{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 2023 Premium rates**

[Date]

Dear [Policyholder]

Your health insurance coverage is coming up for renewal. Your current coverage will be automatically renewed on January 1, 2023, as long as you continue to be eligible, 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 change:**

The premium rate for your health insurance policy is changing. The new rate will take effect on January 1, 2023. The new rate [below; attached] has been approved by the New York State Department of Financial Services (DFS).

*{Drafting note: The 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.}*

Monthly premium rate for [policy name]:

Current rate: [$$] New rate: [$$]

You may visit the DFS website at www.dfs.ny.gov for more information regarding this rate change. You may also contact [Issuer name] 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 2023 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 on out of pocket costs 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 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 2023, 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 current policy to automatically renew, you have the option of choosing a different policy either from [Issuer name] or from another insurer. *{Drafting note: The Issuer is permitted to include details here about how to choose a different policy from the Issuer}* You may purchase a new policy directly from the insurer, or with the help of a broker or agent.

You may also purchase a new policy through the NY State of Health, New York’s Official Health Plan Marketplace (the “Marketplace”). The Marketplace offers a variety of coverage options from a number of insurers [including [Issuer name]]. If you are eligible for premium tax credits or assistance reducing deductibles, co-pays and other cost-sharing, your monthly premium may be reduced when you purchase a policy through the Marketplace. You or your family may also qualify for Medicaid, the Child Health Plus (CHP), or the Essential Plan through the Marketplace. If you qualify for lower monthly premiums or lower out-of-pocket costs, you can get those savings only if you enroll in a policy through the Marketplace.

**Before you decide to change policies:**

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

**When you need to decide:**

If you want to keep your present policy, you don’t need to do anything except pay the new premium.

If you want to enroll in a different policy, the Open Enrollment period for 2023 plans runs from November 1, 2022 to January 31, 2023. If you do not enroll during this Open Enrollment period, you will **not** be eligible to change policies until the next annual Open Enrollment Period, unless you have a qualifying event (for example, get married or have a baby). To avoid gaps in coverage, and to be covered on January 1, 2023, you must enroll in a policy by December 15, 2022 and the premium for the new policy must be received by the insurance company before January 1, 2023.

**If you have questions:**

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

• To learn more about the NY State of Health Marketplace, visit www.nystateofhealth.ny.gov, or call the 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]