

Sample Employee Letter

December 30, 2010

<<SUB FIRST NAME>> <<SUB LAST NAME>>
<<street Address
<<City>>, <<State>> <<ZIP>>

RE: Attached Notice of Discontinuance

Dear << SUB First Name>> << SUB Last Name>>:

At MVP Health Care, we strive to provide the best possible service and highest quality benefit plans.

We are sending you this letter to let you know that MVP Health Plan, Inc. (MVP) will no longer offer the schedule of benefits you currently have as of << Anniver_Month>>. This will not affect your coverage prior to << Anniver_Month>>. MVP has also contacted your employer and we will provide your employer with other group health insurance coverage options prior to << Anniver_Month>>.

There is no need to contact MVP about this letter or the attached notice as we will work with your employer to identify other coverage options before << Anniver_Month>>.

We appreciate the opportunity to help you and your family to “take on life and live well,” and look forward to serving you in the future.

Sincerely,

Chris Henchey
Chief Operating Officer/Executive Vice President
MVP Health Plan, Inc.

Enclosure: Notice of Discontinuance

IMPORTANT LEGAL DOCUMENT
The following notice affects your health care coverage

NOTICE OF DISCONTINUANCE

December 30, 2010

Dear <<Subscriber First Name>> <<Subscriber Last Name>>:

This Notice of Discontinuance pertains to your current health benefit plan issued by MVP Health Plan, Inc. and MVP Health Insurance Company (“MVP”).

MVP SHALL, PURSUANT TO SECTION 4305(j)(3)(A)(i) OF THE NEW YORK STATE INSURANCE LAW AND THE TERMS AND CONDITIONS OF YOUR GROUP CONTRACT AND CERTIFICATE OF COVERAGE, DISCONTINUE YOUR CURRENT SCHEDULE OF BENEFITS AT THE END OF THE CALENDAR DAY ON << Last Day Before Anniversary>>.

This means that your coverage provided by your current health benefit plan will terminate at the end of the calendar day on << Last Day Before Anniversary>>. Your employer will have the opportunity to purchase any available plan from MVP. Your health benefits administrator should be able to tell you which plan(s) will be offered to you.

MVP is required to advise you of your conversion coverage rights. If your employer does not replace your coverage you have the right to purchase an individual contract from MVP. Please refer to the “Post Termination” section of your Certificate of Coverage.

If you have any questions about this notice, please contact our Customer Care Center at 1-888-687-6277 between 8:00 a.m. and 8:00 p.m., Monday through Friday, and Saturday from 8:00 a.m. to 4:00 p.m.

Sincerely,

David W. Olikier
President/CEO
MVP Health Plan, Inc.