



EmblemHealth®

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change

EmblemHealth <<Plan Name>>

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0720001 (dependent coverage to age 26 end-of-month), 88582NY0730001 (dependent coverage to age 30 end-of-month) and 88582NY0960001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates 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, your current premium rate will increase by **9.5%**.

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 propose rate.

Why We Are Requesting a Rate Change

We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

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 us or DFS for additional information at:

Please see other side

EMB_MB_LTR_19850_OffExchangeNYCLIBronze

**EmblemHealth**

Attn: Premium Rate Filings

PO Box 2890

New York, NY 10117-2087

Phone: **1-800-447-8255**

Email: PremiumRateFilings@emblemhealth.com

EmblemHealth Website: emblemhealth.com

NYS Department of Financial Services

Health Bureau – Premium Rate Adjustments

1 State Street

New York, NY 10004

E-mail: PremiumRateIncreases@dfs.ny.gov

DFS Website: dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: <<**Plan Name**>>
3. The fact that you have individual coverage
4. Your plan's HIOS identification number: 88582NY0720001 (dependent coverage to age 26 end-of-month), 88582NY0730001 (dependent coverage to age 30 end-of-month) or 88582NY0960001 (child only)

Written comments submitted to DFS will be posted on the DFS website with all of 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:

EmblemHealth website: emblemhealth.com/2015_Rates

DFS website: 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,

A handwritten signature in cursive script that reads "Suzanne Ronner".

Suzanne Ronner

Vice President, Customer Experience



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<<Fname>> <<Lname>>
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Re: Notice of Proposed Premium Rate Change

EmblemHealth <<Plan Name>>

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY1100001 (dependent coverage to age 26 end-of-month), 88582NY1110001 (dependent coverage to age 30 end-of-month) and 88582NY1120001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates 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, your current premium rate will increase by **11.6%**.

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 propose rate.

Why We Are Requesting a Rate Change

We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

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3. The fact that you have individual coverage
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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:

EmblemHealth website: **emblemhealth.com/2015_Rates**DFS website: **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,

A handwritten signature in cursive script that reads "Suzanne Ronner".

Suzanne Ronner

Vice President, Customer Experience



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June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
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Re: Notice of Proposed Premium Rate Change

EmblemHealth <<Plan Name>>

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0740001 (dependent coverage to age 26 end-of-month), 88582NY0750001 (dependent coverage to age 30 end-of-month) and 88582NY0970001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates changes to DFS.

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Proposed Premium Rate Change

If approved, your current premium rate will increase by **8.8%**.

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 propose rate.

Why We Are Requesting a Rate Change

We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

30-day Comment Period

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EMB_MB_LTR_19850_OffExchangeNYCLISilver

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

Sincerely,

A handwritten signature in cursive script that reads "Suzanne Ronner".

Suzanne Ronner

Vice President, Customer Experience



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Proposed Premium Rate Change

If approved, your current premium rate will increase by **31.3%**.

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 propose rate.

Why We Are Requesting a Rate Change

We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

30-day Comment Period

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

Sincerely,

A handwritten signature in cursive script that reads "Suzanne Ronner".

Suzanne Ronner

Vice President, Customer Experience



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EmblemHealth <<Plan Name>>

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Proposed Premium Rate Change

If approved, your current premium rate will increase by **30.4%**.

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 propose rate.

Why We Are Requesting a Rate Change

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Re: Notice of Proposed Premium Rate Change

EmblemHealth <<Plan Name>>

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0800001 (dependent coverage to age 26 end-of-month), 88582NY0810001 (dependent coverage to age 30 end-of-month) and 88582NY0980001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates changes to DFS.

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Proposed Premium Rate Change

If approved, your current premium rate will increase by **7.1%**.

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 propose rate.

Why We Are Requesting a Rate Change

We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

30-day Comment Period

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Suzanne Ronner

Vice President, Customer Experience



EmblemHealth[®]

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EmblemHealth <<Plan Name>>

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Proposed Premium Rate Change

If approved, your current premium rate will increase by **28.4%**.

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 propose rate.

Why We Are Requesting a Rate Change

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Suzanne Ronner

Vice President, Customer Experience