[Letter ID]

[Date]

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

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

Dear [Name]:

MetroPlus Health Plan 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

Your current monthly premium is: $_____.

If approved, the proposed monthly premium is $_____.

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

We continually review the amounts we charge (our rates) versus the amounts we are required to spend to manage our members' healthcare needs. Rates are adjusted in order to ensure we can appropriately cover those needs. Though we do our best to keep our rates as reasonable as possible, rising healthcare costs, provider contracting costs to maintain a high quality network, and higher prescription drugs costs are factors that require us to change our rates. You can find more information about our rate changes on our website and the DFS website.

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 MetroPlus Health Plan for additional information at:

MetroPlus Health Plan
160 Water Street
New York, NY 10038
1-855-809-4073
www.metroplus.org

If you need assistance because you are hearing impaired and/or speech impaired, please call TTY: 711. Please be advised that oral interpretation and written materials in other languages are available, as needed.

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 MetroPlus Health Plan
2. The name of your plan, which is [Insert Plan Name]
3. Indicate you have individual 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:

MetroPlus Health Plan website: www.metroplus.org/RateChange2015

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,

MetroPlus Marketplace Plans