuals on fixed incomes who need the extra insurance to meet added physical, medical and pharmacological support. Please deny this request and approve a more reasonable increase.

I have been authorized by: [REDACTED]

Policy Holder Name:
Policy #:
Claim #:
Date Of Loss:

Is your policy being cancelled or has your driver's license been suspended?: **No**
Does this matter involve a health claim denied as not medically necessary (including cosmetic denials), or that the services are experimental or investigational?: **No**
Is this person Medicare eligible?: **Yes**

Does this complaint involve Medicare, Medicare Advantage, Medicare Supplement,
Medicare Prescription Drugs, Annuity or Long Term Care Insurance?: **Yes**
Complaint involve a claim arising from the disaster?:**No**
Disaster Name:

Additional Information:

Type of Insurance: **Health**
Type of Respondent: **Insurance Company**
Client Ip Address is:

New Case Information:

Product Type: **Insurance**
Transaction Date:
Lost Money: **0.0**
Payment Method:
Complaint Date:
Company Contact Name:
Company Contact Title:
Company Response:
From AD: **No**
Where AD:
When AD:
Sign CONTRACT: **No**
Where CONTRACT:
When CONTACT:
ATTORNEY: **No**
COURT: **No**
Describer Court:
Fair Resolution: **Reduce the proposed premium increase.**
Referred By: **Rate increase notice for CDPHP**
Attestation: **agree**
Product Description:

Web Submission Date: **Fri Oct 10 10:18:44 EDT 2014**

I authorize the entity or individual named in this complaint to furnish to the Department of Financial Services any information related to this matter.

COMPLAINANT:

Business Name:

First Name: [REDACTED]

Middle Initial: [REDACTED]

Last Name: [REDACTED]

Address 1: [REDACTED]

Address 2:

City: [REDACTED] State: **New York** Zip: **14901**

Country:

Phone: [REDACTED]

Fax:

Email: [REDACTED]

RESPONDENT:

Business Name: **CDPHP Universal Benifits**

First Name:

Last Name:

Address: **500 Oatron Creek blvd**

City: **Albany** State: **NY** Zip: **122061057**

REPRESENTATIVE:

Business Name:

First Name:

Middle Initial:

Last Name:

Address 1:

Address 2:

City: State: Zip:

Country:

Representative Email:

Complaint text:

The insurance provider is proposing a 19% increase in premiums for 2015. this is after a similar increase for 2014. If approved it would be a 35% increase in two years. I am on a fixed income & I did not get a 19% cost of living increase for 2014 . why should they

I have been authorized by:

Policy Holder Name: [REDACTED]

Policy #: [REDACTED]

Claim #:

Date Of Loss:

Is your policy being cancelled or has your driver's license been suspended?: **No**

Does this matter involve a health claim denied as not medically necessary (including cosmetic denials), or that the services are experimental or investigational?: **No**

Is this person Medicare eligible?: **Yes**

Does this complaint involve Medicare, Medicare Advantage, Medicare Supplement, Medicare Prescription Drugs, Annuity or Long Term Care Insurance?: **Yes**

Complaint involve a claim arising from the disaster?:**No**
Disaster Name:

Additional Information:

Type of Insurance: **Health**

Type of Respondent: **Insurance Company**

Client Ip Address is:

New Case Information:

Product Type: **Insurance**

Transaction Date:

Lost Money: **0.0**

Payment Method:

Complaint Date:

Company Contact Name:

Company Contact Title:

Company Response:

From AD: **No**

Where AD:

When AD:

Sign CONTRACT: **No**

Where CONTRACT:

When CONTACT:

ATTORNEY: **No**

COURT: **No**

Describer Court:

Fair Resolution: **a smaller rate increase**

Referred By: **research and letter**

Attestation: **agree**

Product Description:

October 20, 2014

RECEIVED

Health Bureau-Premium Rate Adjustments
NYS DFS
One Commerce Plaza
Albany, NY 12257

OCT 21 2014

HEALTH BUREAU
N.Y.C. OFFICE

RE: CDPHP
Plan F
Individual

Please have the courtesy to read the following:

A letter to all subscribers of CDPHP supplemental health insurance has informed them of a request for a 19% increase in monthly premiums. This is a repeat of last year's request and , although, reduced and then approved, was unacceptable. This year's request is also unacceptable.

It appears that CDPHP is mismanaging the plan [s] and punishes its subscribers by cavalierly raising rates without consideration of the age of the majority of their subscribers (seniors who are on fixed incomes) or the fact that neither Social Security nor Medicare have risen to the level that would at least allow a "wash out" for the plans.

Typically government agencies, which have been established for "the people" , have yielded to big money instead. I fear the NYS DFS may also be in this category. Who is
• DFS protecting?

I am but one senior citizen asking for relief from the overwhelming costs of just living by either denying or significantly reducing the request for increased premiums.

Respectfully yours,



Binghamton, NY 13905

cc : Health Bureau -Premium Rate Adjustments
NYS DFS
1 State St
New York, NY 10004

[REDACTED]

From: NYS Department of Financial Services <portal@dfs.ny.gov>
Sent: Thursday, October 16, 2014 5:44 PM
To: dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: Prior Approval Submission

CDPHP Universal Benefits Inc.

individualmedicaresupplement [REDACTED] CDPHP just received a rate increase and I started paying an extra \$300a year for my Medicare supplemental coverage. Asking for another rate increase only 6 months later is GREED. My social Security Benefits are not increasing at this rate to cover the costs. I pay near \$100 to Medicare each month for 80% coverage and pay much more than that for 20% coverage. This makes NO sense at all. CDPHP should only be getting \$20 a month for 20% coverage being Medicare covers me for \$100 for 80% coverage. I oppose CDPHP getting another generous rate hike. Maybe NYS needs to seriously consider Single Payer, it would be a much fairer system!

[REDACTED]

From: NYS Department of Financial Services <portal@dfs.ny.gov>
Sent: Wednesday, October 15, 2014 8:27 AM
To: dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: Prior Approval Submission

CDPHP Universal Benefits Inc.

individualmedicaresupplement [REDACTED] am writing on behalf of my mother, [REDACTED] who is the insured under the above listed policy. She received a proposed rate increase letter from CDPHP dated 9/29/14. The requested rate increase percentage is 19%. She is a 71yo single woman who owns her own home. She lives only on her Social Security benefits of just over \$700/mo. Her premium for this policy is already \$162.20/mo, which is 22% of her monthly income. She is scraping as it is already. The rate increase CDPHP is requesting would push her premium to \$193/mo, about 26% if her entire monthly income. We both believe this is completely unfair and totally greedy. How is a person supposed to live on \$500/mo to pay for food, heat, lights, other insurance, etc.?! My mother has [REDACTED] and needs a policy that will cover any treatments that may be needed. But at what cost? With costs such these, she'll be dying trying to live. We respectfully submit that you carefully consider the low income people that rely on their insurance at an 'affordable' price, and deny the CDPHP rate increase or at the least, substantially lower it.

[REDACTED]

From: NYS Department of Financial Services <portal@dfs.ny.gov>
Sent: Monday, October 06, 2014 10:21 AM
To: dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: Prior Approval Submission

CDPHP Universal Benefits Inc.

individualmedicaresupplement [REDACTED] They are requesting a 19% rate increase for 2015. They just raised the rate 19% in July 2014. This will be 38% in 12 months if it goes in to effect July 2015. This is completely out of line with any cost of living or other financial indicator scale. This must not be approved.

10/17/14

N.Y.S. Dept. of Financial Services

Health Bureau - Premium Rate ~~Adjustments~~

SAVIGERIES, N.Y. 12477

One Commerce Plaza

Albany, N.Y. 12257

RECEIVED
HEALTH BUREAU

OCT 20 2014

To Whom It May Concern:

ALBANY, NEW YORK

We are writing as members of CDPNP's Supplement Medicare program. CDPNP has requested a proposed rate increase of 19.9% for 2015. We strongly oppose any increase, or upward modification of their rates. CDPNP already had an increase in 2014. Their request is almost quadruple the medical inflation rate in the U.S. As Social Security recipients only, we probably cannot handle such an increase. We would be forced into not having any supplemental insurance. I am recovering from a stroke in NOV. 13, and we have exceedingly large medical expenditures. Furthermore, the stroke forced me into ~~permanent retirement~~ ~~from my~~ ~~profession~~.

We believe CDPNP's actuarial accountants could have done a better job at estimating their costs for this program, and maybe shouldn't have this program if they can't stay within some acceptable fee structure without persistent increases. Thank you for your attention to our request in this matter.

Very truly yours,