



**Capital District Physicians' Health Plan, Inc.**  
**City of Saratoga Springs (10007332)**  
**HMO Large Group**  
**01/01/2014 Renewal Date**  
**3 Tier Rates**

Albany

all

Active Benefits & Rates		Individual	Two-Person	N/A	Family
HA11Z14	\$0/\$0 INN DED, \$10 O/S COPAY, 0% INN HOSP, \$75 OUT SURG, \$50 ER, \$50 AMB, 50% DME	\$ 530.84	\$ 1,061.68	\$ 0.00	\$ 1,380.18
HMRXL3G14	\$5/\$20/\$35 (Grandfathered w/o Preventive)	\$ 119.64	\$ 239.28	\$ 0.00	\$ 311.07
HMDMEL214	Change DME Coinsurance to 20%	\$ 1.32	\$ 2.64	\$ 0.00	\$ 3.44
HMUNNL114	Union Benefits Rider - Medical	\$ 8.83	\$ 17.66	\$ 0.00	\$ 22.96
HPPACAGFNP14	Healthcare Reform Mandatory Rider (Grandfathered without Preventive Care)	\$ (9.10)	\$ (18.21)	\$ 0.00	\$ (23.67)
HMVSNL614	Vision Hardware and Routine Eye Exam Every 24 Months (Low Option Hardware: \$75 Frames & Lenses/\$75 Contract Lenses)	\$ 4.73	\$ 9.46	\$ 0.00	\$ 12.30
HMWWREMVELG	Removes women's wellness mandate	\$ (4.30)	\$ (8.60)	\$ 0.00	\$ (11.18)
<b>Renewal Rates</b>		<b>\$ 651.96</b>	<b>\$ 1,303.91</b>		<b>\$ 1,695.10</b>

Current Rates	\$ 651.82	\$ 1,303.66	\$ 0.00	\$ 1,694.74
% Change	0.0%	0.0%	0.0%	0.0%
Current Enrollment	4	4	0	8

**Underwriting Predications:**  
*This plan is quoted as a single offering.*


Rates approved by NYSDFS

BW (0011345-01 | Proposal 1)

William Mallow

Adirondack Trust Insurance Agency

10/14/2013

  
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 SCOTT T. JOHNSON, MAYOR  
 CITY OF SARATOGA SPRINGS



## Grandfathered Plan Quote Sign-Off Form

Capital District Physicians' Health Plan and CDPHP Universal Benefits,® Inc. (known collectively as CDPHP®) will only release quotes for "grandfathered" plans as defined by the Patient Protection and Affordable Care Act (PPACA) if you intend to comply with the following criteria:

- **Group is not significantly cutting or reducing benefits**, e.g., deciding to no longer cover prescription drugs.
- **Group is not raising coinsurance (if applicable) per PPACA regulations**, e.g., moving from a covered-in-full plan to one with 20% or 30% coinsurance. Grandfathered plans cannot increase the coinsurance percentage.
- **Group is not significantly raising its copayments (if applicable)**, e.g., raising its copayment from \$30 to \$50 over the next two years. Plans will be able to increase copayments by no more than the greater of \$5 (adjusted annually for medical inflation) or a percentage equal to medical inflation plus 15 percentage points.
- **Group is not significantly raising its deductible (if applicable)**, e.g., raising a \$1,000 annual deductible to \$1,500. Grandfathered plans can only increase deductibles by a percentage equal to medical inflation plus 15 percentage points.
- **Group is not significantly lowering its employer contributions**, e.g., increasing the workers' share of the premium from 20% to 50%. Grandfathered plans cannot decrease the percent of premiums they pay by more than 5 percentage points.

Group Name: City of Saratoga Springs

Group Address: City Hall, 474 Broadway, Saratoga Springs, NY 12866

Group Phone: 518-587-3550 Group Fax: 518-580-0781

Group E-mail: cathy.lozier@saratoga-springs.org

*I agree to notify CDPHP immediately of any change in contribution level during the plan year.*

Name of Signatory Officer: SCOTT T. JOHNSON

Signature: 

Date: 10/6/13

*A CDPHP quote for a "grandfathered" benefit plan does not guarantee grandfathered status under PPACA. Groups should consult their own legal counsel and/or advisors to confirm grandfathered status under PPACA.*