

(--FULL NAME: MAIL TO PERSON 1--)  
(--FULL NAME: MAIL TO PERSON 2--)  
(--ADDRESS LINE 1--)  
(--ADDRESS LINE 2--)  
(--CITY--) (--STATE CD--) (--ZIP CD--)

(LTR DATE)  
Re: (--MEMBERSHIP #--)  
(--FULL NAME: ACTIVE PERSON 1--)  
(--FULL NAME: ACTIVE PERSON 2--)

## Important Health Insurance Rate Information

Dear (--FULL NAME: ACTIVE PERSON 1--) and (--FULL NAME: ACTIVE PERSON 2--),

Thank you for allowing UnitedHealthcare Insurance Company of New York (NAIC# 60093) to bring you quality health insurance. UnitedHealthcare works hard to offer valuable coverage and helpful customer service.

### Rates May Be Changing in 2015

We are notifying you of the 2015 proposed Medicare Supplement plan rates which will be submitted to your state within ten days of the date of this letter. On the second page of this letter, please find a chart which contains your current Medicare Supplement plans, the current monthly rate, and the proposed monthly rate and rate change.

After we submit the proposed rates:

- We will provide 60 days advance written notice of any rate change. The new rates are for the calendar year of 2015 and we've proposed to implement any rate change on April 1<sup>st</sup>, 2015.
- We will send you billing information for your coverage as soon as rates have been finalized.

### 30 day Comment Period

This rate information will be posted on the New York State Department of Financial Services website. The Department's website is: <http://www.dfs.ny.gov>. You may submit written comments or request additional information on the proposed rates within 30 days of the rates being submitted. (You may contact UnitedHealthcare for the start and end dates of the 30 day comment period.) Comments may be sent to the New York State Department of Financial Services at the following address:

Health Bureau-Premium Rate Adjustments  
New York State Department of Financial Services  
One Commerce Plaza  
Albany, NY 12257  
[www.dfs.ny.gov](http://www.dfs.ny.gov)

Or if you prefer to email, please write to: **[PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)**

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<MEMBER FIRST NAME> <MEMBER LAST NAME> <PLAN CD> <RATE CURRENT> <RATE PROPOSED> <% RATE>  
<MEMBER FIRST NAME> <MEMBER LAST NAME> <PLAN CD> <RATE CURRENT> <RATE PROPOSED> <% RATE>  
<MEMBER FIRST NAME> <MEMBER LAST NAME> <PLAN CD> <RATE CURRENT> <RATE PROPOSED> <% RATE>