IHBC Small Group Employer Letter
[Date] Group Number:

[Contact Name]
[Group Name]
[Address 1]
[Address 2]
[City State Zip]

**Re: Notice of 2015 Proposed Premium Rate Change**
[Product Name]
[Health Insurance Oversight System (HIOS) identification number]

Dear Health Benefits Administrator:

Independent Health Benefits Corporation 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**
The premium amounts listed in the enclosed chart are for the plan your group currently offers. Please note that while we try to provide you with the most accurate information possible, the final rates 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**
It is necessary for Independent Health to adjust rates for a number of reasons, such as aging population of the region, which contributes to the increase in the use and amount of medical services needed, projected increases in hospital, physician and pharmacy utilization, based on past years' trends, and increases in reimbursement fees to providers, including hospitals and physicians.

In addition, your group's proposed rates include most of the applicable taxes and fees associated with the Affordable Care Act (i.e., the Health Insurance Tax, the Patient-Centered Outcomes Research Institute fee, user fees for operation of the federal risk adjustment program and fees to fund the federal reinsurance pool).

**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 Independent Health for additional information at:

Independent Health Servicing Department
Attn: Proposed Rates

Independent Health
511 Farber Lakes Drive
Buffalo, NY 14221
(716) 631-8072 or 1-800-755-5802
premiumrates@independenthealth.com

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

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

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

1. The name of your insurer, which is Independent Health Benefits Corporation
2. The name of your plan, which is [Product Name]
3. Indicate you have small group coverage
4. Your HIOS identification number, which is [Insert the HIOS ID #]

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

**Plain English Summary of Rate Change**
We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

Independent Health website: www.independenthealth.com (click on the "2015 Proposed Rates" link in the "Help Center" section).

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

**Notice of Approved Premium Rate**
After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

Sincerely,

David Donovan
Vice President, Chief Sales Officer

# Premium Rate Comparison

The chart below includes your current group plan's 2014 monthly premium rates and the proposed 2015 monthly premium rates. In accordance with New York State law, Independent Health will send a similar proposed 2015 premium rate notification to our group subscribers. We encourage you to share this information with others in your organization who may get questions from your employees.

**[GROUP NAME]**

**[PLAN NAME]**

| | 2014 Monthly Premium | Proposed Monthly Premium on your 2015 Effective Date (pending DFS approval) | % of Change |
|---|---|---|---|
| **Single** | | | |
| **Employee and Child** | | | |
| **Employee and Spouse** | | | |
| **Family** | | | |

IHBC Small Group Subscriber Letter
[Date] Subscriber Number:

[Subscriber Name]
[Address 1]
[Address 2]
[City State Zip]

**Re: Notice of 2015 Proposed Premium Rate Change**
[Product Name]
[Health Insurance Oversight System (HIOS) identification number]

Dear [Subscriber Name]:

Independent Health Benefits Corporation is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

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

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features you select on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

**Why We Are Requesting a Rate Change**
It is necessary for Independent Health to adjust rates for a number of reasons, such as aging population of the region, which contributes to the increase in the use and amount of medical services needed, projected increases in hospital, physician and pharmacy utilization, based on past years' trends, and increases in reimbursement fees to providers, including hospitals and physicians.

In addition, your plan's 2015 proposed rate includes most of the applicable taxes and fees associated with the Affordable Care Act (i.e., the Health Insurance Tax, the Patient-Centered Outcomes Research Institute fee, user fees for operation of the federal risk adjustment program and fees to fund the federal reinsurance pool).

**30-Day Comment Period**
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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 2015 renewal date.

Sincerely,

David Courtney

David Courtney
Vice President, Servicing and Wellness

*Verbal translation, alternate formats of written materials, and/or assistance for those with special needs, may be available upon request. (Traducción verbal, formatos alternativos de materiales escritos y/o asistencia para quienes tienen necesidades especiales, disponibles a solicitud.)*

# Premium Rate Comparison

This chart compares your current plan's 2014 monthly premium rate and the proposed 2015 monthly premium rate. **These rates do not reflect any contribution that your employer may make toward your plan premium.**

**[GROUP NAME]**

**[PLAN NAME]**

| | 2014 Monthly Premium | Proposed Monthly Premium on your 2015 Effective Date (pending DFS approval) | % of Change |
|---|---|---|---|
| **Premium Rate** | | | |