Capital District Physicians' Health Plan

2015 Premium Rate Filing

Individual HMO - Off Exchange Products

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

Metal Tier	Product Line	Old Name	New Name	2014 01/01/2014-12/31/2014 Current Rate	2015 01/01/2015-12/31/2015 Proposed Rate	2015 Amount of Adjustment	2015 Percent Change
Platinum	HMO	IHPF1013	IHPF1027				
			Single	$613.47	$631.46	$17.99	2.93%
			Double	$1,226.94	$1,262.93	$35.99	2.93%
			Emp/Child(ren)	$1,042.89	$1,073.49	$30.60	2.93%
			Family	$1,748.38	$1,799.67	$51.29	2.93%
Platinum	HMO	IHPF1014	IHPF1028				
			Single	$623.22	$642.91	$19.69	3.16%
			Double	$1,246.44	$1,285.81	$39.37	3.16%
			Emp/Child(ren)	$1,059.47	$1,092.94	$33.47	3.16%
			Family	$1,776.18	$1,832.28	$56.10	3.16%
Platinum	HMO	IHPF1025	IHPF1033				
			Single	$633.40	$636.34	$2.94	0.46%
			Double	$1,266.81	$1,272.67	$5.86	0.46%
			Emp/Child(ren)	$1,076.78	$1,081.77	$4.99	0.46%
			Family	$1,805.20	$1,813.56	$8.36	0.46%
Platinum	HMO	IHPF1015	IHPF1029				
			Single	$622.60	$655.41	$32.81	5.27%
			Double	$1,245.20	$1,310.82	$65.62	5.27%
			Emp/Child(ren)	$1,058.42	$1,114.20	$55.78	5.27%
			Family	$1,774.41	$1,867.92	$93.51	5.27%
Gold	HMO	IHGF2013	IHGF2021				
			Single	$538.43	$534.21	($4.22)	-0.78%
			Double	$1,076.86	$1,068.43	($8.43)	-0.78%
			Emp/Child(ren)	$915.33	$908.16	($7.17)	-0.78%
			Family	$1,534.53	$1,522.51	($12.02)	-0.78%
Gold	HMO	IHGF2014	IHGF2019				
			Single	$555.15	$537.37	($17.78)	-3.20%
			Double	$1,110.29	$1,074.74	($35.55)	-3.20%
			Emp/Child(ren)	$943.75	$913.53	($30.22)	-3.20%
			Family	$1,582.17	$1,531.50	($50.67)	-3.20%
Gold	HMO	IHGF2015	IHGF2022				
			Single	$531.72	$558.08	$26.36	4.96%
			Double	$1,063.44	$1,116.15	$52.71	4.96%
			Emp/Child(ren)	$903.92	$948.73	$44.81	4.96%
			Family	$1,515.40	$1,590.52	$75.12	4.96%
Silver	HMO	IHSF3025	IHSF3035				
			Single	$458.12	$463.01	$4.89	1.07%
			Double	$916.25	$926.03	$9.78	1.07%
			Emp/Child(ren)	$778.81	$787.12	$8.31	1.07%
			Family	$1,305.66	$1,319.59	$13.93	1.07%
Silver	HMO	IHSF3026	IHSF3031				
			Single	$468.80	$477.59	$8.79	1.87%
			Double	$937.61	$955.18	$17.57	1.87%
			Emp/Child(ren)	$796.96	$811.91	$14.95	1.88%
			Family	$1,336.09	$1,361.14	$25.05	1.87%
Silver	HDHMO	IHSF3027	IHSF3032				
			Single	$459.96	$468.41	$8.45	1.84%
			Double	$919.92	$936.82	$16.90	1.84%
			Emp/Child(ren)	$781.93	$796.30	$14.37	1.84%
			Family	$1,310.89	$1,334.97	$24.08	1.84%
Bronze	HDHMO	IHBF4013	IHBF4030				
			Single	$391.34	$396.75	$5.41	1.38%
			Double	$782.68	$793.50	$10.82	1.38%
			Emp/Child(ren)	$665.28	$674.48	$9.20	1.38%
			Family	$1,115.32	$1,130.74	$15.42	1.38%
Bronze	HDHMO	IHBF4014	IHBF4026				
			Single	$381.91	$388.49	$6.58	1.72%
			Double	$763.82	$776.98	$13.16	1.72%
			Emp/Child(ren)	$649.24	$660.43	$11.19	1.72%
			Family	$1,088.44	$1,107.20	$18.76	1.72%
Bronze	HDHMO	IHBF4015	IHBF4027				
			Single	$368.64	$377.56	$8.92	2.42%
			Double	$737.28	$755.13	$17.85	2.42%
			Emp/Child(ren)	$626.69	$641.86	$15.17	2.42%
			Family	$1,050.62	$1,076.06	$25.44	2.42%
Platinum	HMO	IHPF1016	IHPF1030				
			Single	$628.19	$632.58	$4.39	0.70%
			Double	$1,256.38	$1,265.16	$8.78	0.70%
			Emp/Child(ren)	$1,067.92	$1,075.39	$7.47	0.70%
			Family	$1,790.34	$1,802.85	$12.51	0.70%

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Albany Region
Individual Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 01/01/2014-12/31/2014 Current Rate	2015 01/01/2015-12/31/2015 Proposed Rate	2015 Amount of Adjustment	2015 Percent Change
Platinum	HMO	IHPF1017	IHPF1031				
			Single	$638.18	$644.04	$5.86	0.92%
			Double	$1,276.35	$1,288.08	$11.73	0.92%
			Emp/Child(ren)	$1,084.90	$1,094.87	$9.97	0.92%
			Family	$1,818.80	$1,835.52	$16.72	0.92%
Platinum	HMO	IHPF1026	IHPF1034				
			Single	$648.60	$637.46	($11.14)	-1.72%
			Double	$1,297.21	$1,274.92	($22.29)	-1.72%
			Emp/Child(ren)	$1,102.63	$1,083.69	($18.94)	-1.72%
			Family	$1,848.52	$1,816.77	($31.75)	-1.72%
Platinum	HMO	IHPF1018	IHPF1032				
			Single	$637.54	$656.56	$19.02	2.98%
			Double	$1,275.08	$1,313.13	$38.05	2.98%
			Emp/Child(ren)	$1,083.82	$1,116.16	$32.34	2.98%
			Family	$1,816.99	$1,871.21	$54.22	2.98%
Gold	HMO	IHGF2016	IHGF2023				
			Single	$551.35	$535.16	($16.19)	-2.94%
			Double	$1,102.71	$1,070.32	($32.39)	-2.94%
			Emp/Child(ren)	$937.30	$909.78	($27.52)	-2.94%
			Family	$1,571.36	$1,525.21	($46.15)	-2.94%
Gold	HMO	IHGF2017	IHGF2020				
			Single	$568.47	$538.32	($30.15)	-5.30%
			Double	$1,136.94	$1,076.63	($60.31)	-5.30%
			Emp/Child(ren)	$966.40	$915.14	($51.26)	-5.30%
			Family	$1,620.14	$1,534.20	($85.94)	-5.30%
Gold	HMO	IHGF2018	IHGF2024				
			Single	$544.48	$559.06	$14.58	2.68%
			Double	$1,088.96	$1,118.12	$29.16	2.68%
			Emp/Child(ren)	$925.62	$950.40	$24.78	2.68%
			Family	$1,551.77	$1,593.33	$41.56	2.68%
Silver	HMO	IHSF3028	IHSF3036				
			Single	$469.12	$463.83	($5.29)	-1.13%
			Double	$938.24	$927.66	($10.58)	-1.13%
			Emp/Child(ren)	$797.50	$788.51	($8.99)	-1.13%
			Family	$1,336.99	$1,321.92	($15.07)	-1.13%
Silver	HMO	IHSF3029	IHSF3033				
			Single	$479.95	$478.44	($1.51)	-0.31%
			Double	$959.89	$956.87	($3.02)	-0.31%
			Emp/Child(ren)	$815.91	$813.34	($2.57)	-0.31%
			Family	$1,367.85	$1,363.54	($4.31)	-0.32%
Silver	HDHMO	IHSF3030	IHSF3034				
			Single	$471.00	$469.24	($1.76)	-0.37%
			Double	$942.00	$938.47	($3.53)	-0.37%
			Emp/Child(ren)	$800.70	$797.70	($3.00)	-0.37%
			Family	$1,342.35	$1,337.33	($5.02)	-0.37%
Bronze	HDHMO	IHBF4017	IHBF4028				
			Single	$391.07	$389.18	($1.89)	-0.48%
			Double	$782.15	$778.35	($3.80)	-0.49%
			Emp/Child(ren)	$664.83	$661.60	($3.23)	-0.49%
			Family	$1,114.56	$1,109.15	($5.41)	-0.49%
Bronze	HDHMO	IHBF4018	IHBF4029				
			Single	$377.49	$378.23	$0.74	0.20%
			Double	$754.97	$756.46	$1.49	0.20%
			Emp/Child(ren)	$641.73	$642.99	$1.26	0.20%
			Family	$1,075.84	$1,077.96	$2.12	0.20%
Bronze	HDHMO	IHBF4025	IHBF4031				
			Single	$400.73	$397.46	($3.27)	-0.82%
			Double	$801.47	$794.91	($6.56)	-0.82%
			Emp/Child(ren)	$681.25	$675.67	($5.58)	-0.82%
			Family	$1,142.09	$1,132.75	($9.34)	-0.82%
Platinum	HMO	IHPFC001	IHPFC005				
			Single	$252.75	$260.16	$7.41	2.93%
			Double	N/A	N/A	$0.00	$0.00
			Emp/Child(ren)	N/A	N/A	$0.00	$0.00
			Family	N/A	N/A	$0.00	$0.00
Gold	HMO	IHGFC002	IHPFC006				
			Single	$221.83	$220.10	($1.73)	-0.78%
			Double	N/A	N/A	$0.00	$0.00
			Emp/Child(ren)	N/A	N/A	$0.00	$0.00
			Family	N/A	N/A	$0.00	$0.00

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Albany Region

Individual Rates Off-Exchange

Proposed Premium Rates Effective 1/1/2015

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Silver	HMO	IHSFC003	IHPFC007				
			Single	$188.75	$190.76	$2.01	1.06%
			Double	N/A	N/A	$0.00	$0.00
			Emp/Child(ren)	N/A	N/A	$0.00	$0.00
			Family	N/A	N/A	$0.00	$0.00
Bronze	HDHMO	IHBFC004	IHPFC008				
			Single	$161.23	$163.47	$2.24	1.39%
			Double	N/A	N/A	$0.00	$0.00
			Emp/Child(ren)	N/A	N/A	$0.00	$0.00
			Family	N/A	N/A	$0.00	$0.00

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

Metal Tier	Product Line	Old Name	New Name	2014 01/01/2014-12/31/2014 Current Rate	2015 01/01/2015-12/31/2015 Proposed Rate	2015 Amount of Adjustment	2015 Percent Change
Platinum	HMO	IHPF1013	IHPF1027				
			Single	$693.53	$745.44	$51.91	7.48%
			Double	$1,387.05	$1,490.89	$103.84	7.49%
			Emp/Child(ren)	$1,178.99	$1,267.25	$88.26	7.49%
			Family	$1,976.55	$2,124.51	$147.96	7.49%
Platinum	HMO	IHPF1014	IHPF1028				
			Single	$704.55	$758.95	$54.40	7.72%
			Double	$1,409.10	$1,517.90	$108.80	7.72%
			Emp/Child(ren)	$1,197.73	$1,290.22	$92.49	7.72%
			Family	$2,007.97	$2,163.01	$155.04	7.72%
Platinum	HMO	IHPF1025	IHPF1033				
			Single	$716.06	$751.19	$35.13	4.91%
			Double	$1,432.12	$1,502.39	$70.27	4.91%
			Emp/Child(ren)	$1,217.31	$1,277.03	$59.72	4.91%
			Family	$2,040.78	$2,140.90	$100.12	4.91%
Platinum	HMO	IHPF1015	IHPF1029				
			Single	$703.85	$773.71	$69.86	9.93%
			Double	$1,407.69	$1,547.42	$139.73	9.93%
			Emp/Child(ren)	$1,196.54	$1,315.31	$118.77	9.93%
			Family	$2,005.97	$2,205.08	$199.11	9.93%
Gold	HMO	IHGF2013	IHGF2021				
			Single	$608.70	$630.64	$21.94	3.60%
			Double	$1,217.39	$1,261.28	$43.89	3.61%
			Emp/Child(ren)	$1,034.78	$1,072.09	$37.31	3.61%
			Family	$1,734.78	$1,797.32	$62.54	3.61%
Gold	HMO	IHGF2014	IHGF2019				
			Single	$627.59	$634.36	$6.77	1.08%
			Double	$1,255.19	$1,268.73	$13.54	1.08%
			Emp/Child(ren)	$1,066.91	$1,078.42	$11.51	1.08%
			Family	$1,788.64	$1,807.94	$19.30	1.08%
Gold	HMO	IHGF2015	IHGF2022				
			Single	$601.11	$658.81	$57.70	9.60%
			Double	$1,202.22	$1,317.62	$115.40	9.60%
			Emp/Child(ren)	$1,021.88	$1,119.97	$98.09	9.60%
			Family	$1,713.16	$1,877.60	$164.44	9.60%
Silver	HMO	IHSF3025	IHSF3035				
			Single	$517.91	$546.59	$28.68	5.54%
			Double	$1,035.82	$1,093.18	$57.36	5.54%
			Emp/Child(ren)	$880.45	$929.20	$48.75	5.54%
			Family	$1,476.04	$1,557.78	$81.74	5.54%
Silver	HMO	IHSF3026	IHSF3031				
			Single	$529.98	$563.80	$33.82	6.38%
			Double	$1,059.96	$1,127.59	$67.63	6.38%
			Emp/Child(ren)	$900.97	$958.46	$57.49	6.38%
			Family	$1,510.45	$1,606.82	$96.37	6.38%
Silver	HDHMO	IHSF3027	IHSF3032				
			Single	$519.99	$552.96	$32.97	6.34%
			Double	$1,039.97	$1,105.92	$65.95	6.34%
			Emp/Child(ren)	$883.97	$940.03	$56.06	6.34%
			Family	$1,481.96	$1,575.93	$93.97	6.34%
Bronze	HDHMO	IHBF4013	IHBF4030				
			Single	$442.41	$468.36	$25.95	5.87%
			Double	$884.82	$936.73	$51.91	5.87%
			Emp/Child(ren)	$752.10	$796.22	$44.12	5.87%
			Family	$1,260.87	$1,334.84	$73.97	5.87%
Bronze	HDHMO	IHBF4014	IHBF4026				
			Single	$431.75	$458.61	$26.86	6.22%
			Double	$863.49	$917.23	$53.74	6.22%
			Emp/Child(ren)	$733.97	$779.64	$45.67	6.22%
			Family	$1,230.48	$1,307.05	$76.57	6.22%
Bronze	HDHMO	IHBF4015	IHBF4027				
			Single	$416.75	$445.71	$28.96	6.95%
			Double	$833.49	$891.43	$57.94	6.95%
			Emp/Child(ren)	$708.47	$757.71	$49.24	6.95%
			Family	$1,187.73	$1,270.29	$82.56	6.95%
Platinum	HMO	IHPF1016	IHPF1030				
			Single	$710.17	$746.76	$36.59	5.15%
			Double	$1,420.34	$1,493.52	$73.18	5.15%
			Emp/Child(ren)	$1,207.29	$1,269.49	$62.20	5.15%
			Family	$2,023.98	$2,128.27	$104.29	5.15%

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Platinum	HMO	IHPF1017	IHPF1031				
			Single	$721.46	$760.29	$38.83	5.38%
			Double	$1,442.92	$1,520.58	$77.66	5.38%
			Emp/Child(ren)	$1,226.48	$1,292.50	$66.02	5.38%
			Family	$2,056.16	$2,166.83	$110.67	5.38%
Platinum	HMO	IHPF1026	IHPF1034				
			Single	$733.25	$752.52	$19.27	2.63%
			Double	$1,466.49	$1,505.05	$38.56	2.63%
			Emp/Child(ren)	$1,246.52	$1,279.29	$32.77	2.63%
			Family	$2,089.76	$2,144.69	$54.93	2.63%
Platinum	HMO	IHPF1018	IHPF1032				
			Single	$720.74	$775.07	$54.33	7.54%
			Double	$1,441.48	$1,550.15	$108.67	7.54%
			Emp/Child(ren)	$1,225.26	$1,317.63	$92.37	7.54%
			Family	$2,054.11	$2,208.96	$154.85	7.54%
Gold	HMO	IHGF2016	IHGF2023				
			Single	$623.31	$631.76	$8.45	1.36%
			Double	$1,246.61	$1,263.52	$16.91	1.36%
			Emp/Child(ren)	$1,059.62	$1,073.99	$14.37	1.36%
			Family	$1,776.42	$1,800.51	$24.09	1.36%
Gold	HMO	IHGF2017	IHGF2020				
			Single	$642.66	$635.48	($7.18)	-1.12%
			Double	$1,285.31	$1,270.96	($14.35)	-1.12%
			Emp/Child(ren)	$1,092.52	$1,080.32	($12.20)	-1.12%
			Family	$1,831.57	$1,811.12	($20.45)	-1.12%
Gold	HMO	IHGF2018	IHGF2024				
			Single	$615.53	$659.97	$44.44	7.22%
			Double	$1,231.07	$1,319.94	$88.87	7.22%
			Emp/Child(ren)	$1,046.41	$1,121.95	$75.54	7.22%
			Family	$1,754.27	$1,880.92	$126.65	7.22%
Silver	HMO	IHSF3028	IHSF3036				
			Single	$530.34	$547.55	$17.21	3.25%
			Double	$1,060.68	$1,095.10	$34.42	3.25%
			Emp/Child(ren)	$901.58	$930.84	$29.26	3.25%
			Family	$1,511.47	$1,560.52	$49.05	3.25%
Silver	HMO	IHSF3029	IHSF3033				
			Single	$542.58	$564.79	$22.21	4.09%
			Double	$1,085.16	$1,129.59	$44.43	4.09%
			Emp/Child(ren)	$922.38	$960.15	$37.77	4.09%
			Family	$1,546.35	$1,609.66	$63.31	4.09%
Silver	HDHMO	IHSF3030	IHSF3034				
			Single	$532.46	$553.93	$21.47	4.03%
			Double	$1,064.93	$1,107.87	$42.94	4.03%
			Emp/Child(ren)	$905.19	$941.69	$36.50	4.03%
			Family	$1,517.52	$1,578.71	$61.19	4.03%
Bronze	HDHMO	IHBF4017	IHBF4028				
			Single	$442.11	$459.42	$17.31	3.92%
			Double	$884.22	$918.84	$34.62	3.92%
			Emp/Child(ren)	$751.58	$781.02	$29.44	3.92%
			Family	$1,260.01	$1,309.35	$49.34	3.92%
Bronze	HDHMO	IHBF4018	IHBF4029				
			Single	$426.75	$446.50	$19.75	4.63%
			Double	$853.50	$893.00	$39.50	4.63%
			Emp/Child(ren)	$725.47	$759.05	$33.58	4.63%
			Family	$1,216.23	$1,272.53	$56.30	4.63%
Bronze	HDHMO	IHBF4025	IHBF4031				
			Single	$453.03	$469.20	$16.17	3.57%
			Double	$906.06	$938.39	$32.33	3.57%
			Emp/Child(ren)	$770.15	$797.63	$27.48	3.57%
			Family	$1,291.14	$1,337.21	$46.07	3.57%
Platinum	HMO	IHPFC001	IHPFC005				
			Single	$285.73	$307.12	$21.39	7.49%
			Double	N/A	N/A	$0.00	$0.00
			Emp/Child(ren)	N/A	N/A	$0.00	$0.00
			Family	N/A	N/A	$0.00	$0.00
Gold	HMO	IHGFC002	IHPFC006				
			Single	$250.78	$259.82	$9.04	3.60%
			Double	N/A	N/A	$0.00	$0.00
			Emp/Child(ren)	N/A	N/A	$0.00	$0.00
			Family	N/A	N/A	$0.00	$0.00

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

Metal Tier	Product Line	Old Name	New Name	2014 01/01/2014-12/31/2014 Current Rate	2015 01/01/2015-12/31/2015 Proposed Rate	2015 Amount of Adjustment	2015 Percent Change
Silver	HMO	IHSFC003	IHPFC007				
			Single	$213.38	$225.20	$11.82	5.54%
			Double	N/A	N/A	$0.00	$0.00
			Emp/Child(ren)	N/A	N/A	$0.00	$0.00
			Family	N/A	N/A	$0.00	$0.00
Bronze	HDHMO	IHBFC004	IHPFC008				
			Single	$182.27	$192.97	$10.70	5.87%
			Double	N/A	N/A	$0.00	$0.00
			Emp/Child(ren)	N/A	N/A	$0.00	$0.00
			Family	N/A	N/A	$0.00	$0.00

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

Metal Tier	Product Line	Old Name	New Name	2014 01/01/2014-12/31/2014 Current Rate	2015 01/01/2015-12/31/2015 Proposed Rate	2015 Amount of Adjustment	2015 Percent Change
Platinum	HMO	IHPF1013	IHPF1027				
			Single	$688.00	$708.19	$20.19	2.93%
			Double	$1,376.01	$1,416.37	$40.36	2.93%
			Emp/Child(ren)	$1,169.61	$1,203.92	$34.31	2.93%
			Family	$1,960.81	$2,018.33	$57.52	2.93%
Platinum	HMO	IHPF1014	IHPF1028				
			Single	$698.94	$721.02	$22.08	3.16%
			Double	$1,397.88	$1,442.04	$44.16	3.16%
			Emp/Child(ren)	$1,188.20	$1,225.73	$37.53	3.16%
			Family	$1,991.98	$2,054.91	$62.93	3.16%
Platinum	HMO	IHPF1025	IHPF1033				
			Single	$710.36	$713.65	$3.29	0.46%
			Double	$1,420.72	$1,427.30	$6.58	0.46%
			Emp/Child(ren)	$1,207.61	$1,213.21	$5.60	0.46%
			Family	$2,024.53	$2,033.90	$9.37	0.46%
Platinum	HMO	IHPF1015	IHPF1029				
			Single	$698.24	$735.04	$36.80	5.27%
			Double	$1,396.49	$1,470.08	$73.59	5.27%
			Emp/Child(ren)	$1,187.01	$1,249.57	$62.56	5.27%
			Family	$1,990.00	$2,094.87	$104.87	5.27%
Gold	HMO	IHGF2013	IHGF2021				
			Single	$603.85	$599.12	($4.73)	-0.78%
			Double	$1,207.70	$1,198.24	($9.46)	-0.78%
			Emp/Child(ren)	$1,026.55	$1,018.51	($8.04)	-0.78%
			Family	$1,720.97	$1,707.50	($13.47)	-0.78%
Gold	HMO	IHGF2014	IHGF2019				
			Single	$622.60	$602.66	($19.94)	-3.20%
			Double	$1,245.20	$1,205.32	($39.88)	-3.20%
			Emp/Child(ren)	$1,058.42	$1,024.52	($33.90)	-3.20%
			Family	$1,774.40	$1,717.58	($56.82)	-3.20%
Gold	HMO	IHGF2015	IHGF2022				
			Single	$596.32	$625.88	$29.56	4.96%
			Double	$1,192.65	$1,251.76	$59.11	4.96%
			Emp/Child(ren)	$1,013.75	$1,064.00	$50.25	4.96%
			Family	$1,699.52	$1,783.76	$84.24	4.96%
Silver	HMO	IHSF3025	IHSF3035				
			Single	$513.79	$519.27	$5.48	1.07%
			Double	$1,027.57	$1,038.54	$10.97	1.07%
			Emp/Child(ren)	$873.44	$882.76	$9.32	1.07%
			Family	$1,464.29	$1,479.92	$15.63	1.07%
Silver	HMO	IHSF3026	IHSF3031				
			Single	$525.76	$535.62	$9.86	1.88%
			Double	$1,051.52	$1,071.24	$19.72	1.88%
			Emp/Child(ren)	$893.80	$910.55	$16.75	1.87%
			Family	$1,498.42	$1,526.51	$28.09	1.87%
Silver	HDHMO	IHSF3027	IHSF3032				
			Single	$515.85	$525.32	$9.47	1.84%
			Double	$1,031.69	$1,050.65	$18.96	1.84%
			Emp/Child(ren)	$876.94	$893.05	$16.11	1.84%
			Family	$1,470.16	$1,497.17	$27.01	1.84%
Bronze	HDHMO	IHBF4013	IHBF4030				
			Single	$438.89	$444.96	$6.07	1.38%
			Double	$877.78	$889.91	$12.13	1.38%
			Emp/Child(ren)	$746.11	$756.43	$10.32	1.38%
			Family	$1,250.84	$1,268.13	$17.29	1.38%
Bronze	HDHMO	IHBF4014	IHBF4026				
			Single	$428.31	$435.69	$7.38	1.72%
			Double	$856.62	$871.38	$14.76	1.72%
			Emp/Child(ren)	$728.13	$740.68	$12.55	1.72%
			Family	$1,220.68	$1,241.72	$21.04	1.72%
Bronze	HDHMO	IHBF4015	IHBF4027				
			Single	$413.43	$423.44	$10.01	2.42%
			Double	$826.86	$846.88	$20.02	2.42%
			Emp/Child(ren)	$702.83	$719.84	$17.01	2.42%
			Family	$1,178.27	$1,206.80	$28.53	2.42%
Platinum	HMO	IHPF1016	IHPF1030				
			Single	$704.52	$709.44	$4.92	0.70%
			Double	$1,409.03	$1,418.88	$9.85	0.70%
			Emp/Child(ren)	$1,197.68	$1,206.05	$8.37	0.70%
			Family	$2,007.87	$2,021.90	$14.03	0.70%

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

Metal Tier	Product Line	Old Name	New Name	2014 01/01/2014-12/31/2014 Current Rate	2015 01/01/2015-12/31/2015 Proposed Rate	2015 Amount of Adjustment	2015 Percent Change
Platinum	HMO	IHPF1017	IHPF1031				
			Single	$715.72	$722.29	$6.57	0.92%
			Double	$1,431.43	$1,444.59	$13.16	0.92%
			Emp/Child(ren)	$1,216.72	$1,227.90	$11.18	0.92%
			Family	$2,039.79	$2,058.54	$18.75	0.92%
Platinum	HMO	IHPF1026	IHPF1034				
			Single	$727.41	$714.91	($12.50)	-1.72%
			Double	$1,454.82	$1,429.83	($24.99)	-1.72%
			Emp/Child(ren)	$1,236.60	$1,215.35	($21.25)	-1.72%
			Family	$2,073.12	$2,037.50	($35.62)	-1.72%
Platinum	HMO	IHPF1018	IHPF1032				
			Single	$715.00	$736.34	$21.34	2.98%
			Double	$1,430.00	$1,472.67	$42.67	2.98%
			Emp/Child(ren)	$1,215.50	$1,251.77	$36.27	2.98%
			Family	$2,037.76	$2,098.56	$60.80	2.98%
Gold	HMO	IHGF2016	IHGF2023				
			Single	$618.34	$600.18	($18.16)	-2.94%
			Double	$1,236.69	$1,200.37	($36.32)	-2.94%
			Emp/Child(ren)	$1,051.18	$1,020.31	($30.87)	-2.94%
			Family	$1,762.28	$1,710.53	($51.75)	-2.94%
Gold	HMO	IHGF2017	IHGF2020				
			Single	$637.54	$603.72	($33.82)	-5.30%
			Double	$1,275.08	$1,207.44	($67.64)	-5.30%
			Emp/Child(ren)	$1,083.82	$1,026.33	($57.49)	-5.30%
			Family	$1,816.99	$1,720.61	($96.38)	-5.30%
Gold	HMO	IHGF2018	IHGF2024				
			Single	$610.63	$626.99	$16.36	2.68%
			Double	$1,221.27	$1,253.98	$32.71	2.68%
			Emp/Child(ren)	$1,038.08	$1,065.88	$27.80	2.68%
			Family	$1,740.31	$1,786.91	$46.60	2.68%
Silver	HMO	IHSF3028	IHSF3036				
			Single	$526.12	$520.19	($5.93)	-1.13%
			Double	$1,052.24	$1,040.37	($11.87)	-1.13%
			Emp/Child(ren)	$894.40	$884.32	($10.08)	-1.13%
			Family	$1,499.44	$1,482.53	($16.91)	-1.13%
Silver	HMO	IHSF3029	IHSF3033				
			Single	$538.26	$536.57	($1.69)	-0.31%
			Double	$1,076.52	$1,073.13	($3.39)	-0.31%
			Emp/Child(ren)	$915.04	$912.16	($2.88)	-0.31%
			Family	$1,534.04	$1,529.22	($4.82)	-0.31%
Silver	HDHMO	IHSF3030	IHSF3034				
			Single	$528.23	$526.25	($1.98)	-0.37%
			Double	$1,056.45	$1,052.50	($3.95)	-0.37%
			Emp/Child(ren)	$897.98	$894.62	($3.36)	-0.37%
			Family	$1,505.44	$1,499.81	($5.63)	-0.37%
Bronze	HDHMO	IHBF4017	IHBF4028				
			Single	$438.59	$436.46	($2.13)	-0.49%
			Double	$877.18	$872.92	($4.26)	-0.49%
			Emp/Child(ren)	$745.60	$741.98	($3.62)	-0.49%
			Family	$1,249.98	$1,243.91	($6.07)	-0.49%
Bronze	HDHMO	IHBF4018	IHBF4029				
			Single	$423.35	$424.19	$0.84	0.20%
			Double	$846.70	$848.37	$1.67	0.20%
			Emp/Child(ren)	$719.70	$721.12	$1.42	0.20%
			Family	$1,206.55	$1,208.93	$2.38	0.20%
Bronze	HDHMO	IHBF4025	IHBF4031				
			Single	$449.42	$445.75	($3.67)	-0.82%
			Double	$898.85	$891.49	($7.36)	-0.82%
			Emp/Child(ren)	$764.02	$757.77	($6.25)	-0.82%
			Family	$1,280.86	$1,270.38	($10.48)	-0.82%
Platinum	HMO	IHPFC001	IHPFC005				
			Single	$283.46	$291.77	$8.31	2.93%
			Double	N/A	N/A	$0.00	$0.00
			Emp/Child(ren)	N/A	N/A	$0.00	$0.00
			Family	N/A	N/A	$0.00	$0.00
Gold	HMO	IHGFC002	IHPFC006				
			Single	$248.79	$246.84	($1.95)	-0.78%
			Double	N/A	N/A	$0.00	$0.00
			Emp/Child(ren)	N/A	N/A	$0.00	$0.00
			Family	N/A	N/A	$0.00	$0.00

Capital District Physicians' Health Plan

Syracuse Region

Individual Rates Off-Exchange

Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 01/01/2014-12/31/2014 Current Rate	2015 01/01/2015-12/31/2015 Proposed Rate	2015 Amount of Adjustment	2015 Percent Change
Silver	HMO	IHSFC003	IHPFC007				
			Single	$211.68	$213.94	$2.26	1.07%
			Double	N/A	N/A	$0.00	$0.00
			Emp/Child(ren)	N/A	N/A	$0.00	$0.00
			Family	N/A	N/A	$0.00	$0.00
Bronze	HDHMO	IHBFC004	IHPFC008				
			Single	$180.82	$183.33	$2.51	1.39%
			Double	N/A	N/A	$0.00	$0.00
			Emp/Child(ren)	N/A	N/A	$0.00	$0.00
			Family	N/A	N/A	$0.00	$0.00

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

Metal Tier	Product Line	Old Name	New Name	2014 01/01/2014-12/31/2014 Current Rate	2015 01/01/2015-12/31/2015 Proposed Rate	2015 Amount of Adjustment	2015 Percent Change
Platinum	HMO	IHPF1013	IHPF1027				
			Single	$660.77	$680.15	$19.38	2.93%
			Double	$1,321.53	$1,360.30	$38.77	2.93%
			Emp/Child(ren)	$1,123.30	$1,156.25	$32.95	2.93%
			Family	$1,883.18	$1,938.43	$55.25	2.93%
Platinum	HMO	IHPF1014	IHPF1028				
			Single	$671.27	$692.47	$21.20	3.16%
			Double	$1,342.54	$1,384.95	$42.41	3.16%
			Emp/Child(ren)	$1,141.16	$1,177.21	$36.05	3.16%
			Family	$1,913.12	$1,973.55	$60.43	3.16%
Platinum	HMO	IHPF1025	IHPF1033				
			Single	$682.24	$685.40	$3.16	0.46%
			Double	$1,364.48	$1,370.79	$6.31	0.46%
			Emp/Child(ren)	$1,159.81	$1,165.17	$5.36	0.46%
			Family	$1,944.38	$1,953.38	$9.00	0.46%
Platinum	HMO	IHPF1015	IHPF1029				
			Single	$670.60	$705.94	$35.34	5.27%
			Double	$1,341.20	$1,411.88	$70.68	5.27%
			Emp/Child(ren)	$1,140.02	$1,200.10	$60.08	5.27%
			Family	$1,911.21	$2,011.93	$100.72	5.27%
Gold	HMO	IHGF2013	IHGF2021				
			Single	$579.94	$575.40	($4.54)	-0.78%
			Double	$1,159.89	$1,150.80	($9.09)	-0.78%
			Emp/Child(ren)	$985.90	$978.18	($7.72)	-0.78%
			Family	$1,652.84	$1,639.90	($12.94)	-0.78%
Gold	HMO	IHGF2014	IHGF2019				
			Single	$597.95	$578.80	($19.15)	-3.20%
			Double	$1,195.90	$1,157.60	($38.30)	-3.20%
			Emp/Child(ren)	$1,016.51	$983.96	($32.55)	-3.20%
			Family	$1,704.16	$1,649.58	($54.58)	-3.20%
Gold	HMO	IHGF2015	IHGF2022				
			Single	$572.71	$601.10	$28.39	4.96%
			Double	$1,145.43	$1,202.21	$56.78	4.96%
			Emp/Child(ren)	$973.61	$1,021.88	$48.27	4.96%
			Family	$1,632.24	$1,713.15	$80.91	4.96%
Silver	HMO	IHSF3025	IHSF3035				
			Single	$493.45	$498.71	$5.26	1.07%
			Double	$986.89	$997.42	$10.53	1.07%
			Emp/Child(ren)	$838.86	$847.81	$8.95	1.07%
			Family	$1,406.32	$1,421.33	$15.01	1.07%
Silver	HMO	IHSF3026	IHSF3031				
			Single	$504.95	$514.41	$9.46	1.87%
			Double	$1,009.89	$1,028.83	$18.94	1.88%
			Emp/Child(ren)	$858.41	$874.50	$16.09	1.87%
			Family	$1,439.10	$1,466.08	$26.98	1.87%
Silver	HDHMO	IHSF3027	IHSF3032				
			Single	$495.42	$504.53	$9.11	1.84%
			Double	$990.85	$1,009.05	$18.20	1.84%
			Emp/Child(ren)	$842.22	$857.69	$15.47	1.84%
			Family	$1,411.96	$1,437.90	$25.94	1.84%
Bronze	HDHMO	IHBF4013	IHBF4030				
			Single	$421.51	$427.34	$5.83	1.38%
			Double	$843.03	$854.68	$11.65	1.38%
			Emp/Child(ren)	$716.57	$726.48	$9.91	1.38%
			Family	$1,201.32	$1,217.92	$16.60	1.38%
Bronze	HDHMO	IHBF4014	IHBF4026				
			Single	$411.35	$418.44	$7.09	1.72%
			Double	$822.71	$836.89	$14.18	1.72%
			Emp/Child(ren)	$699.30	$711.35	$12.05	1.72%
			Family	$1,172.36	$1,192.56	$20.20	1.72%
Bronze	HDHMO	IHBF4015	IHBF4027				
			Single	$397.06	$406.67	$9.61	2.42%
			Double	$794.12	$813.35	$19.23	2.42%
			Emp/Child(ren)	$675.00	$691.35	$16.35	2.42%
			Family	$1,131.63	$1,159.02	$27.39	2.42%
Platinum	HMO	IHPF1016	IHPF1030				
			Single	$676.62	$681.35	$4.73	0.70%
			Double	$1,353.25	$1,362.71	$9.46	0.70%
			Emp/Child(ren)	$1,150.26	$1,158.30	$8.04	0.70%
			Family	$1,928.38	$1,941.85	$13.47	0.70%

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

Metal Tier	Product Line	Old Name	New Name	2014 01/01/2014-12/31/2014 Current Rate	2015 01/01/2015-12/31/2015 Proposed Rate	2015 Amount of Adjustment	2015 Percent Change
Platinum	HMO	IHPF1017	IHPF1031				
			Single	$687.38	$693.70	$6.32	0.92%
			Double	$1,374.76	$1,387.40	$12.64	0.92%
			Emp/Child(ren)	$1,168.55	$1,179.29	$10.74	0.92%
			Family	$1,959.03	$1,977.04	$18.01	0.92%
Platinum	HMO	IHPF1026	IHPF1034				
			Single	$698.61	$686.61	($12.00)	-1.72%
			Double	$1,397.22	$1,373.22	($24.00)	-1.72%
			Emp/Child(ren)	$1,187.64	$1,167.24	($20.40)	-1.72%
			Family	$1,991.04	$1,956.84	($34.20)	-1.72%
Platinum	HMO	IHPF1018	IHPF1032				
			Single	$686.70	$707.19	$20.49	2.98%
			Double	$1,373.39	$1,414.37	$40.98	2.98%
			Emp/Child(ren)	$1,167.38	$1,202.22	$34.84	2.98%
			Family	$1,957.08	$2,015.48	$58.40	2.98%
Gold	HMO	IHGF2016	IHGF2023				
			Single	$593.86	$576.42	($17.44)	-2.94%
			Double	$1,187.73	$1,152.85	($34.88)	-2.94%
			Emp/Child(ren)	$1,009.57	$979.92	($29.65)	-2.94%
			Family	$1,692.51	$1,642.81	($49.70)	-2.94%
Gold	HMO	IHGF2017	IHGF2020				
			Single	$612.30	$579.82	($32.48)	-5.30%
			Double	$1,224.60	$1,159.64	($64.96)	-5.30%
			Emp/Child(ren)	$1,040.91	$985.69	($55.22)	-5.30%
			Family	$1,745.05	$1,652.49	($92.56)	-5.30%
Gold	HMO	IHGF2018	IHGF2024				
			Single	$586.46	$602.17	$15.71	2.68%
			Double	$1,172.92	$1,204.33	$31.41	2.68%
			Emp/Child(ren)	$996.98	$1,023.68	$26.70	2.68%
			Family	$1,671.41	$1,716.17	$44.76	2.68%
Silver	HMO	IHSF3028	IHSF3036				
			Single	$505.29	$499.59	($5.70)	-1.13%
			Double	$1,010.58	$999.18	($11.40)	-1.13%
			Emp/Child(ren)	$858.99	$849.31	($9.68)	-1.13%
			Family	$1,440.07	$1,423.84	($16.23)	-1.13%
Silver	HMO	IHSF3029	IHSF3033				
			Single	$516.95	$515.32	($1.63)	-0.32%
			Double	$1,033.90	$1,030.65	($3.25)	-0.31%
			Emp/Child(ren)	$878.82	$876.05	($2.77)	-0.32%
			Family	$1,473.31	$1,468.67	($4.64)	-0.31%
Silver	HDHMO	IHSF3030	IHSF3034				
			Single	$507.31	$505.42	($1.89)	-0.37%
			Double	$1,014.63	$1,010.83	($3.80)	-0.37%
			Emp/Child(ren)	$862.43	$859.21	($3.22)	-0.37%
			Family	$1,445.84	$1,440.43	($5.41)	-0.37%
Bronze	HDHMO	IHBF4017	IHBF4028				
			Single	$421.23	$419.18	($2.05)	-0.49%
			Double	$842.45	$838.36	($4.09)	-0.49%
			Emp/Child(ren)	$716.08	$712.61	($3.47)	-0.48%
			Family	$1,200.49	$1,194.67	($5.82)	-0.48%
Bronze	HDHMO	IHBF4018	IHBF4029				
			Single	$406.59	$407.39	$0.80	0.20%
			Double	$813.18	$814.78	$1.60	0.20%
			Emp/Child(ren)	$691.20	$692.57	$1.37	0.20%
			Family	$1,158.78	$1,161.07	$2.29	0.20%
Bronze	HDHMO	IHBF4025	IHBF4031				
			Single	$431.63	$428.10	($3.53)	-0.82%
			Double	$863.26	$856.20	($7.06)	-0.82%
			Emp/Child(ren)	$733.77	$727.77	($6.00)	-0.82%
			Family	$1,230.15	$1,220.08	($10.07)	-0.82%
Platinum	HMO	IHPFC001	IHPFC005				
			Single	$272.24	$280.22	$7.98	2.93%
			Double	N/A	N/A	$0.00	$0.00
			Emp/Child(ren)	N/A	N/A	$0.00	$0.00
			Family	N/A	N/A	$0.00	$0.00
Gold	HMO	IHGFC002	IHPFC006				
			Single	$238.94	$237.07	($1.87)	-0.78%
			Double	N/A	N/A	$0.00	$0.00
			Emp/Child(ren)	N/A	N/A	$0.00	$0.00
			Family	N/A	N/A	$0.00	$0.00

Capital District Physicians' Health Plan

Utica/Watertown Region

Individual Rates Off-Exchange

Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 01/01/2014-12/31/2014 Current Rate	2015 01/01/2015-12/31/2015 Proposed Rate	2015 Amount of Adjustment	2015 Percent Change
Silver	HMO	IHSFC003	IHPFC007				
			Single	$203.30	$205.47	$2.17	1.07%
			Double	N/A	N/A	$0.00	$0.00
			Emp/Child(ren)	N/A	N/A	$0.00	$0.00
			Family	N/A	N/A	$0.00	$0.00
Bronze	HDHMO	IHBFC004	IHPFC008				
			Single	$173.66	$176.07	$2.41	1.39%
			Double	N/A	N/A	$0.00	$0.00
			Emp/Child(ren)	N/A	N/A	$0.00	$0.00
			Family	N/A	N/A	$0.00	$0.00

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Benefit Summary
Individual Rates Off-Exchange
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Form Number(s)	Size	Product	Metal Tier		2014 Plan Code	2015 Plan Code	Standard	OV
01-0002-2014	Ind	HMO	Platinum	Medical	IHPF1013	IHPF1027	Standard	15
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1014	IHPF1028	Non-Standard	10
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1025	IHPF1033	Non-Standard	20
01-0002-2014; 01-0010-2014	Ind	HMO	Platinum	Medical	IHPF1015	IHPF1029	Standard	15
01-0002-2014	Ind	HMO	Gold	Medical	IHGF2013	IHGF2021	Standard	25
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2014	IHGF2019	Non-Standard	25
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2015	IHGF2022	Non-Standard	25
01-0002-2014	Ind	HMO	Silver	Medical	IHSF3025	IHSF3035	Standard	30
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3026	IHSF3031	Non-Standard	0.2
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3027	IHSF3032	Non-Standard	0
01-0002-2014	Ind	HDHMO	Bronze	Medical	IHBF4013	IHBF4030	Standard	0.5
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4014	IHBF4026	Non-Standard	0.5
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4015	IHBF4027	Non-Standard	0.5
01-0002-2014;01-0009-2014	Ind	HMO	Platinum	Medical	IHPF1016	IHPF1030	Standard	15
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1017	IHPF1031	Non-Standard	10
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1026	IHPF1034	Non-Standard	20
01-0002-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1018	IHPF1032	Standard	15
01-0002-2014;01-0009-2014	Ind	HMO	Gold	Medical	IHGF2016	IHGF2023	Standard	25
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2017	IHGF2020	Non-Standard	25
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2018	IHGF2024	Non-Standard	25
01-0002-2014;01-0009-2014	Ind	HMO	Silver	Medical	IHSF3028	IHSF3036	Standard	30
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3029	IHSF3033	Non-Standard	0.2
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3030	IHSF3034	Non-Standard	0
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4017	IHBF4028	Non-Standard	0.5
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4018	IHBF4029	Non-Standard	0.5
01-0002-2014;01-0009-2014	Ind	HDHMO	Bronze	Medical	IHBF4025	IHBF4031	Standard	0.5
01-0017-2014	Ind	HMO	Platinum	Medical	IHPFC001	IHPFC005	Standard	15
01-0017-2014	Ind	HMO	Gold	Medical	IHGFC002	IHPFC006	Standard	25
01-0017-2014	Ind	HMO	Silver	Medical	IHSFC003	IHPFC007	Standard	30
01-0017-2014	Ind	HDHMO	Bronze	Medical	IHBFC004	IHPFC008	Standard	0.5

ıpital District Physicians' Health Plan
Benefit Summary
Individual Rates Off-Exchange
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Form Number(s)	Size	Product	Metal Tier		2014 Plan Code	2015 Plan Code	SP	INN HOSP	OUT SURG
01-0002-2014	Ind	HMO	Platinum	Medical	IHPF1013	IHPF1027	35	500	100
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1014	IHPF1028	10	500	85
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1025	IHPF1033	20	750	185
01-0002-2014; 01-0010-2014	Ind	HMO	Platinum	Medical	IHPF1015	IHPF1029	35	500	100
01-0002-2014	Ind	HMO	Gold	Medical	IHGF2013	IHGF2021	40	1000	100
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2014	IHGF2019	50	250	50
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2015	IHGF2022	50	0.2	0.2
01-0002-2014	Ind	HMO	Silver	Medical	IHSF3025	IHSF3035	50	1500	100
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3026	IHSF3031	0.2	0.2	0.2
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3027	IHSF3032	0	0	0
01-0002-2014	Ind	HDHMO	Bronze	Medical	IHBF4013	IHBF4030	0.5	0.5	0.5
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4014	IHBF4026	0.5	0.5	0.5
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4015	IHBF4027	0.5	0.5	0.5
01-0002-2014;01-0009-2014	Ind	HMO	Platinum	Medical	IHPF1016	IHPF1030	35	500	100
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1017	IHPF1031	10	500	85
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1026	IHPF1034	20	750	185
01-0002-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1018	IHPF1032	35	500	100
01-0002-2014;01-0009-2014	Ind	HMO	Gold	Medical	IHGF2016	IHGF2023	40	1000	100
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2017	IHGF2020	50	250	50
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2018	IHGF2024	50	0.2	0.2
01-0002-2014;01-0009-2014	Ind	HMO	Silver	Medical	IHSF3028	IHSF3036	50	1500	100
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3029	IHSF3033	0.2	0.2	0.2
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3030	IHSF3034	0	0	0
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4017	IHBF4028	0.5	0.5	0.5
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4018	IHBF4029	0.5	0.5	0.5
01-0002-2014;01-0009-2014	Ind	HDHMO	Bronze	Medical	IHBF4025	IHBF4031	0.5	0.5	0.5
01-0017-2014	Ind	HMO	Platinum	Medical	IHPFC001	IHPFC005	35	500	100
01-0017-2014	Ind	HMO	Gold	Medical	IHGFC002	IHPFC006	40	1000	100
01-0017-2014	Ind	HMO	Silver	Medical	IHSFC003	IHPFC007	50	1500	100
01-0017-2014	Ind	HDHMO	Bronze	Medical	IHBFC004	IHPFC008	0.5	0.5	0.5

ıpital District Physicians' Health Plan
Benefit Summary
Individual Rates Off-Exchange
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Form Number(s)	Size	Product	Metal Tier		2014 Plan Code	2015 Plan Code	ER	AMB	DME
01-0002-2014	Ind	HMO	Platinum	Medical	IHPF1013	IHPF1027	100	100	0.1
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1014	IHPF1028	100	100	0.5
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1025	IHPF1033	75	75	0.5
01-0002-2014; 01-0010-2014	Ind	HMO	Platinum	Medical	IHPF1015	IHPF1029	100	100	0.1
01-0002-2014	Ind	HMO	Gold	Medical	IHGF2013	IHGF2021	150	150	0.2
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2014	IHGF2019	75	75	0.5
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2015	IHGF2022	0.2	0.2	0.5
01-0002-2014	Ind	HMO	Silver	Medical	IHSF3025	IHSF3035	150	150	0.3
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3026	IHSF3031	0.2	0.2	0.5
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3027	IHSF3032	0	0	0
01-0002-2014	Ind	HDHMO	Bronze	Medical	IHBF4013	IHBF4030	0.5	0.5	0.5
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4014	IHBF4026	0.5	0.5	0.5
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4015	IHBF4027	0.5	0.5	0.5
01-0002-2014;01-0009-2014	Ind	HMO	Platinum	Medical	IHPF1016	IHPF1030	100	100	0.1
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1017	IHPF1031	100	100	0.5
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1026	IHPF1034	75	75	0.5
01-0002-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1018	IHPF1032	100	100	0.1
01-0002-2014;01-0009-2014	Ind	HMO	Gold	Medical	IHGF2016	IHGF2023	150	150	0.2
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2017	IHGF2020	75	75	0.5
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2018	IHGF2024	0.2	0.2	0.5
01-0002-2014;01-0009-2014	Ind	HMO	Silver	Medical	IHSF3028	IHSF3036	150	150	0.3
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3029	IHSF3033	0.2	0.2	0.5
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3030	IHSF3034	0	0	0
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4017	IHBF4028	0.5	0.5	0.5
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4018	IHBF4029	0.5	0.5	0.5
01-0002-2014;01-0009-2014	Ind	HDHMO	Bronze	Medical	IHBF4025	IHBF4031	0.5	0.5	0.5
01-0017-2014	Ind	HMO	Platinum	Medical	IHPFC001	IHPFC005	100	100	0.1
01-0017-2014	Ind	HMO	Gold	Medical	IHGFC002	IHPFC006	150	150	0.2
01-0017-2014	Ind	HMO	Silver	Medical	IHSFC003	IHPFC007	150	150	0.3
01-0017-2014	Ind	HDHMO	Bronze	Medical	IHBFC004	IHPFC008	0.5	0.5	0.5

ıpital District Physicians' Health Plan
Benefit Summary
Individual Rates Off-Exchange
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Form Number(s)	Size	Product	Metal Tier		2014 Plan Code	2015 Plan Code	COIN	INN Ded Single
01-0002-2014	Ind	HMO	Platinum	Medical	IHPF1013	IHPF1027	0	0
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1014	IHPF1028	0	0
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1025	IHPF1033	0	0
01-0002-2014; 01-0010-2014	Ind	HMO	Platinum	Medical	IHPF1015	IHPF1029	0	0
01-0002-2014	Ind	HMO	Gold	Medical	IHGF2013	IHGF2021	0	600
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2014	IHGF2019	0	400
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2015	IHGF2022	0.2	500
01-0002-2014	Ind	HMO	Silver	Medical	IHSF3025	IHSF3035	0	2000
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3026	IHSF3031	0.2	2000
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3027	IHSF3032	0	3000
01-0002-2014	Ind	HDHMO	Bronze	Medical	IHBF4013	IHBF4030	0.5	3000
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4014	IHBF4026	0.5	3300
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4015	IHBF4027	0.5	4500
01-0002-2014;01-0009-2014	Ind	HMO	Platinum	Medical	IHPF1016	IHPF1030	0	0
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1017	IHPF1031	0	0
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1026	IHPF1034	0	0
01-0002-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1018	IHPF1032	0	0
01-0002-2014;01-0009-2014	Ind	HMO	Gold	Medical	IHGF2016	IHGF2023	0	600
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2017	IHGF2020	0	400
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2018	IHGF2024	0.2	500
01-0002-2014;01-0009-2014	Ind	HMO	Silver	Medical	IHSF3028	IHSF3036	0	2000
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3029	IHSF3033	0.2	2000
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3030	IHSF3034	0	3000
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4017	IHBF4028	0.5	3300
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4018	IHBF4029	0.5	4500
01-0002-2014;01-0009-2014	Ind	HDHMO	Bronze	Medical	IHBF4025	IHBF4031	0.5	3000
01-0017-2014	Ind	HMO	Platinum	Medical	IHPFC001	IHPFC005	0	0
01-0017-2014	Ind	HMO	Gold	Medical	IHGFC002	IHPFC006	0	600
01-0017-2014	Ind	HMO	Silver	Medical	IHSFC003	IHPFC007	0	2000
01-0017-2014	Ind	HDHMO	Bronze	Medical	IHBFC004	IHPFC008	0.5	3000

ıpital District Physicians' Health Plan
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Individual Rates Off-Exchange
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Form Number(s)	Size	Product	Metal Tier		2014 Plan Code	2015 Plan Code	INN Ded Family	INN Max Single
01-0002-2014	Ind	HMO	Platinum	Medical	IHPF1013	IHPF1027	0	2000
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1014	IHPF1028	0	6600
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1025	IHPF1033	0	3500
01-0002-2014; 01-0010-2014	Ind	HMO	Platinum	Medical	IHPF1015	IHPF1029	0	2000
01-0002-2014	Ind	HMO	Gold	Medical	IHGF2013	IHGF2021	1200	4000
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2014	IHGF2019	800	6600
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2015	IHGF2022	1000	2000
01-0002-2014	Ind	HMO	Silver	Medical	IHSF3025	IHSF3035	4000	5500
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3026	IHSF3031	4000	6000
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3027	IHSF3032	6000	3000
01-0002-2014	Ind	HDHMO	Bronze	Medical	IHBF4013	IHBF4030	6000	6350
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4014	IHBF4026	6600	6450
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4015	IHBF4027	9000	6450
01-0002-2014;01-0009-2014	Ind	HMO	Platinum	Medical	IHPF1016	IHPF1030	0	2000
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1017	IHPF1031	0	6600
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1026	IHPF1034	0	3500
01-0002-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1018	IHPF1032	0	2000
01-0002-2014;01-0009-2014	Ind	HMO	Gold	Medical	IHGF2016	IHGF2023	1200	4000
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2017	IHGF2020	800	6600
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2018	IHGF2024	1000	2000
01-0002-2014;01-0009-2014	Ind	HMO	Silver	Medical	IHSF3028	IHSF3036	4000	5500
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3029	IHSF3033	4000	6000
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3030	IHSF3034	6000	3000
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4017	IHBF4028	6600	6450
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4018	IHBF4029	9000	6450
01-0002-2014;01-0009-2014	Ind	HDHMO	Bronze	Medical	IHBF4025	IHBF4031	6000	6350
01-0017-2014	Ind	HMO	Platinum	Medical	IHPFC001	IHPFC005	0	2000
01-0017-2014	Ind	HMO	Gold	Medical	IHGFC002	IHPFC006	1200	4000
01-0017-2014	Ind	HMO	Silver	Medical	IHSFC003	IHPFC007	4000	5500
01-0017-2014	Ind	HDHMO	Bronze	Medical	IHBFC004	IHPFC008	6000	6350

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Form Number(s)	Size	Product	Metal Tier		2014 Plan Code	2015 Plan Code	INN Max Family	OON COIN
01-0002-2014	Ind	HMO	Platinum	Medical	IHPF1013	IHPF1027	4000	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1014	IHPF1028	13200	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1025	IHPF1033	7000	N/A
01-0002-2014; 01-0010-2014	Ind	HMO	Platinum	Medical	IHPF1015	IHPF1029	4000	0.2
01-0002-2014	Ind	HMO	Gold	Medical	IHGF2013	IHGF2021	8000	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2014	IHGF2019	13200	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2015	IHGF2022	4000	N/A
01-0002-2014	Ind	HMO	Silver	Medical	IHSF3025	IHSF3035	11000	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3026	IHSF3031	12000	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3027	IHSF3032	6000	N/A
01-0002-2014	Ind	HDHMO	Bronze	Medical	IHBF4013	IHBF4030	12700	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4014	IHBF4026	12900	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4015	IHBF4027	12900	N/A
01-0002-2014;01-0009-2014	Ind	HMO	Platinum	Medical	IHPF1016	IHPF1030	4000	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1017	IHPF1031	13200	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1026	IHPF1034	7000	N/A
01-0002-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1018	IHPF1032	4000	0.2
01-0002-2014;01-0009-2014	Ind	HMO	Gold	Medical	IHGF2016	IHGF2023	8000	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2017	IHGF2020	13200	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2018	IHGF2024	4000	N/A
01-0002-2014;01-0009-2014	Ind	HMO	Silver	Medical	IHSF3028	IHSF3036	11000	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3029	IHSF3033	12000	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3030	IHSF3034	6000	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4017	IHBF4028	12900	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4018	IHBF4029	12900	N/A
01-0002-2014;01-0009-2014	Ind	HDHMO	Bronze	Medical	IHBF4025	IHBF4031	12700	N/A
01-0017-2014	Ind	HMO	Platinum	Medical	IHPFC001	IHPFC005	4000	N/A
01-0017-2014	Ind	HMO	Gold	Medical	IHGFC002	IHPFC006	8000	N/A
01-0017-2014	Ind	HMO	Silver	Medical	IHSFC003	IHPFC007	11000	N/A
01-0017-2014	Ind	HDHMO	Bronze	Medical	IHBFC004	IHPFC008	12700	N/A

ıpital District Physicians' Health Plan
Benefit Summary
Individual Rates Off-Exchange
ɔsed Premium Rates Effective 1/1/2015

Form Number(s)	Size	Product	Metal Tier		2014 Plan Code	2015 Plan Code	OON Ded Single	OON Ded Family
01-0002-2014	Ind	HMO	Platinum	Medical	IHPF1013	IHPF1027	N/A	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1014	IHPF1028	N/A	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1025	IHPF1033	N/A	N/A
01-0002-2014; 01-0010-2014	Ind	HMO	Platinum	Medical	IHPF1015	IHPF1029	1000	2000
01-0002-2014	Ind	HMO	Gold	Medical	IHGF2013	IHGF2021	N/A	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2014	IHGF2019	N/A	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2015	IHGF2022	N/A	N/A
01-0002-2014	Ind	HMO	Silver	Medical	IHSF3025	IHSF3035	N/A	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3026	IHSF3031	N/A	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3027	IHSF3032	N/A	N/A
01-0002-2014	Ind	HDHMO	Bronze	Medical	IHBF4013	IHBF4030	N/A	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4014	IHBF4026	N/A	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4015	IHBF4027	N/A	N/A
01-0002-2014;01-0009-2014	Ind	HMO	Platinum	Medical	IHPF1016	IHPF1030	N/A	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1017	IHPF1031	N/A	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1026	IHPF1034	N/A	N/A
01-0002-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1018	IHPF1032	1000	2000
01-0002-2014;01-0009-2014	Ind	HMO	Gold	Medical	IHGF2016	IHGF2023	N/A	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2017	IHGF2020	N/A	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2018	IHGF2024	N/A	N/A
01-0002-2014;01-0009-2014	Ind	HMO	Silver	Medical	IHSF3028	IHSF3036	N/A	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3029	IHSF3033	N/A	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3030	IHSF3034	N/A	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4017	IHBF4028	N/A	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4018	IHBF4029	N/A	N/A
01-0002-2014;01-0009-2014	Ind	HDHMO	Bronze	Medical	IHBF4025	IHBF4031	N/A	N/A
01-0017-2014	Ind	HMO	Platinum	Medical	IHPFC001	IHPFC005	N/A	N/A
01-0017-2014	Ind	HMO	Gold	Medical	IHGFC002	IHPFC006	N/A	N/A
01-0017-2014	Ind	HMO	Silver	Medical	IHSFC003	IHPFC007	N/A	N/A
01-0017-2014	Ind	HDHMO	Bronze	Medical	IHBFC004	IHPFC008	N/A	N/A

ıpital District Physicians' Health Plan
Benefit Summary
Individual Rates Off-Exchange
ɔsed Premium Rates Effective 1/1/2015

Form Number(s)	Size	Product	Metal Tier		2014 Plan Code	2015 Plan Code	OON Max Single	OON Max Family
01-0002-2014	Ind	HMO	Platinum	Medical	IHPF1013	IHPF1027	N/A	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1014	IHPF1028	N/A	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1025	IHPF1033	N/A	N/A
01-0002-2014; 01-0010-2014	Ind	HMO	Platinum	Medical	IHPF1015	IHPF1029	3000	5000
01-0002-2014	Ind	HMO	Gold	Medical	IHGF2013	IHGF2021	N/A	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2014	IHGF2019	N/A	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2015	IHGF2022	N/A	N/A
01-0002-2014	Ind	HMO	Silver	Medical	IHSF3025	IHSF3035	N/A	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3026	IHSF3031	N/A	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3027	IHSF3032	N/A	N/A
01-0002-2014	Ind	HDHMO	Bronze	Medical	IHBF4013	IHBF4030	N/A	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4014	IHBF4026	N/A	N/A
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4015	IHBF4027	N/A	N/A
01-0002-2014;01-0009-2014	Ind	HMO	Platinum	Medical	IHPF1016	IHPF1030	N/A	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1017	IHPF1031	N/A	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1026	IHPF1034	N/A	N/A
01-0002-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1018	IHPF1032	3000	5000
01-0002-2014;01-0009-2014	Ind	HMO	Gold	Medical	IHGF2016	IHGF2023	N/A	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2017	IHGF2020	N/A	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2018	IHGF2024	N/A	N/A
01-0002-2014;01-0009-2014	Ind	HMO	Silver	Medical	IHSF3028	IHSF3036	N/A	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3029	IHSF3033	N/A	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3030	IHSF3034	N/A	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4017	IHBF4028	N/A	N/A
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4018	IHBF4029	N/A	N/A
01-0002-2014;01-0009-2014	Ind	HDHMO	Bronze	Medical	IHBF4025	IHBF4031	N/A	N/A
01-0017-2014	Ind	HMO	Platinum	Medical	IHPFC001	IHPFC005	N/A	N/A
01-0017-2014	Ind	HMO	Gold	Medical	IHGFC002	IHPFC006	N/A	N/A
01-0017-2014	Ind	HMO	Silver	Medical	IHSFC003	IHPFC007	N/A	N/A
01-0017-2014	Ind	HDHMO	Bronze	Medical	IHBFC004	IHPFC008	N/A	N/A

ıpital District Physicians' Health Plan
Benefit Summary
Individual Rates Off-Exchange
ɔsed Premium Rates Effective 1/1/2015

Form Number(s)	Size	Product	Metal Tier		2014 Plan Code	2015 Plan Code	Aggregate/ Embedded	Product Line
01-0002-2014	Ind	HMO	Platinum	Medical	IHPF1013	IHPF1027	Embedded	HMO
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1014	IHPF1028	Embedded	HMO
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1025	IHPF1033	Embedded	HMO
01-0002-2014; 01-0010-2014	Ind	HMO	Platinum	Medical	IHPF1015	IHPF1029	Embedded	HMO
01-0002-2014	Ind	HMO	Gold	Medical	IHGF2013	IHGF2021	Embedded	HMO
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2014	IHGF2019	Embedded	HMO
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2015	IHGF2022	Embedded	HMO
01-0002-2014	Ind	HMO	Silver	Medical	IHSF3025	IHSF3035	Embedded	HMO
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3026	IHSF3031	Embedded	HMO
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3027	IHSF3032	Aggregate	HDHMO
01-0002-2014	Ind	HDHMO	Bronze	Medical	IHBF4013	IHBF4030	Aggregate	HDHMO
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4014	IHBF4026	Aggregate	HDHMO
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4015	IHBF4027	Aggregate	HDHMO
01-0002-2014;01-0009-2014	Ind	HMO	Platinum	Medical	IHPF1016	IHPF1030	Embedded	HMO
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1017	IHPF1031	Embedded	HMO
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1026	IHPF1034	Embedded	HMO
01-0002-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1018	IHPF1032	Embedded	HMO
01-0002-2014;01-0009-2014	Ind	HMO	Gold	Medical	IHGF2016	IHGF2023	Embedded	HMO
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2017	IHGF2020	Embedded	HMO
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2018	IHGF2024	Embedded	HMO
01-0002-2014;01-0009-2014	Ind	HMO	Silver	Medical	IHSF3028	IHSF3036	Embedded	HMO
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3029	IHSF3033	Embedded	HMO
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3030	IHSF3034	Aggregate	HDHMO
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4017	IHBF4028	Aggregate	HDHMO
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4018	IHBF4029	Aggregate	HDHMO
01-0002-2014;01-0009-2014	Ind	HDHMO	Bronze	Medical	IHBF4025	IHBF4031	Aggregate	HDHMO
01-0017-2014	Ind	HMO	Platinum	Medical	IHPFC001	IHPFC005	Embedded	HMO
01-0017-2014	Ind	HMO	Gold	Medical	IHGFC002	IHPFC006	Embedded	HMO
01-0017-2014	Ind	HMO	Silver	Medical	IHSFC003	IHPFC007	Embedded	HMO
01-0017-2014	Ind	HDHMO	Bronze	Medical	IHBFC004	IHPFC008	Aggregate	HDHMO

ıpital District Physicians' Health Plan
Benefit Summary
Individual Rates Off-Exchange
ɔsed Premium Rates Effective 1/1/2015

Form Number(s)	Size	Product	Metal Tier		2014 Plan Code	2015 Plan Code	Benefit Type
01-0002-2014	Ind	HMO	Platinum	Medical	IHPF1013	IHPF1027	Copayment
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1014	IHPF1028	Copayment
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1025	IHPF1033	Copayment
01-0002-2014; 01-0010-2014	Ind	HMO	Platinum	Medical	IHPF1015	IHPF1029	Copayment
01-0002-2014	Ind	HMO	Gold	Medical	IHGF2013	IHGF2021	Copayment
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2014	IHGF2019	Copayment
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2015	IHGF2022	Transitional
01-0002-2014	Ind	HMO	Silver	Medical	IHSF3025	IHSF3035	Copayment
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3026	IHSF3031	Coinsurance
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3027	IHSF3032	Qualified High Deductible
01-0002-2014	Ind	HDHMO	Bronze	Medical	IHBF4013	IHBF4030	Qualified High Deductible
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4014	IHBF4026	Qualified High Deductible
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4015	IHBF4027	Qualified High Deductible
01-0002-2014;01-0009-2014	Ind	HMO	Platinum	Medical	IHPF1016	IHPF1030	Copayment
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1017	IHPF1031	Copayment
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1026	IHPF1034	Copayment
01-0002-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1018	IHPF1032	Copayment
01-0002-2014;01-0009-2014	Ind	HMO	Gold	Medical	IHGF2016	IHGF2023	Copayment
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2017	IHGF2020	Copayment
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2018	IHGF2024	Transitional
01-0002-2014;01-0009-2014	Ind	HMO	Silver	Medical	IHSF3028	IHSF3036	Copayment
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3029	IHSF3033	Coinsurance
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3030	IHSF3034	Qualified High Deductible
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4017	IHBF4028	Qualified High Deductible
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4018	IHBF4029	Qualified High Deductible
01-0002-2014;01-0009-2014	Ind	HDHMO	Bronze	Medical	IHBF4025	IHBF4031	Qualified High Deductible
01-0017-2014	Ind	HMO	Platinum	Medical	IHPFC001	IHPFC005	Copayment
01-0017-2014	Ind	HMO	Gold	Medical	IHGFC002	IHPFC006	Copayment
01-0017-2014	Ind	HMO	Silver	Medical	IHSFC003	IHPFC007	Copayment
01-0017-2014	Ind	HDHMO	Bronze	Medical	IHBFC004	IHPFC008	Qualified High Deductible

ıpital District Physicians' Health Plan
Benefit Summary
Individual Rates Off-Exchange
ɔsed Premium Rates Effective 1/1/2015

Form Number(s)	Size	Product	Metal Tier		2014 Plan Code	2015 Plan Code	Rx Benefit	Riders
01-0002-2014	Ind	HMO	Platinum	Medical	IHPF1013	IHPF1027	$10/$30/$60	No Riders
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1014	IHPF1028	$10/$40/$70	No Riders
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1025	IHPF1033	$4/$30/$60	No Riders
01-0002-2014; 01-0010-2014	Ind	HMO	Platinum	Medical	IHPF1015	IHPF1029	$10/$30/$60	No Riders
01-0002-2014	Ind	HMO	Gold	Medical	IHGF2013	IHGF2021	$10/$35/$70	No Riders
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2014	IHGF2019	$4/$30/$60	No Riders
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2015	IHGF2022	$4/50%/50%	No Riders
01-0002-2014	Ind	HMO	Silver	Medical	IHSF3025	IHSF3035	$10/$35/$70	No Riders
01-0003-2014;01-0022-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3026	IHSF3031	10%/25%/40%	No Riders
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3027	IHSF3032	$10/$50/$80	No Riders
01-0002-2014	Ind	HDHMO	Bronze	Medical	IHBF4013	IHBF4030	$10/$35/$70	No Riders
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4014	IHBF4026	$4/50%/50%	No Riders
01-0003-2014;01-0022-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4015	IHBF4027	50%/50%/50%	No Riders
01-0002-2014;01-0009-2014	Ind	HMO	Platinum	Medical	IHPF1016	IHPF1030	$10/$30/$60	Age 29
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1017	IHPF1031	$10/$40/$70	Age 29
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1026	IHPF1034	$4/$30/$60	Age 29
01-0002-2014;01-0009-2014;01-0(	Ind	HMO	Platinum	Medical	IHPF1018	IHPF1032	$10/$30/$60	Age 29
01-0002-2014;01-0009-2014	Ind	HMO	Gold	Medical	IHGF2016	IHGF2023	$10/$35/$70	Age 29
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2017	IHGF2020	$4/$30/$60	Age 29
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Gold	Medical	IHGF2018	IHGF2024	$4/50%/50%	Age 29
01-0002-2014;01-0009-2014	Ind	HMO	Silver	Medical	IHSF3028	IHSF3036	$10/$35/$70	Age 29
01-0003-2014;01-0009-2014;01-0(	Ind	HMO	Silver	Medical	IHSF3029	IHSF3033	10%/25%/40%	Age 29
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Silver	Medical	IHSF3030	IHSF3034	$10/$50/$80	Age 29
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4017	IHBF4028	$4/50%/50%	Age 29
01-0003-2014;01-0009-2014;01-0(	Ind	HDHMO	Bronze	Medical	IHBF4018	IHBF4029	50%/50%/50%	Age 29
01-0002-2014;01-0009-2014	Ind	HDHMO	Bronze	Medical	IHBF4025	IHBF4031	$10/$35/$70	Age 29
01-0017-2014	Ind	HMO	Platinum	Medical	IHPFC001	IHPFC005	$10/$30/$60	No Riders
01-0017-2014	Ind	HMO	Gold	Medical	IHGFC002	IHPFC006	$10/$35/$70	No Riders
01-0017-2014	Ind	HMO	Silver	Medical	IHSFC003	IHPFC007	$10/$35/$70	No Riders
01-0017-2014	Ind	HDHMO	Bronze	Medical	IHBFC004	IHPFC008	$10/$35/$70	No Riders

Exhibit C

Capital District Physicians' Health Plan
Individual
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	72.9%	1.00	0.729	1.000	0.729	
Double	17.5%	2.00	0.350	2.000	0.350	
Emp/Child(ren)	1.3%	2.55	0.032	1.700	0.021	
Family	8.3%	3.84	0.319	2.850	0.237	
Total 4T	100.0%		1.430		1.338	1.069
						1.069

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
Individual HMO Product
Sample Rate Calculation

VI. Rate Calculation

Sample rate calculation for a individual on exchange benefit package in the Albany region				
Plan Code	**Single**	**Double**	**Emp/Child(ren)**	**Family**
IHPF1027	$631.46	$ 1,262.93	$ 1,073.49	$ 1,799.67
Final Rates	**$631.46**	**$1,262.93**	**$1,073.49**	**$1,799.67**

Capital District Physician's Health Plan, Inc.
Individual Underwriting Guidelines

Underwriting Guidelines

Eligible individuals must live in the CDPHP approved service area.
CDPHP's service area encompasses the following counties:

Rating Region	Counties
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

CDPHP does not medically underwrite its individual products.

Condition of coverage requires the timely payment of premiums.

Capital District Physicians' Health Plan
HMO Product
Expected Loss Ratio

All policy forms in all regions

VIII. Expected Loss Ratio

84.1%

Individual Coverage. No amount will be due, payable, or paid to Agent/Broker on account of or with respect to any individual or non-group CDPHP coverage, contracts, certificates, or policies, including any individual coverage, contracts, certificates, or policies issued as a result of conversion by a Group or any Group member(s) to individual CDPHP membership coverage, contracts, certificates or policies, or direct pay agreements.