

[Humana  
P.O. Box 14168  
Lexington, KY 40512-4168]

[Date]

[Member Name]  
[Address]  
[City, State, Zip]

Member ID: [UMID]

### **Important Information About Your Plan**

[Dear Member Name]:

Thank you for having a Humana Medicare Supplement insurance plan. We know you have choices and we're glad you chose us.

We're writing to let you know about an update to your plan. The State of New York now requires insurers to send written notice of proposed rate changes to its affected members. You must receive this notice by the date we submit the rate filing to the state for review.

We're preparing to submit a rate filing to the New York State Insurance Department. The rate change requested is [0.0%]. We'll send a notice of your actual rate change at least [60] days before it takes effect.

You can request details or submit comments about the rate change within 30 days of this notice. To do so, please contact:

[Charles Lovejoy or James Carroll  
Health Bureau  
New York State Insurance Department  
25 Beaver St.  
New York, NY 10004  
PremiumRateIncreases@ins.state.ny.us  
1-800-342-3736]

Or

[Humana  
P.O. Box 14168  
Lexington, KY 40512-4168]

You can also contact us through email: **go to [www.humana.com](http://www.humana.com), log into or register your account and select my messages on top of page.**

Sincerely,

[Medicare Customer Service]  
NYA0CKHES

**PS:** Again, thank you for choosing Humana. We look forward to serving you for many years to come.

Medicare Supplement insurance plans issued by Humana Insurance Company of New York

[MS0039/Rev001]