



55 Water Street, New York, NY 10041-8190

June 4, 2018



EILEEN [REDACTED] 3510  
[REDACTED]  
[REDACTED]

**Advance Notice About Proposed Changes to Your EmblemHealth Premium Rates**

Dear EILEEN [REDACTED]

Thank you for being an EmblemHealth member.

EmblemHealth is proposing rate increases to the New York State Department of Financial Services. The enclosed letter is a regulatory mailing letting you know of the potential premium increases to your health plan for 2019. Your premium is the amount you pay for health insurance every month.

**You do not need to do anything in response to this mailing.** You have the option to comment to the Department of Financial Services about our rate request.

You can find a detailed explanation for why we are requesting a rate change at [emblemhealth.com/2019\\_rates](http://emblemhealth.com/2019_rates).

Thank you for choosing EmblemHealth.

Sincerely,

John J. (Jay) Sheehy III  
Senior Vice President, Product Innovation

Enclosures



**EmblemHealth®**

55 Water Street, New York, NY 10041-8190

June 4, 2018

EILEEN [REDACTED] 3510  
[REDACTED]  
[REDACTED]

**Re: Notice of Proposed Premium Rate Change**  
**EmblemHealth Silver Value**  
Health Insurance Oversight System (HIOS) Plan ID number 88582NY1900001

Dear EILEEN [REDACTED]:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your 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 you select on renewal.

If approved, the percentage change to your premium is 25%.

If you enrolled through the NY State of Health, the state's health plan marketplace, and you qualified for financial assistance called an Advance Premium Tax Credit (APTC), your 2019 premium increase may be different than shown above. NY State of Health will calculate your eligibility for financial assistance each year.

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

The requested increase is due to our view of the rising cost of providing care to our members. This includes increases in the rates that we pay our providers, the higher costs of new treatments and pharmacy drugs, and an increase in the medical services required by many of our members. The requested increase is also due to our view on the federal actions listed below. DFS's view of these matters may differ.

- **Removal of the Individual Mandate.** The individual mandate requires most Americans to buy a minimum level of health coverage. This widens the risk pool to include both healthy and sick people. By eliminating the mandate, members may easily sign up for insurance when sick and drop coverage when they don't need it, causing the overall risk pool to narrow and costs to rise. When only sicker people buy health coverage, it costs more.
- **Non-payment of Cost-Sharing reductions.** Cost-sharing reduction subsidies lower the amount some people have to pay for out-of-pocket for deductibles, coinsurance, and copayments. They can also reduce the maximum out-of-pocket costs that a member is responsible for in a policy period. In October 2017, the government stopped making cost-sharing reduction payments to insurers. This means costs are higher.

You can find more information on why we are requesting a rate change at [emblemhealth.com/2019\\_rates](http://emblemhealth.com/2019_rates).

### **30-day Comment Period**

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate change. The comments must be made within 30 days from the date of this notice.

You can contact EmblemHealth for additional information at:

EmblemHealth  
Attn: Premium Rate Filings  
PO Box 2890  
New York, NY 10117-2087

Phone: 800-447-8255  
Email: [PremiumRateFilings@emblemhealth.com](mailto:PremiumRateFilings@emblemhealth.com)  
EmblemHealth website: [emblemhealth.com](http://emblemhealth.com)

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

NYS Department of Financial Services  
Health Bureau – Premium Rate Adjustments  
One Commerce Plaza  
Albany, NY 12257

DFS Website:  
[dfs.ny.gov/healthinsurancepremiums](http://dfs.ny.gov/healthinsurancepremiums)

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If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer.
2. The name of your plan.
3. Whether you have individual or group coverage.
4. Your HIOS Plan ID number, which is 88582NY1900001

Written comments submitted to DFS may 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:

EmblemHealth website: [emblemhealth.com/2019\\_rates](http://emblemhealth.com/2019_rates)

DFS website: [dfs.ny.gov/healthinsurancepremiums](http://dfs.ny.gov/healthinsurancepremiums)

**Notice of Approved Premium Rate**

After DFS approves the final premium rate, which may differ from the requested rate increase 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 "Jay Sheehy", written in a cursive style.

John J. (Jay) Sheehy III  
Senior Vice President, Product Innovation