



6/13/14

«SubscriberFirstName» «SubscriberLastName»  
«AddressLine1» «AddressLine2»  
«CITY», «STATE» «ZipCode»

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

Dear Group Benefit Administrator:

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 2015. 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 Change**

If approved, the percentage change to your premium is 1.0%.

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**

Several market forces continue to drive health care costs higher and Healthfirst is requesting a higher rate in 2015. We continue to improve our care management and quality improvement programs to bring you and your employees greater value. We also continue to strengthen our robust network. However, the demographic make-up of our current membership is different than was expected. Based on these factors, as well as our projections, the membership's average demand for medical services may go up in 2015. This is why we are applying for a rate increase to account for marketplace trends and to reflect these changing factors.

#### **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 PHSP, Inc.  
100 Church Street  
New York, NY  
1-888-250-2220  
[www.healthfirst.org](http://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](mailto:premiumrateincrease@dfs.ny.gov)  
DFS Website: [www.dfs.ny.gov/healthinsurancepremiums](http://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 Small 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](http://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 2015 renewal date.

Sincerely,

A handwritten signature in black ink that reads "Nemesio Ortiz". The signature is fluid and cursive, with a large loop at the end.

Nemesio Ortiz  
Vice President, Sales  
Healthfirst