

<<DATE>>

<<Subscriber/Policy Holder First Name>> <<Subscriber/Policyholder contact last Name>>
 <<Employer Group Name>>
 <<Street Address>>
 <<Street Address #2>>
 <<City>>, <<State>> <<ZIP>>

Re: Revised Notice of Rate Filing

Dear <<Subscriber/Policy Holder First Name>> <<Subscriber/Policyholder contact last Name>>,

At MVP Health Care we strive to provide you with the best customer service and the highest quality benefit plans.

New York Insurance Law requires that all community-rated health insurance plans receive prior approval of premium rates by the New York State Department of Financial Services ("Department").

Enclosed with this letter is a formal notice of the proposed rate increase that we have filed with the Department for your MVP Health Insurance Company (MVP) plan. We are required to send you this notice. **Please note that the information in this letter replaces what was previously mailed to you.** You are receiving this notice for a second time due to errors with the initial notice. The errors were related to formatting issues that happened when the letter was printed. The rate increase that was originally communicated to you was correct, but it was not presented in the correct format. In this second notice, the rate is properly presented as a percentage. Also, your original notice may not have included the correct health plan name (operating subsidiary). If your original notice referenced MVP Health Plan, Inc., this second notice now displays the correct health plan name, MVP Health Insurance Company. Because the original notice contained errors, the comment period (described later in this notice) is extended for an additional 30 days.

The Department will review and approve the MVP rate filing, or advise us of changes to our proposed rates. When the Department issues approved rates later this year, we will send your employer a renewal letter 60 days in advance of your group's **2013** rate renewal date. This letter will include the approved rate for your group health plan and alternative coverage options for your employer to consider.

Notice of Premium Rate Change Filing

To comply with the prior approval notification requirements for community-rated products pursuant to the New York State Insurance Law, MVP Health Insurance Company (MVP) is sending you notification of our proposed premium rate change for 2013. Please note that the Superintendent may approve the proposed rate adjustment as requested, modify the proposed rate adjustment, or disapprove the proposed rate adjustment in its entirety. This letter is giving you notice that MVP is filing rates with the Department for the plan listed on the other side of this page.

Please note that the premium rate change listed in this letter is for your current base medical plan coverage for **2013**. It does not include the premium rate change for any optional riders that your employer group may have purchased, or other rate changes that are due to regulatory mandates.

Product Schedule Number	Type of Product	Region	2013 Proposed Premium Increase (%)

The largest drivers of premium rate increases are due to the rise in the cost and use of health care services. The prices we pay to providers/facilities for the care they render are rising each year. In addition, the use of health care services by our covered members generally rises over time due to advances in medical technology, aging of the covered population and the exit of healthier individuals from the marketplace due to affordability issues.

In addition to the requested rate adjustments, MVP also is requesting an expansion in the number of geographic rate regions. MVP charges different premium rates by rate region to reflect differences in the physician and facility reimbursement rates across our service area.

MVP Health Care has prepared a Narrative Summary statement that provides a detailed explanation of the reasons(s) for filing a premium rate adjustment application. The summary is posted on the MVP website at www.mvphealthcare.com (click *Privacy and Compliance* at the bottom of the home page) and on the Department's website at www.dfs.ny.gov/insurance/health/prior_app/prior_app.htm.

If you would like to submit questions, comments or ask for additional information about this notice, you may contact either the New York State Department of Financial Services or MVP within 30 days of the date on this letter. You may contact MVP to confirm the start and end of this 30-day comment period.

If you choose to submit written comments to the Department, please include in your comments that your insurer is MVP Health Insurance Company and indicate your coverage. Written comments submitted to the Department will be posted to the Department's website with all personal identifying information removed. Comments may be submitted to the Department of Financial Services online at www.dfs.ny.gov/insurance/health/prior_app/prior_app.htm or by contacting:

Department of Financial Services
 Health Bureau-Premium Rate Adjustments
 25 Beaver Street, New York, NY 10004
 Email: PremiumRateIncreases@dfs.ny.gov

**MVP Health Care Customer Care Center
 contact information:**
 1-888-687-6277
 1-800-662-1220 (TTY)
www.mvphealthcare.com

We appreciate the opportunity to serve you, and look forward to serving you in the future. If you have any questions about this notice, please contact our Customer Care Center at the number listed above. Representatives are available Monday – Friday from 8am – 8pm and Saturday from 8am – 4pm Eastern Time.

Sincerely,



Sue Ann Brown
 Vice President, Service Operations
 MVP Health Insurance Company