



EmblemHealth®

GHI and HIP are EmblemHealth companies

55 Water Street, New York, New York 10041-8190

**Advance Notice About Changes To Your
HIP Health Plan Of New York Premium Rates**

«Date»

«GROUPNUM»
«GROUPNAME» «GROUPNAMEEXT»
«CONTACTNAME»
«SERVSTREET»
«SERVCITY», «SERVESTATE» «SERVZIP5»

Selling Agent:
«BUSNAME»
«BUSSTREET»
«BUSCITY», «BUSSTATE» «BUSZIP»

Dear «CONTACTNAME»:

We recently wrote to let you know that we are applying to the New York State Insurance Department (“NYSID”) for a rate change effective on policy renewals beginning the third quarter of 2011. The purpose of this letter is to inform you that the requested increase in our previous letter was incorrect. We regret any inconvenience.

If approved, the proposed increase noted below will be added to our currently approved April 2011 filed rates, including any riders.

Renewal Date
October – December 2011

Requested Increase
Approximately 4.4%

Please note that the requested increase above does **not** reflect your total renewal rate increase. Our currently approved April 2011 rates, which are not included in the requested percentage increase above, factor into your renewal rate the increase requested from NYSID, plus the following components:

1. Rate increases previously filed (which were not subject to NYSID approval), which generally make up the major portion of the April 2011 rate.
2. The impact of federal health care reform, which is valued at approximately 2.1 percent of the total premium.

On the reverse side of this letter you will find a chart that shows the range of total rate changes for the various HIP products. To see the range of rate increases that apply to you, find the name of your plan (located on your ID card) on the left side of the chart.

If you would like additional information about the proposed change, or you would like to submit written comments about the change to us or to NYSID, you may do so within 30 days of «Date»:

EmblemHealth
PremiumRateFilings@emblemhealth.com
1-877-444-7417

New York State Insurance Department
PremiumRateIncreases@ins.state.ny.us
1-800-342-3736

EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087

Charles Lovejoy
Health Bureau
NYS Insurance Dept.
25 Beaver Street
New York, NY 10004

Continued on reverse side

Please notify your covered employees of the proposed changes and of any potential changes to their premium contribution as soon after receiving this letter as possible.

We will notify you of your final, approved premium rates approximately 60 days before your «ANNIV_TXT» renewal date. At that time, you will have an opportunity to discuss with your broker a variety of plan options we offer that might enable you to reduce your premiums.

We value our relationship with you and look forward to continuing to meet your health coverage needs.

Sincerely,



William Dunne
Vice President, Commercial Account Management

Plan	Increase
HIP Prime [®] HMO	6.5 – 11.5%
HIPaccess [®] I	6.5 – 11.5%
HIP Prime [®] POS	6.5 – 11.5 %
HIPaccess [®] II	6.5 – 11.5%