



Administration
PO Box 4332
Kingston, NY 12402

**Advance Notice About Changes to Your
GHI HMO Premium Rates**

<<Date>>

<<Group_Name1>> <<Group_Name2>>
<<Contact Name>>
<<Street Add 1>>
<<City,>> <<State>> <<Zip Code>>

Dear <<Contact Name>>:

We are writing to let you know that we are applying to the New York State Insurance Department (NYSID) for rate changes to your GHI HMO Healthy New York group plan. If the changes are approved, your current premium rates will increase by 19.8%. Your new rates would take effect on your 2012 policy renewal date.

Any increase in your rates may be different from the percentage shown above. The Superintendent of Insurance may approve, modify or deny the proposed rate changes. We will notify you of your final, approved premium rates about 60 days before your 2012 renewal date.

To find information about the reasons for the proposed rate changes, please log on to www.emblemhealth.com/2012rates. You can also submit written comments to us or NYSID within 30 days of the date of this letter:

EmblemHealth

PremiumRateFilings@emblemhealth.com

EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087

New York State Insurance Department

PremiumRateIncreases@ins.state.ny.us
1-800-342-3736

Health Bureau – Premium Rate Adjustments
New York State Insurance Department
25 Beaver Street
New York, NY 10004

www.ins.state.ny.us

Please notify your covered employees of the proposed rate changes and about the potential changes to their premium contribution as soon as possible after receiving this letter.

Also, please note that you will receive a recertification form about 90 days before your renewal date.

We greatly value our relationship with you and look forward to continuing to meet your health coverage needs.

Sincerely,

Jill Serin
Vice President
Commercial Account Management

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