

Insert Logo

[Date]

[Contact Name]

[Group Name ]

[Address]

[City State Zip]

Re: Notice of Proposed Premium Rate Change

Product Name and Health Insurance Oversight System (HIOS) identification number

Dear [Name]:

North Shore-LIJ CareConnect Insurance Company, 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 premium is [redacted] %.

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 change of [redacted] % from our 2014 Group rates. The main reasons for this request include the projected changes in medical utilization, the anticipated impact of our medical management programs, and the implementation of geographic rating factors.

### **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 for additional information at:

North Shore-LIJ CareConnect Insurance Company, Inc.  
2200 Northern Blvd.  
East Hills, NY 11548  
(855) 706-7545

www.nsljcareconnect.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](http://www.dfs.ny.gov/healthinsurancepremiums)

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

1. The name of your insurer
2. The name of your plan
3. Whether you have individual or 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:

North Shore-LIJ CareConnect website: [www.nsljcareconnect.com](http://www.nsljcareconnect.com)

DFS website: <https://myportal.dfs.ny.gov/web/prior-approval/north-shore-lij-ins-co>

#### **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.

Thank you for being a loyal CareConnect customer. We look forward to continuing our service to you.

Sincerely,



Craig Hauben  
Managing Director, Commercial Business

Insert Logo

[Date]

[Contact Name]

[[Address]

[City State Zip]

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