



5/30/2017

[Contact Name]
[Group Name]
[Address]
[City, State Zip]

Re: Notice of Proposed Premium Rate Change
Healthfirst [Plan Name] - HIOS ID 83744NY001[XXXX]

Dear Healthfirst Group Policy Holder:

Healthfirst Health Plan, Inc. (Healthfirst) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2018. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

Proposed Premium Rate Changes

If approved, the percentage change to your premium is 10%.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features you select on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

Healthfirst is requesting a higher rate for 2018 because several market forces continue to drive health care costs higher. These forces include:

- Cost increases for inpatient hospital, outpatient hospital, and physician services
- Cost increases for prescription drugs, including the increased use of expensive specialty prescriptions

30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact Healthfirst for additional information at:

Healthfirst Health Plan, Inc.
100 Church Street
New York, NY 10007
1-888-250-2220
www.healthfirst.org

Comments or requests for more information on the proposed rate change may be submitted to DFS via e-mail, by visiting the DFS Website or via standard mail as follows:

DFS Website: www.dfs.ny.gov/healthinsurancepremiums

Email: PremiumRateIncreases@dfs.ny.gov

United States Postal Service:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
One Commerce Plaza
Albany, NY, 12257

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer, which is Healthfirst Health Plan, Inc.
2. The name of your plan, which is Healthfirst [Plan Name]
3. Indicate you have group coverage
4. Your HIOS identification number, which is 83744NY001[XXXX]

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

Healthfirst website: www.healthfirst.org/priorapproval

DFS website: <http://www.dfs.ny.gov/healthinsurancepremiums>

Notice of Approved Premium Rate

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2018 renewal date.

Sincerely,



Scott Greene
Vice President
Member Services

Plans are offered by affiliates of Healthfirst, Inc.
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