



55 Water Street, New York, NY 10041-8190

Important plan information

June 10, 2022

Advance Notice About Proposed Changes to Your EmblemHealth Premium Rates

Dear XXXXXX,

Thank you for choosing EmblemHealth.

EmblemHealth is proposing rate increases to the New York State Department of Financial Services (DFS). The enclosed letter is a regulatory mailing letting you know of the potential premium increases to your group health plan for 2023. 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 DFS about our rate request.

You can find a detailed explanation for why we are requesting a rate change at emblemhealth.com/2023_rates.

We are committed to supporting you.

Sincerely,

A handwritten signature in black ink that reads "Karen J. Moran".

Karen Moran
Senior Vice President, Commercial Product and Strategy

Enclosures



55 Water Street, New York, NY 10041-8190

Important plan information

June 10, 2022

Re: Notice of Proposed Premium Rate Change

Gold PPO-N

Health Insurance Oversight System (HIOS) Plan ID number 20984NY0520001

Dear XXXXXX,

EmblemHealth Insurance Company (EHIC) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2023. 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 listed in the chart below.

Your Renewal Date:	Requested Increase Applied to Your 2022 Rate:
January to March 2023	42.9%
April to June 2023	43.9%
July to September 2023	44.8%
October to December 2023	45.8%

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.

(Continued)

Why We Are Requesting a Rate Change

The requested increase is due to the rising cost of providing care to our members. As you know, the cost of hospital stays, prescription drugs, and other health services continues to go up. Each of these costs drives premiums. We want to assure you that we are mindful of the impact increases in premiums can have on you and your family, and we are taking every step to ensure that you have access to affordable, high-quality coverage.

You can find more information on why we are requesting a rate change at emblemhealth.com/2023_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: Account Services
55 Water Street
New York, NY 10041

Phone: **866-614-6040 (TTY: 711)**
Website: emblemhealth.com/2023_rates

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.
2. The name of your plan.
3. Whether you have individual or group coverage.
4. Your HIOS Plan ID number, which is 20984NY0520001.

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

(Continued)

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:

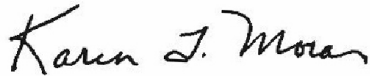
EmblemHealth website: emblemhealth.com/2023_rates

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 rates noted above, you will receive final rate information at least 60 days before your 2023 renewal date.

Sincerely,



Karen Moran

Senior Vice President, Commercial Product and Strategy



55 Water Street, New York, NY 10041-8190

Important plan information

June 10, 2022

**Re: Notice of Proposed Premium Rate Change
Gold Virtual EPO-M**

Health Insurance Oversight System (HIOS) Plan ID number 20984NY0600001

Dear XXXXXX,

EmblemHealth Insurance Company (EHIC) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2023. 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 listed in the chart below.

Your Renewal Date:	Requested Increase Applied to Your 2022 Rate:
January to March 2023	65.3%
April to June 2023	66.4%
July to September 2023	67.5%
October to December 2023	68.7%

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.

(Continued)

Why We Are Requesting a Rate Change

The requested increase is due to the rising cost of providing care to our members. As you know, the cost of hospital stays, prescription drugs, and other health services continues to go up. Each of these costs drives premiums. We want to assure you that we are mindful of the impact increases in premiums can have on you and your family, and we are taking every step to ensure that you have access to affordable, high-quality coverage.

You can find more information on why we are requesting a rate change at emblemhealth.com/2023_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: Account Services
55 Water Street
New York, NY 10041

Phone: **866-614-6040 (TTY: 711)**
Website: emblemhealth.com/2023_rates

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.
2. The name of your plan.
3. Whether you have individual or group coverage.
4. Your HIOS Plan ID number, which is 20984NY0600001.

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

(Continued)

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:

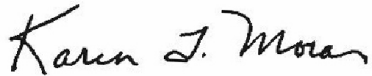
EmblemHealth website: emblemhealth.com/2023_rates

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 rates noted above, you will receive final rate information at least 60 days before your 2023 renewal date.

Sincerely,



Karen Moran

Senior Vice President, Commercial Product and Strategy



55 Water Street, New York, NY 10041-8190

Important plan information

June 10, 2022

**Re: Notice of Proposed Premium Rate Change
Gold Virtual EPO-N**

Health Insurance Oversight System (HIOS) Plan ID number 20984NY0680001

Dear XXXXXX,

EmblemHealth Insurance Company (EHIC) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2023. 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 listed in the chart below.

Your Renewal Date:	Requested Increase Applied to Your 2022 Rate:
January to March 2023	43.7%
April to June 2023	44.7%
July to September 2023	45.6%
October to December 2023	46.6%

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.

(Continued)

Why We Are Requesting a Rate Change

The requested increase is due to the rising cost of providing care to our members. As you know, the cost of hospital stays, prescription drugs, and other health services continues to go up. Each of these costs drives premiums. We want to assure you that we are mindful of the impact increases in premiums can have on you and your family, and we are taking every step to ensure that you have access to affordable, high-quality coverage.

You can find more information on why we are requesting a rate change at emblemhealth.com/2023_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: Account Services
55 Water Street
New York, NY 10041

Phone: **866-614-6040 (TTY: 711)**
Website: emblemhealth.com/2023_rates

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.
2. The name of your plan.
3. Whether you have individual or group coverage.
4. Your HIOS Plan ID number, which is 20984NY0680001.

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

(Continued)

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:

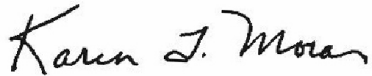
EmblemHealth website: emblemhealth.com/2023_rates

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 rates noted above, you will receive final rate information at least 60 days before your 2023 renewal date.

Sincerely,



Karen Moran

Senior Vice President, Commercial Product and Strategy



55 Water Street, New York, NY 10041-8190

Important plan information

June 10, 2022

**Re: Notice of Proposed Premium Rate Change
Platinum PPO-N**

Health Insurance Oversight System (HIOS) Plan ID number 20984NY0440001

Dear XXXXXX,

EmblemHealth Insurance Company (EHIC) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2023. 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 listed in the chart below.

Your Renewal Date:	Requested Increase Applied to Your 2022 Rate:
January to March 2023	45.7%
April to June 2023	46.7%
July to September 2023	47.7%
October to December 2023	48.8%

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.

(Continued)

Why We Are Requesting a Rate Change

The requested increase is due to the rising cost of providing care to our members. As you know, the cost of hospital stays, prescription drugs, and other health services continues to go up. Each of these costs drives premiums. We want to assure you that we are mindful of the impact increases in premiums can have on you and your family, and we are taking every step to ensure that you have access to affordable, high-quality coverage.

You can find more information on why we are requesting a rate change at emblemhealth.com/2023_rates.

30-day Comment Period

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You can contact EmblemHealth for additional information at:

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Attn: Account Services
55 Water Street
New York, NY 10041

Phone: **866-614-6040 (TTY: 711)**
Website: emblemhealth.com/2023_rates

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.
2. The name of your plan.
3. Whether you have individual or group coverage.
4. Your HIOS Plan ID number, which is 20984NY0440001.

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

(Continued)

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:

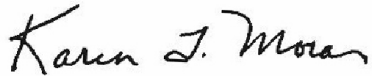
EmblemHealth website: emblemhealth.com/2023_rates

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 rates noted above, you will receive final rate information at least 60 days before your 2023 renewal date.

Sincerely,



Karen Moran

Senior Vice President, Commercial Product and Strategy



ATTENTION: Language assistance services, free of charge, are available to you. Call **1-877-411-3625** (TTY/TDD: **711**).

Español (Spanish)

ATENCIÓN: Usted tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al **1-877-411-3625** (TTY/TDD: **711**).

中文 (Chinese)

注意：我們免費提供相關的語言協助服務。請致電 **1-877-411-3625** (TTY/TDD: **711**)。

Русский (Russian)

ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-877-411-3625** (служба текстового телефона TTY/TDD: **711**).

Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-877-411-3625** (TTY/TDD: **711**).

한국어 (Korean)

주의: 귀하에게 언어 지원 서비스가 무료로 제공됩니다. **1-877-411-3625**(TTY/TDD: **711**)번으로 전화하십시오.

Italiano (Italian)

ATTENZIONE: sono disponibili servizi gratuiti di assistenza linguistica. Chiami il numero **1-877-411-3625** (TTY/TDD: **711**).

אידיש (Yiddish)

אכטונג: שפראך הילף סערוויסעס, אהן קיין פרייז, זיינען דא צו באקומען פאר אייך. רופט **1-877-411-3625** (TTY/TDD: **711**).

বাংলা (Bengali)

মনোযোগ দিন: ভাষা সহায়তা পরিষেবাগুলি আপনার জন্য বিনামূল্যে উপলব্ধ আছে। **1-877-411-3625** (TTY/TDD: **711**) নম্বরে ফোন করুন।

Polski (Polish)

UWAGA: dostępna jest bezpłatna pomoc językowa. Prosimy zadzwonić pod numer **1-877-411-3625** (TTY/TDD: **711**).

العربية (Arabic)

يرجى الانتباه: تتوفر لك خدمات المساعدة اللغوية مجاناً، اتصل على الرقم **1-877-411-3625** أو (TTY/TDD: **711**).

Français (French)

ATTENTION : une assistance d'interprétation gratuite est à votre disposition. Veuillez composer le **1-877-411-3625** (TTY/TDD : **711**).

اردو (Urdu)

وجہ دیں: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ 1-877-411-3625 (TTY/TDD: 711) پر کال کریں۔

Tagalog (Tagalog)

NANANAWAGAN NG PANSIN: Mayroon kang magagamit na mga serbisyo para sa tulong sa wika nang walang bayad. Tawagan ang 1-877-411-3625 (TTY/TDD: 711).

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε το 1-877-411-3625 (για άτομα με προβλήματα ακοής (TTY/TDD): 711).

Shqip (Albanian)

VINI RE: Shërbime ndihmore për gjuhën, falas, janë në dispozicionin tuaj. Telefononi në 1-877-411-3625 (TTY/TDD: 711).

NOTICE OF NONDISCRIMINATION POLICY

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- Provides free aids and services to people with disabilities to help
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call member services at **1-877-411-3625 (TTY/TDD: 711)**.

If you believe that EmblemHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with EmblemHealth Grievance and Appeals Department, PO Box 2844, New York, NY 10116, or call member services at **1-877-411-3625**. (Dial **711** for TTY/TDD services.) You can file a grievance in person, by mail or by phone. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019**, (dial **1-800-537-7697** for TTY services).

Complaint forms are available at hhs.gov/ocr/office/file/index.html.