



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
«Plan Name»**

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

Your rate is not changing at this time. This letter is simply to let you know that we are filing a request for new rates for 2015 renewals with DFS.

The proposed percentage change to your premium is «Total Rate Increase» percent.

This proposed increase does not include any broker commission payment. If a broker commission payment applies, the additional amount will be noted as a separate line item on your premium invoice. Please note that this approach to the handling of broker commissions is still under DFS review.

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.

Additionally, this proposed rate change is due to the introduction of new rating regions for Long Island, Mid-Hudson and Albany. As part of this change, rates will be based on employee place of residence. The rate increase also accounts for changes in the premium rates for various member cost-sharing options.

(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

1-212-615-4228

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. Note that you have large group coverage.

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: **www.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,



George Babitsch

Senior Vice President, Underwriting & Account Management



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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»
Group number: «GROUPNUM»

**Re: Notice of Proposed Premium Rate Change
«Plan Name»**

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

The proposed percentage change to the premium of your class of group contract is «Total Percent Increase» percent.

Your group rates for 2015 were established prior to HIP's application to NYSDFS for the 2015 rate changes and guaranteed for your 2015 group health plan year. Although the rate change noted above will not affect your group rates for 2015, please be advised that any difference between the guaranteed rates and the rates approved by NYSDFS will be taken into account in developing the group rates for your next renewal period.

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

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EmblemHealth
1-800-447-8255

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EmblemHealth website: **emblemhealth.com**
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Sincerely,



Suzanne Ronner
Vice President, Customer Experience



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