

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

**Advance Notice About Changes To Your  
HIP Insurance Company of New York Premium Rates**

«Date»

«Group Name1» «Group Name2»  
«Group No»  
«Contact First Name» «Contact Last Name»  
«Street Add1» «Street Add2»  
«City1», «State» «Zip Code»

Dear «Contact First Name» «Contact Last Name»:

State law requires us to notify you when we apply for a rate increase with the New York State Insurance Department (NYSID). Listed below are the increases for 2012 we are requesting for your «**Plan Name**» plan, by quarter and rate tier. The increase for the quarter in which your plan renews applies to your group. Your plan's renewal date is shown in the paragraph below.

Renewal Date	Individual	2-Tier Family	4-Tier Employee+Child(ren)	4-Tier Employee+Spouse	4-Tier Family
Jan.–Mar. 2012	27.2%	27.2%	27.2%	27.2%	27.2%
Apr.–Jun. 2012	19.1%	29.4%	19.1%	36.1%	19.1%
Jul.–Sept. 2012	19.1%	19.1%	19.1%	19.1%	19.1%
Oct.–Dec. 2012	19.1%	19.1%	19.1%	19.1%	19.1%

If approved by NYSID, the increase will be added to your group's NYSID-approved 2011 premium rate. Your group's final renewal rate may be different from the proposed increases shown above; NYSID may approve, modify or deny them. We will notify you of your final, approved rates about 60 days before your «**Rate Eff Date**» renewal date. You will have an opportunity to discuss with your broker a variety of EmblemHealth plan options that might enable you to reduce your premiums.

Please note that you must 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.

To find information about the reasons for the proposed rate change, please visit [www.emblemhealth.com/2012rates](http://www.emblemhealth.com/2012rates). You can also submit written comments to us or NYSID within 30 days of the date of this letter:

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

**New York State Insurance Department**  
Health Bureau-Premium Rate Adjustments  
New York State Insurance Dept.  
25 Beaver Street  
New York, NY 10004

If you prefer, you may send an e-mail to:

**PremiumRateFilings@emblemhealth.com**

**PremiumRateIncreases@ins.state.ny.us**

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

Sincerely,



Jill Serin  
Vice President, Commercial Account Management

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