UnitedHealthcare
4 Research Drive
Shelton, CT 06484

<Date>

<Subscriber First Name> <Subscriber Last Name>
<Address 1>
<Address 2>
<City>, <State> <Zip>

Re: Notice of Proposed Premium Rate Change
<Product Name>, <HIOS ID>

Dear <Subscriber First Name> <Subscriber Last Name>:

UnitedHealthcare of New York, Inc. (UHCNY) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2024. 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.

Proposed Premium Rate Change

If approved, the percentage change to your premium is <Increase>%.

Please note that while we try to provide you with the most accurate information possible, the final approved 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.

Why We Are Requesting a Rate Change

The requested increase is due to our view of projected claims:

- The main reason for the requested rate changes is due to rising medical expenses. A number of factors contribute to these rising costs, including increases in the cost of medical services and increases in the amount of services used.
- In addition, a part of the medical costs includes a pooling technique established under the Affordable Care Act (ACA) called Federal Risk Adjustment. The 2024 risk adjustment amount will be 14% lower due to a Centers for Medicare & Medicaid Services (CMS) modification. This reduction increases our requested rates by 3.1%.

We have prepared a narrative summary that provides a more detailed explanation of the reasons why we are seeking a premium rate adjustment. This summary will be posted on our website and the DFS website. Our rate application will also be posted on the DFS website.

30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

(over, please)

You can contact us for additional information at:

UnitedHealthcare

NY Prior Approval
4 Research Drive
Shelton, CT 06484
1-877-856-2429
myuhc.com

Comments or requests for more information on the proposed rate change may be submitted to DFS by visiting the DFS website or via standard mail as follows:

DFS website: **dfs.ny.gov/consumers/health_insurance/health_insurance_premiums**

United States Postal Service:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer
2. The name of your plan
3. Whether you have individual or group coverage
4. Your HIOS Plan ID number, which is <HIOS ID>

Written comments submitted to DFS will be posted on the DFS website without your personal information.

Plain-English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

UnitedHealthcare website: **uhc.com/legal/required-state-notices/new-york**

DFS website: **dfs.ny.gov/consumers/health_insurance/health_insurance_premiums**

Notice of Approved Premium Rate

After DFS approves the final premium rate, which may differ from the requested rate noted above, you will receive final rate information at least 60 days before your 2024 renewal date.

Sincerely,

Chuck Cerniglia
Senior Vice President, Sales and Account Management
Key Accounts and Small Business