

<<DATE>>

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

Re: Notice of Rate Filing

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

Thank you for allowing us to provide you with a high-quality health benefit plan that enables you to “take on life and live well.”

New York Insurance Law requires that all community-rated health insurance 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 have filed with the New York State Department of Insurance for your MVP Health Insurance Company (MVP) plan. We are required to send you this notice.

The Department will review the MVP rate filing and approve, 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 **2012** 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

In order 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 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 listed below.

(over)

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.

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)

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 MVP 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

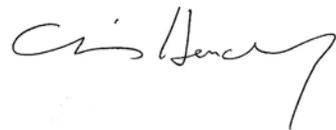
PremiumRateIncreases@ins.state.ny.us
 1-800-342-3736

MVP Health Care Customer Care Center contact information:

www.mvphealthcare.com/member
 1-888-MVP-MBRS (687-6277)
 1-800-662-1220 (TTY)

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,



Christopher Henchey
 Chief Operating Officer/Executive Vice President
 MVP Health Insurance Company