



5/26/2021

«SmallGroupEmployerName»  
«ContactFirstName»«ContactLastName»  
«AddressLine1» «AddressLine2»  
«CITY», «STATE» «ZipCode»

Re: Notice of Proposed Premium Rate Change  
Healthfirst Bronze 8150 Pro, Bronze 6650 Pro, Bronze Pro, Bronze 6650 Pro Plus  
and Bronze Pro Plus EPO (LI) - HIOS ID 61405NY003[XXXX]

Dear Healthfirst Group Policy Holder:

Healthfirst Insurance Company, 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 2022. 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 16.2%.

Please note that while we try to provide you with the most accurate information possible, the final approved 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 applying for a rate adjustment to account for marketplace trends and to reflect actual and anticipated claims costs. While several market forces continue to drive health care costs higher more generally, Healthfirst continues to strengthen the effectiveness of its care management and quality improvement programs and robust network.

### **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 Insurance Company, Inc.  
100 Church Street  
New York, NY 10007  
1-855-949-3668  
[www.healthfirst.org](http://www.healthfirst.org)

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

DFS Website: [https://www.dfs.ny.gov/consumers/health\\_insurance/health\\_insurance\\_premiums](https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums)

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 Insurance Company, Inc.
2. The name of your plan, which is Healthfirst Bronze 8150 Pro, Bronze 6650 Pro, Bronze Pro, Bronze 6650 Pro Plus, and Bronze Pro Plus EPO
3. Indicate you have group coverage
4. Your HIOS identification number, which is 61405NY003[XXXX]

Written comments submitted to DFS will be posted on the DFS website without your personal information.

### **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:

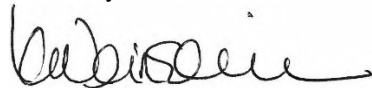
Healthfirst website: [www.healthfirst.org/priorapproval](http://www.healthfirst.org/priorapproval)

DFS website: [https://www.dfs.ny.gov/consumers/health\\_insurance/health\\_insurance\\_premiums](https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums)

### **Notice of Approved Premium Rate**

After DFS approves the final premium rate, which may differ from the requested rate noted above, you will receive final rate information at least 60 days before your 2022 renewal date.

Sincerely,



Karen Weinseiss  
Senior Vice President, Operations

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst"). Plans contain exclusions and limitations.

Healthfirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-305-0408 (TTY 1-888-867-4132).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-305-0408 (TTY 1-888-542-3821)。

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