



5/18/2018

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

Re: Notice of Proposed Premium Rate Change  
Healthfirst Small Group HMO B - HIOS ID 83744NY001[XXXX]

Dear Healthfirst Member:

Healthfirst Health Plan, Inc. (Healthfirst) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group premium rates for 2019. 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**

Please note that the final approved rate may differ because DFS may modify the proposed rate. In addition, 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 that your group policyholder selects on renewal.

If approved, the percentage change to your group's premium is 21%. This means that your monthly premium may be higher starting January 1, 2019.

### **Why We Are Requesting a Rate Change**

Healthfirst is requesting a higher rate for 2019 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 Health Plan, Inc.  
100 Church Street  
New York, NY 10007  
1-888-260-1010  
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: [www.dfs.ny.gov/healthinsurancepremiums](http://www.dfs.ny.gov/healthinsurancepremiums)

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 Health Plan, Inc.
2. The name of your plan, which is Healthfirst Small Group HMO B
3. Indicate you have 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, which may differ from the requested rate noted above, you will receive final rate information at least 60 days before your 2019 renewal date.

Sincerely,

A handwritten signature in black ink, appearing to read 'KB Barth', with a long horizontal flourish extending to the right.

Kevin Barth  
Senior Vice President, Operations