

From: Gardner, Renee [rgardner@cdphp.com]
Sent: Wednesday, September 22, 2010 2:23 PM
To: HHS HealthInsurance (HHS)
Cc: Imbriaco, Randi
Subject: Waiver - CDPHP Rider # 11A10

Importance: High

Attachments: Waiver Letter- 11A10 Rider.doc; PPRXS11A10.pdf; EPRXS11A10.pdf; HDRXS11A10.pdf; HMRXS11A10.pdf; Capped Rx Rider Report With Tiers.xls

Dear Mr. Mayhew,

Pursuant to the HHS Memorandum dated September 3, 2010 regarding the process for Obtaining Waivers of the Annual Limits Requirements of Affordable Care Act, please find the following documents attached to this e-mail:

- Letter Application requesting a waiver for the subject-referenced rider
- The Terms and Conditions associated with the rider
- A Capped Rx Report providing more detail of the increases associated with removing the prescription drug limitations on these riders

If you have any questions (or technical issues), please do not hesitate to contact me at my direct line below or via e-mail.

Thank you for your consideration and time in reviewing this request.

Randi Imbriaco

Health Care Reform Process Manager

CDPHP® | 500 Patroon Creek Blvd. Albany, NY 12206 | [✉ Rimbriac@cdphp.com](mailto:Rimbriac@cdphp.com) | [☎ \(518\) 641-5568](tel:(518)641-5568)

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CDP7:000001



September 22, 2010

Mr. James Mayhew
Department of Health and Human Services
Office of Consumer Information and Insurance Oversight
200 Independence Avenue, SW
Room 737-F-04
Washington, DC 20201

Re: Capital District Physicians' Health Plan, Inc.
Annual Limit Waiver for **CDPHP 11A10 RIDER**

Dear Mr. Mayhew:

Pursuant to the Department of Health and Human Services memorandum dated September 3, 2010, this letter is an application for a waiver of the annual dollar prescription drug limitation included in the above-referenced benefit plan rider. Capital District Physicians' Health Plan, Inc. ("CDPHP") and CDPHP Universal Benefits, Inc. ("CDPHP UBI") (collectively referred to in this letter as "CDPHP"), offers the attached rider as a separate supplemental amendment to base policy products (e.g., EPO, PPO, HMO, HDPPPO) that it sells to groups. The pricing associated with the rider varies depending upon the product to which it attaches. This application is requesting a waiver of the annual prescription drug limitations and describes the information associated with the rider.

The following is information requested pursuant to the DHHS memorandum:

- (1) The terms and conditions associated with the rider is attached as a separate PDF document and included within the e-mail that this letter was sent.
- (2) The annual prescription drug limit in this rider is (b)(4) per Member, per Benefit Period (i.e., one year).
- (3) The following is the current enrollment for this rider per product, and the corresponding increase in the cost of the rider due to the removal of the annual prescription drug maximum:

Rider			
EPRXS 11A10 (EPO Small Group)	(b)(4)		
HDRXS 11A10 (HDPPPO Small Group)			
HMRXS 11A10 (HMO Small Group)			
PPRXS 11A10 (PPO Small Group)			
Total			

(See also the Capped Rx Rider Report enclosed with this letter.)

- (4) This rider was developed with the purpose of providing groups, especially small groups, the option of providing a prescription drug benefit at an affordable cost. Removing the above annual prescription drug limit in this rider will significantly increase the cost of the rider. This increase in the price of the rider will likely cause the employer groups to remove the option of prescription drug coverage for their employees, and/or cause their employees to be without access to any prescription drug coverage.

I hereby attest that the above-referenced rider was in effect prior to September 23, 2010, and that based upon my best knowledge and belief, and in consultation with CDPHP's Senior Actuary and other knowledgeable employees, that removing the annual dollar limit restriction on this prescription drug rider will likely cause a significant increase in costs associated with purchasing this rider, and/or will likely cause a significant decrease in access to benefits for those currently covered by such a rider.

Please contact Randi Imbriaco, Health Care Reform Process Manager, at (518) 641-5568 should you have any questions.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "John D. Bennett MD". The signature is written in a cursive style with a large initial "J" and "B".

John D. Bennett, MD
President and CEO
Capital District Physicians' Health Plan

RIDER FOR PRESCRIPTION DRUGS

This Rider amends the terms of the Contract to which it is attached as follows:

ANNUAL MAXIMUM (b)(4) Per Member, per Benefit Period
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PRESCRIPTION DRUG COPAYMENTS	
Tier 1 Drugs	(b)(4) Copayment per 30-day supply
Tier 2 Drugs	(b)(4) Copayment per 30-day supply
Tier 3 Drugs	(b)(4) Copayment per 30-day supply

MAIL ORDER	
Subject to all limitations noted above, CDPHP UBI-approved maintenance drugs for chronic conditions are available by mail order, except specialty agents, subject to the following Copayments:	
	Tier 1 Drugs
30-day supply	(b)(4) Copayment
31-60 day supply	(b)(4) Copayment
61-90 day supply	(b)(4) Copayment
	Tier 2 Drugs
30-day supply	(b)(4) Copayment
31-60 day supply	(b)(4) Copayment
61-90 day supply	(b)(4) Copayment
	Tier 3 Drugs
30-day supply	(b)(4) Copayment
31-60 day supply	(b)(4) Copayment
61-90 day supply	(b)(4) Copayment
The Member must show his/her ID Card and pay the dispensing pharmacy within CDPHP UBI's designated pharmacy benefit manager's network the appropriate cost-share for each supply or refill of a Covered Prescription Drug. These amounts paid are not applicable to the Deductible or Coinsurance Maximum set forth in the Contract unless otherwise indicated.	
Members can contact our Member Service department at (518) 641-3140 or 1-877-269-2134 for instructions on using the mail order program.	

**SECTION II
DEFINITIONS**

- 65. **Prescription Drugs:** FDA approved Prescription Drug with a FDA approved or labeled use that can only be legally dispensed when they are ordered by a physician or other duly licensed health care provider legally authorized to prescribe under Title Eight of the Education Law. This includes Medically Necessary enteral formulas which have been proven effective as a disease-specific treatment regimen for those individuals who are or will become malnourished or suffer from disorders, which, if left untreated, cause chronic disability, mental retardation or death, if prescribed by a physician or other duly licensed health care provider legally authorized to prescribe under Title Eight of the Education Law.
- 66. **Tier 1 Drug:** A Prescription Drug that is included on CDPHP's Tier 1 Drug list. Tier 1 Drugs are selected for their effectiveness and utilization.
- 67. **Tier 2 Drug:** A Prescription Drug that is included on CDPHP's Tier 2 Drug list. Tier 2 Drugs are selected for their effectiveness and utilization.
- 68. **Tier 3 Drug:** A Covered Prescription Drug that is not on Tier 1 or Tier 2.

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Tier 2 Drugs	
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31-60 day supply	(b)(4) Copayment
61-90 day supply	(b)(4) Copayment
Tier 3 Drugs	
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61-90 day supply	(b)(4) Copayment
Tier 3 Drugs	
30-day supply	(b)(4) Copayment
31-60 day supply	(b)(4) Copayment
61-90 day supply	(b)(4) Copayment
<p>The Member must show his/her ID Card and pay the dispensing pharmacy within CDPHP UBI's designated pharmacy benefit manager's network the appropriate cost-share for each supply or refill of a Covered Prescription Drug. These amounts paid are not applicable to the Deductible or Coinsurance Maximum set forth in the Contract unless otherwise indicated.</p>	
<p>Members can contact our Member Service department at (518) 641-3140 or 1-877-269-2134 for instructions on using the mail order program.</p>	

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61-90 day supply	(b)(4) Copayment
Tier 2 Drugs	
30-day supply	(b)(4) Copayment
31-60 day supply	(b)(4) Copayment
61-90 day supply	(b)(4) Copayment
Tier 3 Drugs	
30-day supply	(b)(4) Copayment
31-60 day supply	(b)(4) Copayment
61-90 day supply	(b)(4) Copayment
The Member must show his/her ID Card and pay the dispensing pharmacy within CDPHP's designated pharmacy benefit manager's network the appropriate cost-share for each supply or refill of a Covered Prescription Drug. These amounts paid are not applicable to the Deductible or Coinsurance Maximum set forth in the Contract unless otherwise indicated.	
Members can contact our Member Service department at (518) 641-3700 or 1-800-777-2273 for instructions on using the mail order program.	

SECTION II DEFINITIONS

62. **Prescription Drugs:** An FDA approved Prescription Drug with an FDA approved or labeled use that can only be legally dispensed when they are ordered by a physician or other duly licensed health care provider legally authorized to prescribe under Title Eight of the Education Law. This includes, Medically Necessary enteral formulas which have been proven effective as a disease-specific treatment regimen for those individuals who are or will become malnourished or suffer from disorders, which, if left untreated, cause chronic disability, mental retardation or death, if prescribed by a physician or other duly licensed health care provider legally authorized to prescribe under Title Eight of the Education Law.
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65. **Tier 3 Drug:** A Covered Prescription Drug that is not on Tier 1 or Tier 2.

Members may contact the Member Services Department at **(518) 641-3700 or 1-800-777-2273** or may consult the CDPHP website at www.cdphp.com for a list of Covered Drugs and tier status.

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Capital District Physicians' Health Plan HMO and SG UBI Capped Rider Report

Product	Plan Rider Code	Rider Description	Rate	Individual	Family -	Double -	Family -	Employee/S	Employee/	Family -	Percent Increase	
				ALL TIER	TWO TIER	THREE TIER	THREE TIER	pouse - FOUR TIER	Chld(m) - FOUR TIER			FOUR TIER
EPO	EPRXS10A10	(b)(4)	Max									
			Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference									
EPO	EPRXS11A10		Max									Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference
EPO	EPRXS12A10		Max									Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference
EPO	EPRXS49A10		Max									Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference
EPO	EPRXS52A10		Max									Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference
EPO	EPRXS53A10		Max									Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference
EPO	EPRXS54A10		Max									Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference
EPO	EPRXS55A10		Max (generics & mail order carved out of max)									Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference
EPO	EPRXS56A10		Max (generics & mail order carved out of max)									Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference
EPO	EPRXS57A10		Max (generics & mail order carved out of max)									Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference
EPO	EPRXS58A10		Max (generics & mail order carved out of max)									Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference
EPO	EPRXS9A10		Max									Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference

Capital District Physicians' Health Plan HMO and SG UBI Capped Rider Report

Product	Plan Rider Code	Rider Description	Rate	Individual	Family -	Double -	Family -	Employee/S	Employee/	Family -	Percent Increase	
				ALL TIER	TWO TIER	THREE TIER	THREE TIER	pouse - FOUR TIER	Child(m) - FOUR TIER	FOUR TIER		
HDPPO/HDEPO	HDRXS10A10	(b)(4)	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS10A10	(b)(4)	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS10A10	(b)(4)	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS10A10	(b)(4)	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS10A10	(b)(4)	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS11A10	(b)(4)	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS11A10	(b)(4)	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS11A10	(b)(4)	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS12A10	(b)(4)	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS12A10	(b)(4)	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS12A10	(b)(4)	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS12A10	(b)(4)	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS52A10	(b)(4)	Max	Capped 2010q4 Rate								

Capital District Physicians' Health Plan

HMO and SG UBI Capped Rider Report

Product	Plan Rider Code	Rider Description	Rate	Individual - ALL TIERS	Family - TWO TIER	Double - THREE TIER	Family - THREE TIER	Employee/S - pouse - FOUR TIER	Employee/ Chld(m) - FOUR TIER	Family - FOUR TIER	Percent Increase
			Unlimited 2010q4 Rate Difference								(b) (4)

Capital District Physicians' Health Plan HMO and SG UBI Capped Rider Report

Product	Plan Rider Code	Rider Description	Rate	Individual	Family -	Double -	Family -	Employee/S	Employee/	Family -	Percent Increase
				ALL TIER	TWO TIER	THREE TIER	THREE TIER	pouse - FOUR TIER	Child(m) - FOUR TIER	FOUR TIER	
HDPPO/HDEPO	HDRXS53A10	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS55A10	Max (generics & mail order carved out of max)	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS57A10	Max (generics & mail order carved out of max)	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS57A10	Max (generics & mail order carved out of max)	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS9A10 (\$	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS9A10 (\$	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HDPPO/HDEPO	HDRXS9A10 (\$	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HMO	HMRXL10A10	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HMO	HMRXL14A10	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HMO	HMRXL55A10	Max (generics & mail order carved out of max)	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HMO	HMRXL9A10	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HMO	HMRXS10A10	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HMO	HMRXS11A10	Max	Capped 2010q4 Rate								

Capital District Physicians' Health Plan HMO and SG UBI Capped Rider Report

Product	Plan Rider Code	Rider Description	Rate	Individual	Family -	Double -	Family -	Employee/S	Employee/	Family -	Percent Increase
				ALL TIER	TWO TIER	THREE TIER	THREE TIER	pouse - FOUR TIER	Child(m) - FOUR TIER	FOUR TIER	
			Unlimited 2010q4 Rate Rate Difference								
HMO	HMRXS12A10	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HMO	HMRXS49A10	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HMO	HMRXS52A10	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
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HMO	HMRXS54A10	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
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HMO	HMRXS58A10	Max (generics & mail order carved out of max)	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
HMO	HMRXS9A10	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
PPO	PPRXS10A10	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
PPO	PPRXS11A10	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
PPO	PPRXS12A10	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate								

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Product	Plan Rider Code	Rider Description	Rate	Individual	Family -	Double -	Family -	Employee/S	Employee/	Family -	Percent Increase
				ALL TIER	TWO TIER	THREE TIER	THREE TIER	pouse - FOUR TIER	Child(m) - FOUR TIER	FOUR TIER	
			Rate Difference								
PPO	PPRXS52A10	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
PPO	PPRXS53A10	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
PPO	PPRXS55A10	Max (generics & mail order carved out of max)	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
PPO	PPRXS57A10	Max (generics & mail order carved out of max)	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								
PPO	PPRXS9A10	Max	Capped 2010q4 Rate Unlimited 2010q4 Rate Rate Difference								

Capital District Physicians' Health Plan LG UBI Capped Rider Report

Product	Plan Rider Code	Rider Description	Rate	Manual PMPM	Typical Loss Ratio	Typical Conversion Factor	Individual Rate	Family Rate	Percent Increase	
EPO	EPRXL10A10	(b)(4)	Max	Capped 2010 Unlimited 2010 Difference						
EPO	EPRXL14A10		Max	Capped 2010 Unlimited 2010 Difference						
EPO	EPRXL55A10		Max (generics & mail order carved out of max)	Capped 2010 Unlimited 2010 Difference						
EPO	EPRXL56A10		Max (generics & mail order carved out of max)	Capped 2010 Unlimited 2010 Difference						
EPO	EPRXL57A10		Max (generics & mail order carved out of max)	Capped 2010 Unlimited 2010 Difference						(b)(4)
EPO	EPRXL9A10		Max	Capped 2010 Unlimited 2010 Difference						
HDPPO/HDEPO	HDRXL14A10		(b)(4)	Max						Capped 2010 Unlimited 2010 Difference
HDPPO/HDEPO	HDRXLG53A1		(b)(4)	Max						Capped 2010 Unlimited 2010 Difference
PPO	PPRXL10A10		Max	Capped 2010 Unlimited 2010 Difference						