625 State Street, PO Box 2207
Schenectady, NY 12301-2207
mvphealthcare.com

[Date]

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

RE: Notice of Proposed Premium Rate Change
[Insert Product Name]
[Insert HIOS Identification Number]

Dear [Name]:

MVP Health Plan, Inc. 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 [____]%.

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

Generally, once a year MVP Health Care files for a change to the current premium rates on file for their products based on a review of the adequacy of the rate level. Premiums need to be sufficient to cover all medical and pharmacy claims submitted from the covered members, as well as cover the cost of operations and New York state statutory reserve requirements. We are requesting rate increases due to various factors, including: rising prices for medical services and prescription drugs, rising usage of medical services and prescription drugs, advances in medical technology, new state and federal benefit coverage mandates and a generally aging insured population. In addition to these factors, proposed premium rate changes will reflect expected pricing corrections needed to current rates.

Some assumptions that MVP made in setting premium rates for 2014 need significant modification, including the cost of care in the NYC rate region, the value of certain benefit plans and the expected impact of the Federal Risk Transfer Program between carriers. Another much less significant driver of premium rate increases for 2015 is the new benefit mandates for Mental Health and Substance Abuse coverage.

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 MVP Health Plan, Inc. for additional information at:

Contact information for employers:
Please contact your MVP Account Representative or broker
www.mvphealthcare.com

Contact information for members:
MVP Health Plan, Inc.
625 State Street, P.O. Box 2207
Schenectady, NY 12301-2207
1-888-687-6277
1-800-662-1220 (TTY)
www.mvphealthcare.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 MVP Health Plan, Inc.
2. The name of your plan, which is [Insert Plan Name]
3. Indicate that you have 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:

MVP Health Plan, Inc. website: **www.mvphealthcare.com**
Click *Privacy and Compliance* at the bottom of the homepage

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.

ACTION REQUIRED

All certificate holders (covered employees/retirees) must receive written notice of the proposed rate change described above. It could be confusing for certificate holders to receive the proposed rate adjustment without additional information. For example, the above information

does not explain how the rate adjustment could affect employee contribution levels. Because employers determine the employee contribution levels, MVP is delegating the sending of the proposed change notice to you. When sending the notice, you agree to include the proposed rate change as listed above, along with the above contact information for both the New York State Department of Financial Services and the member contact information for MVP.

If you do not agree to this delegation, please notify us within three (3) business days by emailing us at **nysratefilingnotice@mvphealthcare.com** so that we may notify your employees directly. Please be sure to include your group name, MVP group billing number and contact information within the email message so that we may do so.

We appreciate your business and look forward to serving you in the future.

Sincerely,

Tracy Tadaro-Ott

Tracy Tadaro-Ott
Vice President, Account Management
MVP Health Plan, Inc.

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