

[Date]

[Contact Name]

[Address]

[City State Zip]

Re: Notice of Proposed Premium Rate Change
Affinity Essential Qualified Health Plan **[Member HIOS 14 digit Plan ID]**

Dear **[Member Name]**:

Affinity Health Plan is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2015. 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 **[please use metal tier % decrease]**%.

If you enrolled through the NY State of Health, the state's health plan marketplace, and you qualified for financial assistance, called an Advanced Premium Tax Credit, your current premium is less than the amount shown above and your 2015 premium will be less than shown above if you qualify for the APTC again next year. NY State of Health will calculate your eligibility for financial assistance each year.

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

At Affinity Health Plan, our commitment to our members is to provide the highest quality health coverage at an affordable premium price. We went back to the drawing board to do just that. We are happy to notify you of this change and let you know that you will continue receive the best in-network coverage in the New York area at your new lower premium above, beginning January 1, 2015.

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.

You can contact Affinity Health Plan for additional information at:

Affinity Health Plan
2500 Halsey Street
Bronx, NY 10461
Telephone: (888)543-6973
Website: Affinityplan.org/health_benefit_exchange

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY, 10004
Email: PremiumRateIncreases@dfs.ny.gov
DFS Website: www.dfs.ny.gov/healthinsurancepremiums

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

1. Affinity Health Plan
2. **[Member Plan Name]**
3. Individual coverage
4. **[Member HIOS 14 digit Plan ID]**

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

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:

Affinity Health Plan website: Affinityplan.org/health_benefit_exchange

DFS website: www.dfs.ny.gov/healthinsurancepremiums

Notice of Approved Premium Rate

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

Sincerely,

Susan Tseng
Executive Director/VP, Health Insurance Exchange