



**EmblemHealth**<sup>®</sup>

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 Number 88582NY0180001

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

Health Insurance Plan of Greater New York, 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 **1.8%**.

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 2015 premium rate change may be different 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 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.

In addition to the increase to be filed with the NYSDFS, your total premium rate that will go into effect on **January 1, 2015** will also include the following adjustments:

*Please see other side*

EMB\_MB\_LTR\_19850\_OnExchangeNYCLIBasic



- The annual plan deductible will increase to \$6,600 (from \$6,350) for individuals and \$13,200 (from \$12,700) for families.
- The maximum out-of-pocket cost will increase to \$6,600 (individual) and \$13,200 (family).

### **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:

#### **EmblemHealth**

Attn: Premium Rate Filings  
PO Box 2890  
New York, NY 10117-2087  
Phone: **1-800-447-8255**  
Email: [PremiumRateFilings@emblemhealth.com](mailto:PremiumRateFilings@emblemhealth.com)  
EmblemHealth Website: [emblemhealth.com](http://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](mailto:PremiumRateIncreases@dfs.ny.gov)  
DFS Website: [dfs.ny.gov/healthinsurancepremiums](http://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: 88582NY0180001

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](http://emblemhealth.com/2015_Rates)

DFS website: [dfs.ny.gov/healthinsurancepremiums](http://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>>  
<<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 8858NY0170001 (dependent coverage to age 26 end-of-month), 88582NY0200001 (dependent coverage to age 30 end-of-month) and 88582NY0210001 (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%**.

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 2015 premium rate change may be different 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 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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*Please see other side*

EMB\_MB\_LTR\_19850\_OnExchangeNYCLIBronze

**EmblemHealth**

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PO Box 2890

New York, NY 10117-2087

Phone: **1-800-447-8255**Email: [PremiumRateFilings@emblemhealth.com](mailto:PremiumRateFilings@emblemhealth.com)EmblemHealth Website: [emblemhealth.com](http://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](mailto:PremiumRateIncreases@dfs.ny.gov)DFS Website: [dfs.ny.gov/healthinsurancepremiums](http://dfs.ny.gov/healthinsurancepremiums)

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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: 8858NY0170001 (dependent coverage to age 26 end-of-month), 88582NY0200001 (dependent coverage to age 30 end-of-month) or 88582NY0210001 (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:

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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>>  
<<Street Add1>>  
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**Re: Notice of Proposed Premium Rate Change**

**EmblemHealth <<Plan Name>>**

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0150001 (dependent coverage to age 26 end-of-month), 88582NY0260001 (dependent coverage to age 30 end-of-month) and 88582NY0270001 (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 **10.1%**.

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 2015 premium rate change may be different 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 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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EMB\_MB\_LTR\_19850\_OnExchangeNYCLIGold

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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: 88582NY0150001 (dependent coverage to age 26 end-of-month), 88582NY0260001 (dependent coverage to age 30 end-of-month) or 88582NY0270001 (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](http://emblemhealth.com/2015_Rates)DFS website: [dfs.ny.gov/healthinsurancepremiums](http://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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<<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 88582NY0140001 (dependent coverage to age 26 end-of-month), 88582NY0290001 (dependent coverage to age 30 end-of-month) and 88582NY0300001 (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%**.

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 2015 premium rate change may be different 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 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*

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Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

**EmblemHealth**

Attn: Premium Rate Filings

PO Box 2890

New York, NY 10117-2087

Phone: **1-800-447-8255**Email: [PremiumRateFilings@emblemhealth.com](mailto:PremiumRateFilings@emblemhealth.com)EmblemHealth Website: [emblemhealth.com](http://emblemhealth.com)**NYS Department of Financial Services**

Health Bureau – Premium Rate Adjustments

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New York, NY 10004

E-mail: [PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)DFS Website: [dfs.ny.gov/healthinsurancepremiums](http://dfs.ny.gov/healthinsurancepremiums)

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3. The fact that you have individual coverage
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**Plain English Summary of Rate Change**

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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.

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

Suzanne Ronner

Vice President, Customer Experience



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**Re: Notice of Proposed Premium Rate Change**

**EmblemHealth** <<Plan Name>>

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) and 88582NY0240001 (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 **8.8%**.

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 2015 premium rate change may be different 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.

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**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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*Please see other side*

EMB\_MB\_LTR\_19850\_OnExchangeNYCLISilver

**EmblemHealth**

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PO Box 2890

New York, NY 10117-2087

Phone: **1-800-447-8255**Email: [PremiumRateFilings@emblemhealth.com](mailto:PremiumRateFilings@emblemhealth.com)EmblemHealth Website: [emblemhealth.com](http://emblemhealth.com)**NYS Department of Financial Services**

Health Bureau – Premium Rate Adjustments

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E-mail: [PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)DFS Website: [dfs.ny.gov/healthinsurancepremiums](http://dfs.ny.gov/healthinsurancepremiums)

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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](http://emblemhealth.com/2015_Rates)DFS website: [dfs.ny.gov/healthinsurancepremiums](http://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 black ink that reads "Suzanne Ronner".

Suzanne Ronner

Vice President, Customer Experience



**EmblemHealth**<sup>®</sup>

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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 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) and 88582NY0240001 (child only)

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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 **8.8%**.

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 2015 premium rate change may be different 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 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.

In addition to the increase to be filed with the NYSDFS, the following changes to your plan deductibles and maximum out-of-pocket costs will also become effective on **January 1, 2015**:

*Please see other side*

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- The annual plan deductible will be reduced to from \$1,750 to \$1,200 for individuals and from \$3,500 to \$2,400 for families.
- The maximum out-of-pocket cost will increase \$5,200 (individual) and \$10,400 (family).

These changes will have no effect on the premium that you pay for coverage in 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 us or DFS for additional information at:

#### EmblemHealth

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### 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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**Re: Notice of Proposed Premium Rate Change**

**EmblemHealth <<Plan Name>>**

Health Insurance Oversight System (HIOS) Identification Number 88582NY0180001

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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 **22%**.

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 2015 premium rate change may be different 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.

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In addition to the increase to be filed with the NYSDFS, your total premium rate that will go into effect on **January 1, 2015** will also include the following adjustments:

*Please see other side*

EMB\_MB\_LTR\_19850\_OnExchangeOrangeBasic



- The annual plan deductible will increase to \$6,600 (from \$6,350) for individuals and \$13,200 (from \$12,700) for families.
- The maximum out-of-pocket cost will increase to \$6,600 (individual) and \$13,200 (family).

### **30-day Comment Period**

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EmblemHealth Website: [emblemhealth.com](http://emblemhealth.com)

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Health Bureau – Premium Rate Adjustments

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E-mail: [PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)

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Suzanne Ronner

Vice President, Customer Experience



EmblemHealth®

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**Re: Notice of Proposed Premium Rate Change**

**EmblemHealth <<Plan Name>>**

Health Insurance Oversight System (HIOS) Identification Numbers 8858NY0170001 (dependent coverage to age 26 end-of-month), 88582NY0200001 (dependent coverage to age 30 end-of-month) and 88582NY0210001 (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 **31.3%**.

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 2015 premium rate change may be different 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 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\_OnExchangeOrangeBronze

**EmblemHealth**

Attn: Premium Rate Filings

PO Box 2890

New York, NY 10117-2087

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

Email: [PremiumRateFilings@emblemhealth.com](mailto:PremiumRateFilings@emblemhealth.com)

EmblemHealth Website: [emblemhealth.com](http://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](mailto:PremiumRateIncreases@dfs.ny.gov)

DFS Website: [dfs.ny.gov/healthinsurancepremiums](http://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: 8858NY0170001 (dependent coverage to age 26 end-of-month), 88582NY0200001 (dependent coverage to age 30 end-of-month) or 88582NY0210001 (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](http://emblemhealth.com/2015_Rates)

DFS website: [dfs.ny.gov/healthinsurancepremiums](http://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



**EmblemHealth**<sup>®</sup>

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 88582NY0150001 (dependent coverage to age 26 end-of-month), 88582NY0260001 (dependent coverage to age 30 end-of-month) and 88582NY0270001 (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 **31.9%**.

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 2015 premium rate change may be different 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 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\_OnExchangeOrangeGold

**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: 88582NY0150001 (dependent coverage to age 26 end-of-month), 88582NY0260001 (dependent coverage to age 30 end-of-month) or 88582NY0270001 (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](http://emblemhealth.com/2015_Rates)DFS website: [dfs.ny.gov/healthinsurancepremiums](http://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



**EmblemHealth**<sup>®</sup>

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 88582NY0140001 (dependent coverage to age 26 end-of-month), 88582NY0290001 (dependent coverage to age 30 end-of-month) and 88582NY0300001 (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 **33.8%**.

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 2015 premium rate change may be different 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 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\_OnExchangeOrangePlatinum

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

**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: 88582NY0140001 (dependent coverage to age 26 end-of-month), 88582NY0290001 (dependent coverage to age 30 end-of-month) or 88582NY0300001 (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](http://emblemhealth.com/2015_Rates)DFS website: [dfs.ny.gov/healthinsurancepremiums](http://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



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 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) and 88582NY0240001 (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 **30.4%**.

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 2015 premium rate change may be different 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 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.

In addition to the increase to be filed with the NYSDFS, the following changes to your plan deductibles and maximum out-of-pocket costs will also become effective on **January 1, 2015**:

*Please see other side*

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- The annual plan deductible will be reduced to from \$1,750 to \$1,200 for individuals and from \$3,500 to \$2,400 for families.
- The maximum out-of-pocket cost will increase \$5,200 (individual) and \$10,400 (family).

These changes will have no effect on the premium that you pay for coverage in 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 us or DFS for additional information at:

#### EmblemHealth

Attn: Premium Rate Filings

PO Box 2890

New York, NY 10117-2087

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

Email: [PremiumRateFilings@emblemhealth.com](mailto:PremiumRateFilings@emblemhealth.com)

EmblemHealth Website: [emblemhealth.com](http://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](mailto:PremiumRateIncreases@dfs.ny.gov)

DFS Website: [dfs.ny.gov/healthinsurancepremiums](http://dfs.ny.gov/healthinsurancepremiums)

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DFS website: [dfs.ny.gov/healthinsurancepremiums](http://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



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 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) and 88582NY0240001 (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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*Please see other side*

EMB\_MB\_LTR\_19850\_OnExchangeOrangeSilver

**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: 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) or 88582NY0240001 (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](http://emblemhealth.com/2015_Rates)DFS website: [dfs.ny.gov/healthinsurancepremiums](http://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 black ink that reads "Suzanne Ronner".

Suzanne Ronner

Vice President, Customer Experience