

<Date>

<Subscriber First Name> <Subscriber Last Name>
<Address 1 >
<Address 2 >
<City>, <State> <ZIP Code>

Notice of Premium Rate Change
<Group Name>, <Group # >; [<HIOS ID>]
THIS IS NOT A BILL

Dear <Subscriber First Name> <Subscriber Last Name> ,

Your employer's UnitedHealthcare¹ plan is scheduled to renew on <Effective Date>. New York State Department of Financial Services (DFS) has approved new premium rates for [2015]. Your [2015] rates are effective for 12 months beginning on <Effective Date>.

The information below shows your employer's current rates and approved renewal rates. These renewal rates show the total premiums your group must pay. Your employer will tell you how much you will pay.

MONTHLY PREMIUMS FOR <PLAN DESIGN NAME>

TIERS	CURRENT RATES	RENEWAL RATES
	Rate	Rate
Single	<Curr Single Rate>	<Renew Single Rate>
Couple	<Curr Couple Rate>	<Renew Couple Rate>
Parent/Children	<Curr P/CH Rate>	<Renew P/CH Rate>
Family	<Curr Fam Rate>	<Renew Fam Rate>

The rates listed above could change if (1) your employer makes benefit changes, (2) benefits are required to be added during the plan year and/or (3) your employer becomes a large group before renewal (has 50 or more eligible employees) and switches to a large group plan.

Please speak to your employer's benefit administrator for information about your contribution or for more information about the upcoming renewal.

Sincerely,



Louis DeStefano
Director
New York Sales and Account Management

¹ UnitedHealthcare insurance products are underwritten by UnitedHealthcare Insurance Company of New York.