



5/20/2019

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

Re: Notice of Proposed Premium Rate Change
Healthfirst HMO B and HMO B-VAD Plans (NY) - 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 2020. 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 6.7%. This means that your monthly premium may be higher starting January 1, 2020.

If you enrolled through the NY State of Health, the state's health plan marketplace, and you qualified for financial assistance called an Advanced Premium Tax Credit (APTC), your current premium is less than the amount shown above. Your 2020 premium will also be less than shown above if you qualify for the APTC again next year. NY State of Health will calculate your eligibility for financial assistance each year.

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 requesting a higher rate for 2020 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

DFS's view of these matters may differ.

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 10007
1-888-250-2220
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

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 PHSP, Inc.
2. The name of your plan, which is Healthfirst HMO B or HMO B-VAD
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 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

DFS website: 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 2020 renewal date.

Sincerely,



Kevin Barth
Senior Vice President, Operations

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst"). Coverage for Senior Health Partners, Managed Long-Term Care Plan, is provided by Healthfirst PHSP, Inc.

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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