

[Date]

[Member Name]

[Address]

[City, State, Zip Code]

RE: Notice of State-Mandated Premium Rate Adjustment

Dear [Member Name],

This letter is to inform you of an upcoming change to your health insurance premium for your coverage under [Plan Name].

Effective [Effective Date], your monthly premium will increase from \$[Current Amount] to \$[New Amount].

Reason for Increase

This adjustment is the result of state-mandated changes to health insurance requirements. Specifically, this increase is driven by [State Law/Regulation Name or Number], which requires [brief description of mandated benefit or tax]. These requirements apply to all health plans of this type within the state of [State Name].

Your Options

You do not need to take any action if you wish to continue your coverage at the new rate. However, you may also have the following options:

- Review alternative plans during the next open enrollment period.
- Contact our member services department to discuss lower-cost plan alternatives.
- Check your eligibility for subsidies or financial assistance through the state exchange.

If you have questions regarding this state-mandated increase, please contact our Customer Service department at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Name/Department]

[Insurance Company Name]