

July 12, 2011

<<Employer Contact First Name>> <<Employer contact last Name>>
<<Employer Group Name>>
<<Street Address>>
<<Street Address #2>>
<<City>>, <<State>> <<ZIP>>

Re: Notice of Rate Filing

Dear <<Employer Contact First Name>> <<Employer Contact Last Name>>:

Thank you for allowing us to provide high-quality health benefit plans that enable you and your employees to “take on life and live well.”

New York Insurance Law requires that all community-rated plans receive prior approval of premium rates by the New York State Insurance Department (“Department”). Enclosed with this letter is a formal notice of the proposed rate increase that we will be filing with the Department for your MVP Health Insurance Company (MVP) plan(s).

The Department will review and approve them, or advise MVP of changes to our proposed rates later this year.

When the Department issues approved rates later this year, we will send you a renewal letter 60 days in advance of your **2012** rate renewal date, including the approved rate for your plan(s). That letter will also include suggestions for other, more cost-effective MVP plans you might wish to consider.

We appreciate the commitment you have made to provide your employees with high-quality health benefits, and we stand ready to assist you in continuing to keep that commitment through the most innovative health benefit plans available.

Notice of Premium Rate Change Filing

In order to comply with the prior approval notification requirements for community-rated plans pursuant to the New York State Insurance Law, MVP Health Insurance Company (MVP) is sending you notification of our proposed premium rate change for 2012. The Department must approve these rates before they take effect. This letter is giving you notice that MVP is filing rates with the Department for the plan(s) listed below. If you offer multiple plans, you should see a separate listing for each product.

Please note that the premium rate change listed below is for your current base medical plan coverage for **2012**. It does not include the premium rate change for prescription drug coverage or any other riders that your employer group may currently have.

If your group’s rate anniversary date is during October, November or December 2011, please note that the proposed increases shown below are for October, November and December **2012**. Groups with renewal dates in October, November and December 2011 will receive a separate notification for your 2011 renewal rate shortly.

(over)

Product Schedule Number	Type Of Product	Region	2012 Proposed Premium Increase for Individual or Two-Adult Coverage	2012 Proposed Premium Increase for Family Coverage - policies with dependent child(ren)*

Another notice will be sent to you with approved rates, along with any applicable riders for your specific benefit plan. The notice will be sent to you approximately 60 days prior to the effective date of the premium change.

If you would like to submit questions, comments or ask for additional information about this Notice, you may contact either the New York State Insurance Department or your MVP Account Representative within 30 days.

New York State Insurance Department contact information:

Charles Lovejoy
Health Bureau

New York State Insurance Department
One Commerce Plaza
Albany, NY 12257

OR

James Carroll
Health Bureau

New York State Insurance Department
25 Beaver Street
New York, New York 10004

PremiumRateIncreases@ins.state.ny.us

1-800-342-3736

MVP Health Care Employer contact information:

www.mvphealthcare.com/employer

Please contact your MVP Account Representative

MVP Health Care Member contact information:

www.mvphealthcare.com/member

1-888-MVP-MBRS (687-6277)

1-800-662-1220 (TTY)

All certificate holders (covered employees/retirees) must receive written notice of the proposed rate change described above. It could be confusing for certificate holders to receive the proposed rate adjustment without additional information. For example, the above information does not explain how the rate adjustment could affect employee contribution levels. Because employers determine the employee contribution levels, MVP is delegating the sending of the proposed change notice to you. When sending the notice, you agree to include the proposed rate change as listed above, along with the above contact information for both the New York State Insurance Department and the member contact information for MVP. If you do not agree to this delegation, please notify us within three (3) business days by e-mailing us at **nysratefilingnotice@mvphealthcare.com** so that we may notify your employees directly. Please be sure to include your group name, MVP group billing number and contact information within the e-mail message so we may do so.

We appreciate your business and look forward to serving you in the future.

Sincerely,



Tracy Tadaro-Ott
Vice President of Account Management
MVP Health Insurance Company