



6/13/14

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

Re: Notice of Proposed Premium Rate Reduction
Healthfirst [Plan Name] - HIOS ID 91237NY002[XXXX]

Dear Healthfirst Member:

Healthfirst PHSP, 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 Reduction

If approved, the percentage reduction to your premium will be 9.6%. This means that your monthly premium may be lower starting January 1, 2015.

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 Reduction

While several market forces continue to drive health care costs higher, Healthfirst is requesting a lower rate in 2015. We continue to improve our care management and quality improvement programs. We also continue to strengthen our robust network. In addition, 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 down in 2015. This is why we are applying for a rate reduction 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

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 Healthfirst PHSP, Inc.
2. The name of your plan, which is Healthfirst [Plan Name]
3. Indicate you have individual coverage
4. Your HIOS identification number, which is 91237NY002[XXXX]

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

Plain English Summary of Rate Reduction

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 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 of the last name.

Nemesio Ortiz
Vice President, Sales
Healthfirst