*{Drafting note: The name of the Issuer should be clear in this notice. If the notice is sent out on stationery with headings that list an insurance group, the particular Issuer within the insurance group should be clearly identified.}*

**Notice of Renewal and 2022 Premium rates**

[Date]

Dear [Policyholder][Employer]:

Your group health insurance coverage is coming up for renewal. Your group policy will be automatically renewed on [Date] as long as your group continues to be eligible. Your group’s members will be automatically re-enrolled unless you choose another policy. Included are changes we’ll be making to your policy, the new premium for this policy, and some information about options if you wish to change policies.

**Premium rate changes:**

The premium rates for your health insurance policy are changing. The new rates will take effect on [Date]. The new rates [below][attached] have been approved by the New York State Department of Financial Services (DFS).

*{Drafting note: Issuer may choose the format for presenting rate information, which may appear within this section or as an attachment. The following rate information must be included.*

*Based on current employee enrollment:*

*• Current rate by rate tier*

*• New rate by rate tier*

*• Total current premium for the group*

*• To determine the approximate total new premium for your group just multiply your current enrollment by the new premium. (Issuers may wish to include this language: This will provide an estimate based on current enrollment of your group. This amount may change depending on the individuals who actually enroll in the policy.)}*

You may visit the DFS website at www.dfs.ny.gov for more information regarding this rate change. You may also contact [Issuer name; us] by calling [insert name and telephone number of Issuer customer assistance] [or via e-mail at [Issuer email address]] or via our website at [Issuer website address] for further information about this rate change.

**Other changes to your current health insurance policy:**

*{Drafting note: List changes to coverage or refer to an attachment that lists the changes, including:*

*• Name of new policy*

*• Benefit changes*

*• Cost-sharing changes}*

*{Drafting note: include the paragraph below when a change in coverage is solely related to the 2022 AV calculator.}*

**[Change in metal level:**

Plans are separated into four categories known as “metal levels” (Bronze, Silver, Gold or Platinum). The metal level is based on a plan’s actuarial value. Actuarial value is the average percentage of the cost of all essential health benefits the plan pays. The metal level of the plan you choose affects the total amount you will likely spend out-of-pocket for your benefits during the year (not including premiums). For instance, if you choose a Bronze plan, you will likely pay more out-of-pocket for deductibles, co-pays and other cost sharing than if you choose a Platinum plan. Please note that actuarial value is an estimate of your portion of the expenses for the whole year, unlike coinsurance, in which you pay a specific percentage of the cost of a particular service. The actuarial values for each metal level are:

Bronze 60%

Silver 70%

Gold 80%

Platinum 90%

In order to maintain the required actuarial value for your plan’s existing metal level in 2022, we are required to make changes to the cost-sharing provisions of the plan. The new cost-sharing is described above. You also have the option to choose another plan with lower cost-sharing. See “Coverage options” below.]

**Coverage options:**

If you do not want your group’s current policy to automatically renew, you have the option of choosing a different policy either from [Issuer name; us] or from another insurer. *{Drafting note: Issuer is permitted to include details here about how to choose a different policy from Issuer}* You may purchase a new policy from us or another insurer directly, or with the help of a broker or agent.

You may request a NYS Small Business employer eligibility determination through the NY State of Health Small Business Marketplace (the “Marketplace”) by going to www.nystateofhealth.ny.gov. If your employees enroll in a Marketplace certified policy offered through a variety of different insurance companies [including [Issuer name; us]]; and if you meet all the required IRS guidelines, this Marketplace eligibility determination allows employers to access the federal small business health care tax credit.

You can only get the federal small business health care tax credit if the Marketplace determines that you are an eligible employer and only if your employees enroll in a Marketplace certified insurance policy. [Please note that [Issuer name] does not offer a Marketplace certified policy.]

You generally can buy coverage for a group at any time throughout the year, but to avoid gaps in coverage, you should enroll [on or before [Date]; at least [insert time frame] before your renewal date of [Date]].

**Before you decide:**

Call the insurer or visit the insurer’s website to check which doctors, other healthcare providers and prescription medications are covered by the new policy. This is an important step in selecting a policy that best meets the needs of your group. [If you are considering a new policy from [Issuer name; us], our website address is [Issuer website].]

**If you have questions:**

**•** Call [your broker or] [Issuer name, telephone number and hours of operation] or visit our website at [Issuer website].

• Visit www.nystateofhealth.ny.gov to learn more about the NY State of Health Small Business Marketplace, or call Marketplace Customer Service at 1-855-355-5777.

**Getting help in other languages:**

Para obtener asistencia en Español, llame al [Issuer contact information]. *{Drafting note: This statement must appear in Spanish and may also be provided in other languages.}*

[Insert signature of issuer representative]

*{Drafting note: In addition to providing this renewal and rate notice to group policyholders, Issuers are also required to notify certificate holders of the rate change approved by DFS. An Issuer may delegate to the group policyholder the distribution of the rate change notices to the certificate holders if the group policyholder agrees. If an Issuer chooses to delegate the distribution of the rate change notice, this renewal notice to the group policyholder should include the following (Issuers may delete the second sentence beginning with “If you wish…” for groups that have already agreed to provide the notice to employees):}*

[Please communicate this information to the individual subscribers who receive coverage through this group policy. [If you wish to have [Issuer name; us] notify your [subscribers; members; employees] directly, please notify [us; your account representative] within three (3) days of receipt of this notice.] A sample member notification is enclosed with this mailing. We recommend that you provide any additional information with this notice, such as expected changes in employee contribution levels, that may help your employees better understand their health coverage costs.]

*{Please note, it remains Issuer’s responsibility to ensure that the notification of final rates is delivered to certificate holders at least 60 days prior to the effective date of the rate change.}*