



5/4/2015

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

Re: Notice of Proposed Premium Rate Change
Healthfirst [Plan Name] - HIOS ID 83744NY002[XXXX]

Dear Healthfirst Group Policy Holder:

Managed Health, 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 2016. 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 5.6%.

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

With several market forces continue to drive health care costs higher, Healthfirst is requesting a higher rate for 2016. These factors 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:

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

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY, 10004
Email: premiumrateincrease@dfs.ny.gov
DFS Website: www.dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer, which is Managed Health, 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 83744NY002[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 2016 renewal date.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Greene".

Scott Greene
Vice President
Member Services