625 State Street
Schenectady, NY 12305-2111
mvphealthcare.com

<<Date>>

<<Contact Name>>
<<Group Name>>
<<Address>>
<<City, State Zip>>

RE: Notice of Proposed Premium Rate Change
See Enclosed Rate Chart for <<Next Year Plan Name>> and <<Next Year HIOS Plan ID Number>>

Dear <<Contact Name>>:

MVP Health Care® (MVP) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for <<Next Plan Year>>. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify, or disapprove the requested rate change.

Please note that the plan details in the subject line of this letter do not reflect your <<Current Plan Year>> MVP health plan or HIOS identification number. Your <<Current Plan Year>> health plan will not be offered by MVP in <<Next Plan Year>>. As a result, you will automatically be enrolled into the <<Next Year Plan Name>> upon renewal unless you choose a different plan. This new plan has benefits and a cost-share structure that are similar to your <<Current Plan Year>> MVP health plan.

Proposed Premium Rate Change
If approved, the percentage change to your premium is <<___>>%.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features you select on renewal. Also, the final approved rate may differ because DFS may modify the proposed rate.

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1. The name of your insurer, which is MVP Health Care
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We appreciate your business and look forward to serving you in the future.

Sincerely,

Everett Patterson, Jr.
Vice President, Commercial Sales

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Laurie Metheny
Chief Customer Experience Officer

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<<Date>>

<<Contact Name>>
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See Enclosed Rate Chart for <<Next Year Plan Name>> and <<Next Year HIOS Plan ID Number>>

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Everett Patterson, Jr.
Vice President, Commercial Sales

Enclosures

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<<Next Plan Year>> Proposed Premium Rate Changes for Groups
<<Group Name>><<Group #>>

Plan Name	Renewal Quarter	HIOS Plan Identification Number	Albany	Buffalo	Mid-Hudson	New York City	Rochester	Syracuse	Utica/ Watertown	Long Island
<<Plan Description>>	<<Qtr>	<<HIOS ID Number>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>
<<Plan Description>>	<<Qtr>	<<HIOS ID Number>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>
<<Plan Description>>	<<Qtr>	<<HIOS ID Number>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>
<<Plan Description>>	<<Qtr>	<<HIOS ID Number>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg>>
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625 State Street
Schenectady, NY 12305-2111
mvphealthcare.com

<<Date>>

<<Contact Name>>
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<<Address>>
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See Enclosed Rate Chart for <<Plan Name>> and <<HIOS Plan ID Number>>

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<<Group Name>><<Group #>>

Plan Name	Renewal Quarter	HIOS Plan Identification Number	Albany	Buffalo	Mid-Hudson	New York City	Rochester	Syracuse	Utica/ Watertown	Long Island
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