

Capital District Physicians' Health Plan, Inc. City of Saratoga Springs (10007332) HMO Large Group 01/01/2015 Renewal Date 3 Tier Rates

Albany

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1181171		Indi	Individual	Two-Person	A/N	ű	Family
HALIZIS	\$0/\$0 INN DED, \$10 O/S COPAY, \$0 INN HOSP, \$75 OUT SURG, \$50 ER, \$50 AMB,50% DME	₩.	570.03 \$	1,140.05	1,140.05 \$ 0.00	₩.	1,482.07
HMRXL3G15	\$5/\$20/\$35 (Grandfathered w/o Preventive)	₩	128.47 \$	256.94	256.94 \$ 0.00	₩.	334.03
HMDMEL215	Change DME Coinsurance to 20%	₩	1.42 \$	2.83	\$ 0.00	₩	3.69
HMUNNL115	Union Benefits Rider - Medical	₩	9.48 \$	18.96	\$ 0.00	₩	24.65
HPPACAGFNP15	Healthcare Reform Mandatory Rider (Grandathered without Preventive Care)	₩.	(9.78)	(19.56)	\$ 0.00	₩	(25.43)
HMVSNL615	Vision Hardware and Routine Eye Exam Every 24 Months (Low Option Hardware: \$75	₩	5.08 \$	10.16	\$ 0.00	₩.	13.21
	Frames & Lenses/\$75 contact Lenses)						
HMWWREMVELG	Removes women's wellness mandate	₩	(4.62) \$	(9.23)	(9.23) \$ 0.00 \$	₩	(12.01)
Renewal Rates		₩	700.08 \$	1,400.15		\$	1,820.21

Current Rates % Change Current Enrollment

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

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Rates filed with NYSDFS on September 23, 2014

BW (0013486-01 | Proposal 1)

Nick Webster

Adirondack Trust Insurance Agency

10/08/2014

7.4%

1,695.10

0.00 \$

1,303.91 \$ 7.4%

651.96 **\$** 7.4%

> ne D. Yelgsch, Mayor of Saratepa Springs

Date



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 12886
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 Signato	ry Officer: Joanne D. Yepsen
Signature:	Repar
Date:	for a "grandfathered" henefit plan does not guarantee grandfathered status
	for a "grandfathered" benefit plan does not guarantee grandfathered status froups should consult their own legal counsel and/or advisors to confirm

Rev. 12.06.10

grandfathered status under PPACA.