



<Important Plan Information>

<Date>

<Fname> <Lname>

<Address 1>

<Address 2>

<City>, <State> <ZIP Code + 4>

[<<Alt ID>>]
[<<Category>>]

Dear <Fname><Lname>:

Thank you for letting us provide you with an EmblemHealth benefit plan that helps you stay healthy, get well and live better.

The New York State insurance law that governs health insurance plan premium rates for “community-rated” plans such as yours now requires us to notify you and your employer group of any rate changes about 60 days in advance of the effective date.

Enclosed is a copy of a letter we sent to your employer with 2013 rate changes approved by the New York State Department of Financial Services (NYDFS). Your new group rates, which take effect on your group’s policy renewal date, were submitted to NYDFS only after careful consideration of all the factors that contribute to the rising cost of health care.

Please note, however, that the NYDFS-approved rates noted in the enclosed letter may not be your group’s final renewal rates.

Whether these are your final rates or not will depend on plan changes your group may or may not make during the renewal period. Also, if you contribute to your premium, your employer will let you know what your contribution will be based on the new rates. Should you have questions about your group’s renewal, please speak with your employer.

EmblemHealth is committed to providing you and your covered dependents with access to quality health care at the lowest possible cost. We look forward to continuing to meet your health coverage needs.

Sincerely,

David Morin
Vice President, Customer Service

Enclosure

SUMMARY OF BENEFITS AND COVERAGE AVAILABLE

Choosing a health plan that's right for you is one of the most important decisions you will make. With this in mind, a summary of benefits and coverage (SBC) is available to help you better understand your health plan and/or compare health plan options.

To view your SBC, visit www.emblemhealth.com/SBC to view your SBC. You can also get a free printed copy by calling us at **1-877-842-3625**, Monday through Friday, 9 am to 5 pm. If you have a hearing or speech impairment and use a TDD, call **1-866-248-0640**.

SAMPLE



Important Information About Your Renewal Rates

«Date»

«Group_Name1» «Group_Name2»
«Contact First Name» «Contact Last Name»
«Street Add 1»
«Street Add 2»
«City», «State» «Zip Code»

Selling Agent
«SA First Name» «SA Last Name»
«Street Add 1»
«Street Add 2»
«City», «State» «Zip Code»

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

New York State law requires us to notify you about 60 days in advance of certain health plan premium rate changes. So, we are writing to inform you of your renewal premium rates for your HIP Health Plan of New York (“HIP”) «PLAN» plan under group number «GROUP_NO» effective «Rate_Eff_Date»:

<u>Type of Coverage</u>	<u>Current Monthly Rate</u>	<u>Renewal Monthly Rate</u>
Individual	«Current_Tier_ID_1»	« Renewal_Tier_ID_1»
Employee and Spouse	«Current_Tier_ID_3»	« Renewal_Tier_ID_3»
Employee and Child(ren)	«Current_Tier_ID_2»	« Renewal_Tier_ID_2»
Family – Emp., Spouse and Child(ren)	«Current_Tier_ID_4»	« Renewal_Tier_ID_4»

These rates include three components. The first component was discussed in a letter we sent to you earlier this year in which we informed you that we had requested a XX.X percent premium rate increase for groups renewing in the first quarter of 2013. The premium rates above reflect a X.X percent increase that the New York State Department of Financial Services (NYSDFS) approved.*

The second component is the result of provisions required by the federal Affordable Care Act (ACA). As of your renewal effective date, EmblemHealth will expand coverage of women’s preventive health care services to include care and screenings included in guidelines supported by the Health Resources and Services Administration (HRSA) to the extent required by the ACA. Such care and screenings will be covered in full when received in network. The women’s preventive health care services increase of up to X.X percent was approved by the NYSDFS.

The third component is the result of benefit changes required by New York State law. As of your renewal effective date, EmblemHealth will expand coverage to include new mandated benefits for the screening, diagnosis and treatment of autism spectrum disorder. The autism benefits account for up to X.X percent of your rate increase, subject to approval by the NYSDFS. If there is a change in the proposed rates, we will notify you.

EmblemHealth offers plan options that may enable you to reduce your premiums. Cost-reduction options that are available to you, as well as information about additional riders you may wish to purchase, also appear on the other side of this letter.

Please note that the New York State insurance law which governs health insurance premium rates for community-rated plans such as yours now requires us to notify you *and* your employees of any rate changes about 60 days in advance of the effective date. As such, employees who are covered by your plan will receive a copy of this renewal letter. If your benefit plan requires your employees to make a premium contribution, you should notify them of what they are expected to contribute based on the new rates.

* We reserve the right to appeal the decision made by the NYSDFS regarding this component of the rate increase. We will notify you of any rate changes resulting from such an appeal.

Please see other side

To assist you in better understanding your health plan we are making available to you online a Summary of Benefits and Coverage (SBC). You can view your SBC by visiting www.emblemhealth.com/SBC. If you don't have access to our Web site and would like a paper copy of the SBC, you can receive one upon request free of charge.

If you have any questions about renewing your policy or, to obtain a paper copy of your SBC, please contact your broker or call EmblemHealth Account Services at **1-866-614-6040**, Monday through Friday from 9 am to 5 pm. For additional information about your premium rates, please visit us at www.emblemhealth.com.

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

Sincerely,



George Babitsch
Senior Vice President, Underwriting & Account Management

A RANGE OF COVERAGE OPTIONS

Changes in benefits have an impact on your premium. If you are interested in making changes to your plan, EmblemHealth offers a range of coverage choices for your group, including flexible pharmacy and benefits designs and cost-sharing options designed to meet all budget levels. You have the option to offer your employees more than one EmblemHealth plan and can choose from among the EmblemHealth PPO, EPO, Consumer Direct High-Deductible Health Plan and InBalance alternatives. Available statewide, these plans are served by the EmblemHealth National Network and underwritten by GHI, an EmblemHealth company.

ADDITIONAL RIDERS YOU CAN PURCHASE AT RENEWAL

Extended Dependent Coverage extends to age 29 the coverage age limit for all eligible dependents of your group members.

Mental Health and Substance Use Coverage Parity. The federal Mental Health Parity and Addiction Equity Act generally mandates that large-group health plans apply the same treatment and financial limits to mental health and substance use benefits as they do to hospital and medical benefits. As a small group, you can purchase a rider to similarly extend your group's coverage.

Mental Health Coverage Parity Under Timothy's Law. All small groups receive the following mandated benefits: 20 outpatient visits and 30 inpatient days for the diagnosis and treatment of mental, nervous or emotional disorders. All member cost-sharing such as copays, deductibles and coinsurance must be the same as those that apply to comparable medical and hospital services under the applicable health benefit plan. These benefits are already included in your current coverage. Small groups may purchase coverage that exceeds the 20 outpatient visits and 30 inpatient days already provided. This additional coverage is for certain biologically-based mental illnesses (schizophrenia/psychotic disorder, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorder, bulimia and anorexia) and for certain serious emotional disturbances for individuals under the age of 18 (attention deficit disorder, disruptive behavior disorder and pervasive developmental disorder). If you purchase this coverage, services for biologically-based mental illnesses and serious emotional disturbances are not subject to any visit or day limit below the limits that apply to comparable medical and hospital coverage under your health benefit plan.

Inpatient Chemical Abuse and Dependence Coverage. You can purchase coverage for inpatient hospital services or inpatient rehabilitation services in a hospital-based or free-standing chemical dependence facility, for the diagnosis and treatment of chemical abuse and chemical dependence, including alcohol substance abuse.