

<<DATE>>

<<Employer Contact First Name>> <<Employer contact last Name>>

<<Employer Group Name>>

<<Street Address>>

<<Street Address #2>>

<<City>>, <<State>> <<ZIP>>

RE: Notice of Rate Filing

Dear <<Employer Contact First Name>> <<Employer Contact Last Name>>:

At MVP Health Care[®] we strive to provide you with the best customer service and the highest quality benefit plans.

New York Insurance Law requires that all community-rated health plans receive prior approval of premium rate adjustments by the New York State Department of Financial Services ("Department"). Enclosed with this letter is a formal notice of the proposed premium rate adjustment that we will be filing with the Department for your MVP Health Plan, Inc. (MVP) plan(s).

The Department will review and approve them, or advise MVP of changes to our proposed rates later this year.

When the Department issues approved rates later this year, we will send you a renewal letter 60 days in advance of your **2014** rate renewal date, including the approved rate for your plan(s). That letter also will include suggestions for other, more cost-effective MVP plans you might wish to consider.

We appreciate the commitment you have made to provide your employees with high-quality health benefits, and we stand ready to assist you in continuing to keep that commitment through the most innovative health benefit plans available.

Notice of Premium Rate Change Filing

To comply with the prior approval notification requirements for community-rated plans pursuant to the New York State Insurance Law, MVP Health Plan, Inc. (MVP) is sending you notification of our proposed premium rate change for 2014. Please note that the Superintendent may approve the proposed rate adjustment as requested, modify the proposed rate adjustment, or disapprove the proposed rate adjustment in its entirety. This letter is giving you notice that MVP is filing proposed rate adjustments with the Department.

The premium rate change being filed for approval varies depending on the effective date of your coverage only and does not vary based on the particular product or rating region applicable to you. The rate adjustments being filed are as illustrated in the following table:

Policy Effective Date	Filed Premium Rate Adjustment
January 1 - March 31	3.1%
April 1 - June 30	2.7%
July 1 - September 30	2.3%
October 1 - December 31	1.9%

Please note that the premium rate change listed above is for your current benefit plan and does not include any potential increases that may occur due to regulatory benefit mandates.

The largest drivers of premium rate increases are due to the rise in the cost and use of health care services. The prices we pay to providers/facilities for the care they render are rising each year. In addition, the use of health care services by our covered members generally rises over time due to advances in medical technology, aging of the covered population and the exit of healthier individuals from the marketplace due to affordability issues.

If your group's rate anniversary date is during October, November or December 2014, please note that the proposed increases shown in this letter are for October, November and December **2014**. Groups with renewal dates in October, November and December 2013 will receive a separate notification for your 2013 renewal rate shortly.

Another notice will be sent to you with approved rates. The notice will be sent to you at least 60 days prior to the effective date of the premium change.

MVP Health Care has prepared a Narrative Summary statement that provides a detailed explanation of the reasons(s) for filing a premium rate adjustment application. The summary will be posted on the MVP website at www.mvphealthcare.com (click *Privacy and Compliance* at the bottom of the home page) and on the Department's website at <https://myportal.dfs.ny.gov/web/prior-approval/welcome>.

If you would like to submit questions, comments or ask for additional information about this Notice, you may contact either the New York State Department of Financial Services or MVP within 30 days of the date on which MVP submits the rate adjustment application. You may contact MVP to confirm the start and end of this 30-day comment period. MVP expects the rate filing to be submitted no earlier than July 15 and no later than July 25.

If you choose to submit written comments to the Department, please include in your comments that your insurer is MVP Health Plan, Inc. and indicate your coverage. Written comments submitted to the Department will be posted to the Department's website with all personal identifying information removed. Comments may be submitted to the Department of Financial Services online at <https://myportal.dfs.ny.gov/web/prior-approval/welcome> or by contacting:

Health Bureau-Premium Rate Adjustments

Department of Financial Services
One State Street, 2nd Floor
New York, NY 10004 - 1511
Email: PremiumRateIncreases@dfs.ny.gov

MVP Health Care contact information for employers:

Please contact your MVP Account Representative
www.mvphealthcare.com

MVP Health Care contact information for members:

1-888-687-6277
1-800-662-1220 (TTY)
www.mvphealthcare.com

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,

A handwritten signature in black ink that reads "Tracy Tadar-Ott". The signature is written in a cursive, flowing style.

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

<<Date>>

«First Name» «Last Name»
 «Street Address»
 «Street Address #2»
 «City», «State» «Zip»

RE: Notice of Rate Filing

Dear «First Name» «Last Name»,

At MVP Health Care[®] we strive to provide you with the best customer service and the highest quality benefit plans.

New York Insurance Law requires that all community-rated health insurance plans receive prior approval of premium rate adjustments by the New York State Department of Financial Services (“Department”). Enclosed with this letter is a formal notice of the proposed rate adjustment that we will be filing with the Department for your MVP Health Plan, Inc. (MVP) plan. We are required to send you this notice.

The Department will review and approve the MVP rate filing, or advise us of changes to our proposed rates. When the Department issues approved rates later this year, we will send your employer a renewal letter 60 days in advance of your group’s **2014** rate renewal date. This letter will include the approved rate for your group health plan and alternative coverage options for your employer to consider.

Notice of Premium Rate Change Filing

To comply with the prior approval notification requirements for community-rated products pursuant to the New York State Insurance Law, MVP Health Plan, Inc. (MVP) is sending you notification of our proposed premium rate change for 2014. Please note that the Superintendent may approve the proposed rate adjustment as requested, modify the proposed rate adjustment, or disapprove the proposed rate adjustment in its entirety. This letter is giving you notice that MVP is filing proposed rate adjustments with the Department.

The premium rate change being filed for approval varies depending on the effective date of your coverage only and does not vary based on the particular product or rating region applicable to you. The rate adjustments being filed are as illustrated in the following table:

Policy Effective Date	Filed Premium Rate Adjustment
January 1 - March 31	3.1%
April 1 - June 30	2.7%
July 1 - September 30	2.3%
October 1 - December 31	1.9%

Please note that the premium rate change listed above is for your current benefit plan and does not include any potential increases that may occur due to regulatory benefit mandates.

The largest drivers of premium rate increases are due to the rise in the cost and use of health care services. The prices we pay to providers/facilities for the care they render are rising each year. In addition, the use of health care services by our covered members generally rises over time due to advances in medical technology, aging of the covered population and the exit of healthier individuals from the marketplace due to affordability issues.

MVP Health Care has prepared a Narrative Summary statement that provides a detailed explanation of the reasons(s) for filing a premium rate adjustment application. The summary is posted on the MVP website at www.mvphealthcare.com (click *Privacy and Compliance* at the bottom of the home page) and on the Department's website at <https://myportal.dfs.ny.gov/web/prior-approval/welcome>.

If you would like to submit questions, comments or ask for additional information about this Notice, you may contact either the New York State Department of Financial Services or MVP within 30 days of the date on which MVP submits the rate adjustment application. You may contact MVP to confirm the start and end of this 30-day comment period. MVP expects the rate filing to be submitted no earlier than July 15 and no later than July 25.

If you choose to submit written comments to the Department, please include that your insurer is MVP Health Plan, Inc. and indicate your coverage. Written comments submitted to the Department will be posted to the Department's website with all personal identifying information removed. Comments may be submitted to the Department of Financial Services online at <https://myportal.dfs.ny.gov/web/prior-approval/welcome> or by contacting:

Health Bureau-Premium Rate Adjustments

Department of Financial Services
One State Street, 2nd Floor
New York, NY 10004 - 1511
Email: PremiumRateIncreases@dfs.ny.gov

MVP Health Care Customer Care Center contact information:

1-888-687-6277
1-800-662-1220 (TTY)
www.mvphealthcare.com

We appreciate the opportunity to serve you and look forward to serving you in the future. If you have any questions about this notice, please contact our Customer Care Center at the number listed above. Representatives are available Monday – Friday from 8am – 8pm and Saturday from 8am – 4pm Eastern Time.

Sincerely,



Sue Ann Brown
Vice President, Service Operations
MVP Health Plan, Inc.



625 State Street
 Schenectady, NY 12305
 mvphhealthcare.com

<<date>>

<<HBA Name>>

<<Group Name>>

<<Street>>

<<City, State, Zip>>

Re: Notice of Premium Rates for <<year>> for <<Group Number>>

Dear << HBA Name >>:

In accordance with requirements set forth by the New York State Department of Financial Services (DFS), MVP Health Care must, upon approval from the DFS, provide written notification of any applicable premium rate changes within 60 days of a group's renewal.

This letter is to inform you that the new premium rates listed below have been approved by DFS, and will be effective beginning <<anniversary date>>.

CoPlan: COC <<plan>> Riders <<riders>>				
	Single	Double	Parent/Child(ren)	Family
Current Rates	\$	n/a	n/a	\$
New Rates Beginning 06/01/2013	\$	n/a	n/a	\$

Please communicate this information to the individual subscribers who receive coverage through this group policy. If you wish to have MVP notify your subscribers directly, you must notify your account representative within three (3) days of receipt of this notice.

If you have any questions about your benefits, please call (Account Manager name, number).

Sincerely,

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



625 State Street
Schenectady, NY 12305
mvphcare.com

Additional Information Regarding your Upcoming Renewal

Thank you for choosing MVP Health Care to serve you and your employees. Your health benefit plan is up for renewal, and we want you to know that we're working hard to make sure we continue to give you the most for your health care dollar.

These rates replace Exhibit E of your contract for the period noted in your letter. If your group has other MVP products, you will receive those rates in a separate letter and they will be in addition to the above.

Your plan is just one of the many available from MVP Health Care. MVP offers a full range of plans – from high deductible options to EPO and PPO solution. Please feel free to contact me to discuss your options further.

New York State Insurance Law requires that all subscribers must receive written notice of annual premium rate increases, at least 60 days prior to the coverage effective date. Because you decide your employee's contribution levels, MVP is delegating this responsibility to you. This notice must include the specific amount that subscribers will be required to contribute for coverage for the rate period specified.

The Patient Protection and Affordable Care Act ("PPACA") includes provisions for the grandfathering of existing health insurance plans which allows groups the opportunity to maintain their existing coverage without being subject to certain provisions of PPACA. A grandfathered plan generally is an existing group health plan or health insurance coverage which was in effect on March 23, 2010, as long as the plan has not been changed since that date. Your group health benefit plan might be considered a grandfathered plan. If your plan is a grandfathered plan, changes to the plan could cause it to lose its grandfather status. Please consult your broker or professional counsel (for example attorney or tax advisor) for additional information on whether your health benefit plan is a grandfathered plan, and if so, how changes to your plan could affect your grandfather status.

Thank you for your continued confidence in MVP Health Care. We appreciate the opportunity to help you and your employees take on life and live well! I look forward to hearing from you.