



EmblemHealth®

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

<<Date>>

«GROUPNUM»
«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «ZIPCODE»

Re: Notice of Proposed Premium Rate Change EmblemHealth HMO HD6300 (Bronze) Plan

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0940001 (dependent coverage to age 26 end of month) and 88582NY0950001 (dependent coverage to age 30 end of month)

Dear «CONTACT_FIRST_NAME-CONTACT_LAST_NAME»:

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 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 Changes

If approved, the percentage change to your premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	9.5%
April to June 2015	8.3%
July to September 2015	7.0%
October to December 2015	5.8%

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 proposed 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 medical services required by many of our members.

(Continued)

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
1-877-444-7417

E-mail: **PremiumRateFilings@emblemhealth.com**
EmblemHealth website: **emblemhealth.com**
EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087

New York State Department of Financial Services

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

1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: <<**Plan Name**>>
3. Whether you have individual or group coverage
4. Your plan's HIOS identification number, which is 88582NY0940001 for plans with dependent coverage to age 26 end-of-month, or 88582NY0950001 for plans with dependent coverage to age 30 end of month

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:

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

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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 «**ANNIV_TXT**» renewal date.

Sincerely,



George Babitsch
Senior Vice President, Underwriting & Account Management



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Sincerely,



Suzanne Ronner

Vice President, Customer Experience



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Sincerely,



Suzanne Ronner
Vice President, Customer Experience



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**Re: Notice of Proposed Premium Rate Change
EmblemHealth HMO 40/60 (Gold) Plan**

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0840001 (dependent coverage to age 26 end of month) and 88582NY0850001 (dependent coverage to age 30 end of month)

Dear «CONTACT_FIRST_NAME-CONTACT_LAST_NAME»:

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January to March 2015	9.5%
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NYS Department of Financial Services

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Notice of Approved Premium Rate

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Sincerely,



George Babitsch

Senior Vice President, Underwriting & Account Management



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

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January to March 2015	31.3%
April to June 2015	29.7%
July to September 2015	28.2%
October to December 2015	26.7%

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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 «**ANNIV_TXT**» renewal date.

Sincerely,



Suzanne Ronner

Vice President, Customer Experience



EmblemHealth®

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

<<GROUPNAME1>>
<<GROUPNAME2>>

Re: Notice of Proposed Premium Rate Change EmblemHealth HMO 40/60 (Gold) Plan

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0840001 (dependent coverage to age 26 end-of-month) and 88582NY0850001 (dependent coverage to age 30 end-of-month)

Dear «FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»:

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 group 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 Changes

If approved, the percentage change to your group's premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	31.3%
April to June 2015	29.7%
July to September 2015	28.2%
October to December 2015	26.7%

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 that your group policyholder selects on renewal. Also, the final, approved rate may differ because DFS may modify the proposed 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 medical services required by many of our members.

(Continued)

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
1-800-447-8255

E-mail: **PremiumRateFilings@emblemhealth.com**
EmblemHealth website: **emblemhealth.com**
EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087

New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**
NYS Department of Financial Services
Health Bureau-Premium Rate Adjustments
1 State Street
New York, NY 10004
DFS website:
www.dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: <<Plan Name>>
3. Whether you have individual or group coverage
4. Your plan's HIOS identification number, which is: 88582NY0840001 for plans with dependent coverage to age 26 end-of-month, or 88582NY0850001 for plans with dependent coverage to age 30 end-of-month

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:

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

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 «ANNIV_TXT» renewal date.

Sincerely,



Suzanne Ronner
Vice President, Customer Experience



EmblemHealth®

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

<<GROUPNAME1>>
<<GROUPNAME2>>

Re: Notice of Proposed Premium Rate Change EmblemHealth HMO 40/60 (Gold) Plan

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0840001 (dependent coverage to age 26 end-of-month) and 88582NY0850001 (dependent coverage to age 30 end-of-month)

Dear «FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»:

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 group 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 Changes

If approved, the percentage change to your group's premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	9.5%
April to June 2015	8.2%
July to September 2015	7.0%
October to December 2015	5.7%

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 that your group policyholder selects on renewal. Also, the final, approved rate may differ because DFS may modify the proposed 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 medical services required by many of our members.

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30-Day Comment Period

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EmblemHealth

1-800-447-8255

E-mail: **PremiumRateFilings@emblemhealth.com**

EmblemHealth website: **emblemhealth.com**

EmblemHealth

Attn: Premium Rate Filings

PO Box 2890

New York, NY 10117-2087

New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**

NYS Department of Financial Services

Health Bureau-Premium Rate Adjustments

1 State Street

New York, NY 10004

DFS website:

www.dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: <<**Plan Name**>>
3. Whether you have individual or group coverage
4. Your plan's HIOS identification number, which is: 88582NY0840001 for plans with dependent coverage to age 26 end-of-month, or 88582NY0850001 for plans with dependent coverage to age 30 end-of-month

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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 «**ANNIV_TXT**» renewal date.

Sincerely,



Suzanne Ronner

Vice President, Customer Experience



EmblemHealth®

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

<<GROUPNAME1>>
<<GROUPNAME2>>

Re: Notice of Proposed Premium Rate Change EmblemHealth Healthy NY HMO (Gold) Plan

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0880001 (dependent coverage to age 26 end-of-month) and 88582NY0890001 (dependent coverage to age 30 end-of-month)

Dear «FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»:

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 group 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 Changes

If approved, the percentage change to your group's premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	15.9%
April to June 2015	14.5%
July to September 2015	13.2%
October to December 2015	11.9%

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 that your group policyholder selects on renewal. Also, the final, approved rate may differ because DFS may modify the proposed 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 medical services required by many of our members.

(Continued)

30-Day Comment Period

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EmblemHealth
1-800-447-8255

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EmblemHealth website: **emblemhealth.com**
EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087

New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**
NYS Department of Financial Services
Health Bureau-Premium Rate Adjustments
1 State Street
New York, NY 10004
DFS website:
www.dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: <<**Plan Name**>>
3. Whether you have individual or group coverage
4. Your plan's HIOS identification number, which is: 88582NY0880001 for plans with dependent coverage to age 26 end-of-month, or 88582NY0890001 for plans with dependent coverage to age 30 end-of-month

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:

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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 90 days before your «**ANNIV_TXT**» renewal date.

Sincerely,



Suzanne Ronner
Vice President, Customer Experience



EmblemHealth®

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

<<GROUPNAME1>>
<<GROUPNAME2>>

Re: Notice of Proposed Premium Rate Change EmblemHealth Healthy NY HMO (Gold) Plan

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0880001 (dependent coverage to age 26 end-of-month) and 88582NY0890001 (dependent coverage to age 30 end-of-month)

Dear «FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»:

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 group 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 Changes

If approved, the percentage change to your group’s premium is:

Your Group’s Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	15.9%
April to June 2015	14.5%
July to September 2015	13.2%
October to December 2015	11.9%

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 that your group policyholder selects on renewal. Also, the final, approved rate may differ because DFS may modify the proposed 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 medical services required by many of our members.

(Continued)

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

1-800-447-8255

E-mail: **PremiumRateFilings@emblemhealth.com**

EmblemHealth website: **emblemhealth.com**

EmblemHealth

Attn: Premium Rate Filings

PO Box 2890

New York, NY 10117-2087

New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**

NYS Department of Financial Services

Health Bureau-Premium Rate Adjustments

1 State Street

New York, NY 10004

DFS website:

www.dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: <<**Plan Name**>>
3. Whether you have individual or group coverage
4. Your plan's HIOS identification number, which is: 88582NY0880001 for plans with dependent coverage to age 26 end-of-month, or 88582NY0890001 for plans with dependent coverage to age 30 end-of-month

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:

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

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 90 days before your «**ANNIV_TXT**» renewal date.

Sincerely,



Suzanne Ronner

Vice President, Customer Experience



EmblemHealth®

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

<<Date>>

«GROUPNUM»
«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «ZIPCODE»

Re: Notice of Proposed Premium Rate Change EmblemHealth Healthy NY HMO (Gold) Plan

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0880001 (dependent coverage to age 26 end of month) and 88582NY0890001 (dependent coverage to age 30 end of month)

Dear «CONTACT_FIRST_NAME-CONTACT_LAST_NAME»:

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 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 Changes

If approved, the percentage change to your premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	15.9%
April to June 2015	14.5%
July to September 2015	13.2%
October to December 2015	11.9%

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

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 medical services required by many of our members.

(Continued)

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
1-877-444-7417

E-mail: **PremiumRateFilings@emblemhealth.com**

EmblemHealth website: **emblemhealth.com**

EmblemHealth

Attn: Premium Rate Filings

PO Box 2890

New York, NY 10117-2087

New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**

NYS Department of Financial Services

Health Bureau-Premium Rate Adjustments

1 State Street

New York, NY 10004

DFS website:

www.dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: <<**Plan Name**>>
3. Whether you have individual or group coverage
4. Your plan's HIOS identification number, which is 88582NY0880001 for plans with dependent coverage to age 26 end-of-month, or 88582NY0890001 for plans with dependent coverage to age 30 end of month

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

Plain English Summary of Rate Change

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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 90 days before your «**ANNIV_TXT**» renewal date.

Sincerely,



George Babitsch

Senior Vice President, Underwriting & Account Management



EmblemHealth[®]

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

<<Date>>

«GROUPNUM»
«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «ZIPCODE»

Re: Notice of Proposed Premium Rate Change EmblemHealth Healthy NY HMO (Gold) Plan

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0880001 (dependent coverage to age 26 end of month) and 88582NY0890001 (dependent coverage to age 30 end of month)

Dear «CONTACT_FIRST_NAME-CONTACT_LAST_NAME»:

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 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 Changes

If approved, the percentage change to your premium is:

Your Group’s Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	38.9%
April to June 2015	37.3%
July to September 2015	35.7%
October to December 2015	34.1%

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 proposed 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 medical services required by many of our members.

(Continued)

30-Day Comment Period

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E-mail: **PremiumRateFilings@emblemhealth.com**

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PO Box 2890

New York, NY 10117-2087

New York State Department of Financial Services

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NYS Department of Financial Services

Health Bureau-Premium Rate Adjustments

1 State Street

New York, NY 10004

DFS website:

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

1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: <<**Plan Name**>>
3. Whether you have individual or group coverage
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Sincerely,



George Babitsch

Senior Vice President, Underwriting & Account Management



EmblemHealth®

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

<<Date>>

«GROUPNUM»
«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «ZIPCODE»

Re: Notice of Proposed Premium Rate Change EmblemHealth Healthy NY HMO (Gold) Plan

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0880001 (dependent coverage to age 26 end of month) and 88582NY0890001 (dependent coverage to age 30 end of month)

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Why We Are Requesting a Rate Change

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Attn: Premium Rate Filings

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NYS Department of Financial Services

Health Bureau-Premium Rate Adjustments

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Sincerely,



George Babitsch

Senior Vice President, Underwriting & Account Management



EmblemHealth®

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Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

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«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY>, «STATE» «ZIPCODE»

<<GROUPNAME1>>
<<GROUPNAME2>>

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Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087

New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**
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Health Bureau-Premium Rate Adjustments
1 State Street
New York, NY 10004
DFS website:
www.dfs.ny.gov/healthinsurancepremiums

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1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: <<Plan Name>>
3. Whether you have individual or group coverage
4. Your plan's HIOS identification number, which is: 88582NY0880001 for plans with dependent coverage to age 26 end-of-month, or 88582NY0890001 for plans with dependent coverage to age 30 end-of-month

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:

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

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 90 days before your «ANNIV_TXT» renewal date.

Sincerely,



Suzanne Ronner
Vice President, Customer Experience



EmblemHealth®

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

<<GROUPNAME1>>
<<GROUPNAME2>>

Re: Notice of Proposed Premium Rate Change EmblemHealth Healthy NY HMO (Gold) Plan

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0880001 (dependent coverage to age 26 end-of-month) and 88582NY0890001 (dependent coverage to age 30 end-of-month)

Dear «FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»:

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 group 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 Changes

If approved, the percentage change to your group's premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	15.9%
April to June 2015	14.5%
July to September 2015	13.2%
October to December 2015	11.9%

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 that your group policyholder selects on renewal. Also, the final, approved rate may differ because DFS may modify the proposed 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 medical services required by many of our members.

(Continued)

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

1-800-447-8255

E-mail: **PremiumRateFilings@emblemhealth.com**

EmblemHealth website: **emblemhealth.com**

EmblemHealth

Attn: Premium Rate Filings

PO Box 2890

New York, NY 10117-2087

New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**

NYS Department of Financial Services

Health Bureau-Premium Rate Adjustments

1 State Street

New York, NY 10004

DFS website:

www.dfs.ny.gov/healthinsurancepremiums

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

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Sincerely,



Suzanne Ronner

Vice President, Customer Experience



EmblemHealth®

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

<<Date>>

«GROUPNUM»
«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «ZIPCODE»

Re: Notice of Proposed Premium Rate Change EmblemHealth HMO 35/55 (Silver) Plan

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0780001 (dependent coverage to age 26 end of month) and 88582NY0790001 (dependent coverage to age 30 end of month)

Dear «CONTACT_FIRST_NAME-CONTACT_LAST_NAME»:

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 rate changes to DFS.

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Proposed Premium Rate Changes

If approved, the percentage change to your premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	13.9%
April to June 2015	12.6%
July to September 2015	11.3%
October to December 2015	10.0%

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

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EmblemHealth

1-877-444-7417

E-mail: **PremiumRateFilings@emblemhealth.com**

EmblemHealth website: **emblemhealth.com**

EmblemHealth

Attn: Premium Rate Filings

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New York, NY 10117-2087

New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**

NYS Department of Financial Services

Health Bureau-Premium Rate Adjustments

1 State Street

New York, NY 10004

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

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Notice of Approved Premium Rate

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Sincerely,



George Babitsch

Senior Vice President, Underwriting & Account Management



EmblemHealth®

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

<<Date>>

«GROUPNUM»
«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «ZIPCODE»

Re: Notice of Proposed Premium Rate Change EmblemHealth HMO 35/55 (Silver) Plan

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0780001 (dependent coverage to age 26 end of month) and 88582NY0790001 (dependent coverage to age 30 end of month)

Dear «CONTACT_FIRST_NAME-CONTACT_LAST_NAME»:

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Proposed Premium Rate Changes

If approved, the percentage change to your premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	36.5%
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July to September 2015	33.4%
October to December 2015	31.8%

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 proposed rate.

Why We Are Requesting a Rate Change

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Attn: Premium Rate Filings

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New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**

NYS Department of Financial Services

Health Bureau-Premium Rate Adjustments

1 State Street

New York, NY 10004

DFS website:

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

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Notice of Approved Premium Rate

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Sincerely,



George Babitsch

Senior Vice President, Underwriting & Account Management



EmblemHealth®

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

<<Date>>

«GROUPNUM»
«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «ZIPCODE»

Re: Notice of Proposed Premium Rate Change EmblemHealth HMO 35/55 (Silver) Plan

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0780001 (dependent coverage to age 26 end of month) and 88582NY0790001 (dependent coverage to age 30 end of month)

Dear «CONTACT_FIRST_NAME-CONTACT_LAST_NAME»:

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Why We Are Requesting a Rate Change

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NYS Department of Financial Services

Health Bureau-Premium Rate Adjustments

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Sincerely,



George Babitsch

Senior Vice President, Underwriting & Account Management



EmblemHealth®

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

<<GROUPNAME1>>
<<GROUPNAME2>>

Re: Notice of Proposed Premium Rate Change EmblemHealth HMO 35/55 (Silver) Plan

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0780001 (dependent coverage to age 26 end-of-month) and 88582NY0790001 (dependent coverage to age 30 end-of-month)

Dear «FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»:

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1-800-447-8255

E-mail: **PremiumRateFilings@emblemhealth.com**
EmblemHealth website: **emblemhealth.com**
EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087

New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**
NYS Department of Financial Services
Health Bureau-Premium Rate Adjustments
1 State Street
New York, NY 10004
DFS website:
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2. The name of your plan: <<Plan Name>>
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Sincerely,



Suzanne Ronner
Vice President, Customer Experience



EmblemHealth®

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

<<GROUPNAME1>>
<<GROUPNAME2>>

Re: Notice of Proposed Premium Rate Change EmblemHealth HMO 35/55 (Silver) Plan

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0780001 (dependent coverage to age 26 end-of-month) and 88582NY0790001 (dependent coverage to age 30 end-of-month)

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Sincerely,



Suzanne Ronner
Vice President, Customer Experience



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«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

<<GROUPNAME1>>
<<GROUPNAME2>>

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Sincerely,



Suzanne Ronner
Vice President, Customer Experience



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New York, NY 10117-2087

New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**

NYS Department of Financial Services

Health Bureau-Premium Rate Adjustments

1 State Street

New York, NY 10004

DFS website:

www.dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: <<Plan Name>>
3. Whether you have individual or group coverage
4. Your plan's HIOS identification number, which is: 88582NY0780001 for plans with dependent coverage to age 26 end-of-month, or 88582NY0790001 for plans with dependent coverage to age 30 end-of-month

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:

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

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 «ANNIV_TXT» renewal date.

Sincerely,



Suzanne Ronner

Vice President, Customer Experience