

State: New York Filing Company: Empire Health Choice Assurance, Inc.
 TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
 Product Name: SG PPO & SG EPO - 2Q13
 Project Name/Number: 2Q13 RATE FILING - SG PPO & SG EPO ARTICLE 42/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Initial Notice of Proposed Rate Adjustment		
Comments:	Attached are 2 letters and 4 rate impact grids. Each letter will be accompanied by one grid based on product and whether the group has drug.		
Attachment(s):	PPO1_2_RateGrid_WOrx_10812.pdf BCBS_GRP_Mem_Q2 2013 Notification_EPO.pdf BCBS_GRP_Mem_Q2 2013 Notification_PPO.pdf Essential_EPO_RateGrid_10812.pdf Essential_EPO_RateGrid_WOrx_10812.pdf PPO1_2_RateGrid_10812.pdf		

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IMPORTANT: Empire HealthChoice Assurance, Inc. Rate Changes Filing Q2 2013

Group Name: <Group Name>
Group's Renewal Date: <Group's Renewal Date>
Rate Effective Date: April 1, 2013 upon renewal

Small Group PPO Medical - All Regions and Tiers	
Policyholder Anniversary / Renewal Date	Rate Increase Requested
Between 04/01/2013 - 06/30/2013	15.4%
Between 07/01/2013 - 09/30/2013	16.8%
Between 10/01/2013 - 10/31/2013	18.2%
Between 11/01/2013 - 12/31/2013	17.4%
Between 01/01/2014 - 03/31/2014	18.8%

November 8, 2012

<Service Contact>
<Group Name>
<Street Address Line 1>
<Street Address Line 2>
<Street Address Line 3>
<City, State, ZIP Code>

IMPORTANT: Empire HealthChoice Assurance, Inc. Rate Changes Filing Q2 2013

Dear Group Benefits Administrator,

Each year rising medical costs, and the growing use of medical goods and services combine to drive health care costs higher. To cover these increasing costs, we must modify premium rates. We must also comply with a New York State insurance law that requires health insurance carriers to get approval from the New York Department of Financial Services (DFS) before changing premium rates.

What you need to know

New York State law requires that health insurance carriers provide an initial notice to you when we submit requests for premium rate changes to the DFS.

- The enclosed grid shows the requested rate change for the **Empire Essential EPO** product that you offer your employees.
- This submitted rate change request, pending DFS approval, is **effective starting 4/1/2013 upon renewal**.
- This rate change will apply to your <Group's Renewal Date> renewal.
- This rate increase application only impacts your base premium and drug premium rates, therefore, your rate increase may be higher or lower than this general rate, depending on any additional riders you may have chosen and the details of your plan.

Please note that the Superintendent may approve the proposed rate adjustment as requested, modify the proposed rate adjustment, or disapprove the proposed rate adjustment in its entirety. Therefore, the actual rate increase will not be available until approval is received. At that time, we will send you another notice. The second notice, which we will send to you at least 60 days prior to the effective date of the rate change, will include the approved rate changes.

What you need to do

Please share the enclosed memo and rate change grid with your employees who are enrolled in the **Empire Essential EPO** health plan. 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 this rate change filing notice.

Additional information

We have posted a narrative summary about our rate change request on empireblue.com/priorapproval, providing more detailed, plain English, summary of the factors which contribute to the rate change. This same summary is also available on the DFS website at <https://myportal.dfs.ny.gov/web/prior-approval/welcome>.

Questions and comments

You have 30 days from the date of our filing to contact Empire or the DFS to ask for more information about the rate change or to submit written comments. If you would like to know the dates of the 30 day comment period, or for any other questions, contact Empire via e-mail at premiumratechange@empireblue.com or by calling the GBA Contact Center at (866) 422-2583. Inquiries and comments to the DFS should include that your insurance company is Empire HealthChoice Assurance, Inc. and the line of business. Written comments submitted to the DFS will be posted on the website of the DFS with all personal identifying information removed. Comments may be submitted to the DFS online at www.dfs.ny.gov/insurance/health/prior_app/prior_app.htm or by contacting:

Department of Financial Services
Health Bureau-Premium Rate Adjustments
25 Beaver Street, New York, NY 10004
Email: PremiumRateIncreases@dfs.ny.gov

Your business and your employees' health and well-being are important to us.

Thank you for choosing Empire for your employee health benefits plan.

Sincerely,



Mark Wagar
President

November 8, 2012

IMPORTANT: Empire HealthChoice Assurance, Inc. Rate Changes Filing Q2 2013

Important news about your Empire health plan

We want to update you on a change we're planning to make to your Empire health plan. We've submitted a rate-change request to the New York Department of Financial Services (DFS) to raise the premium on your plan. If the request is approved, your rate would go up starting April 1, 2013 upon renewal.

We're making this rate change to offset higher health care costs caused by increases both in medical costs and in the demand for medical care. New York State law requires us to tell you when we've asked the DFS for a rate change. The law also says that we need to explain the proposed rate change to you.

What you need to know

- We've enclosed a grid showing the requested rate change for the **Empire Essential EPO** plan offered by your employer.
- This rate change request (if approved by the DFS) takes place on your annual renewal date, **which is on <Group's Renewal Date>**.

Please note that the Superintendent may approve the proposed rate adjustment as requested, modify the proposed rate adjustment, or disapprove the proposed rate adjustment in its entirety. Therefore, the actual rate increase will not be available until approval is received. At that time, we will send you another notice. The second notice, which we will send to you at least 60 days prior to the effective date of the rate change, will include the approved rate changes.

Please keep in mind that the details of your plan's cost-sharing are between you and your employer. So, the percentage change in your employee contribution may differ from the percentage listed on the enclosed grid. We'll send you a second notice about this rate-change at least 60 days prior to its start date (which is on or after April 1, 2013). This second notice will have the approved rate change.

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You may also reach the DFS at premiumrateincreases@dfs.ny.gov or (800) 342-3736. Thank you for choosing Empire for your health benefits plan.

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Mark Wagar, President

November 8, 2012

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What you need to know

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Group Name: <Group Name>
 Group's Renewal Date: <Group's Renewal Date>
 Rate Effective Date: April 1, 2013 upon renewal

Small Group Essential EPO Medical			
Policyholder Anniversary / Renewal Date	Region	Rate Increase Requested by Tier	
		Individual; Husband/Wife	Parent/Child(ren); Family
Between 04/1/2013 - 06/30/2013	All Regions	13.9%	
Between 07/1/2013 - 09/30/2013	All Regions	14.7%	
Between 10/1/2013 - 10/31/2013	Counties: Nassau, New York, Queens, and Suffolk	15.5%	
	Counties: Dutchess, Orange, Putnam, Sullivan, Ulster, Westchester, and Connecticut	15.5%	15.6%
	All Other Regions	15.6%	
Between 11/1/2013 - 12/31/2013	Counties: Bronx, Kings, Richmond, Rockland, New Jersey, Nassau, New York, Queens, Suffolk, Dutchess, Orange, Putnam, Sullivan, Ulster, Westchester, and Connecticut	14.7%	
	All Other Regions	14.8%	
Between 01/1/2014 - 03/31/2014	All Regions	15.6%	

Small Group Essential EPO Prescription Drug - All Regions and Tiers		
Policyholder Anniversary	Prescription Plan	Rate Increase Requested
Between 04/01/2013 - 06/30/2013	All Prescription Plans	13.1%
Between 07/01/2013 - 09/30/2013	All Prescription Plans	13.9%
Between 10/01/2013 - 12/31/2013	\$50 Rx Deductible; \$10/\$35/35% w/ \$10,000 Rx Out-of-Pocket Maximum	14.7%
	All Other Prescription Plans	14.8%
Between 01/01/2014 - 03/31/2014	All Prescription Plans	15.6%

Services provided by Empire HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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Group Name: <Group Name>
Group's Renewal Date: <Group's Renewal Date>
Rate Effective Date: April 1, 2013 upon renewal

Small Group Essential EPO Medical			
Policyholder Anniversary / Renewal Date	Region	Rate Increase Requested by Tier	
		Individual; Husband/Wife	Parent/Child(ren); Family
Between 04/1/2013 - 06/30/2013	All Regions	13.9%	
Between 07/1/2013 - 09/30/2013	All Regions	14.7%	
Between 10/1/2013 - 10/31/2013	Counties: Nassau, New York, Queens, and Suffolk	15.5%	
	Counties: Dutchess, Orange, Putnam, Sullivan, Ulster, Westchester, and Connecticut	15.5%	15.6%
	All Other Regions	15.6%	
Between 11/1/2013 - 12/31/2013	Counties: Bronx, Kings, Richmond, Rockland, New Jersey, Nassau, New York, Queens, Suffolk, Dutchess, Orange, Putnam, Sullivan, Ulster, Westchester, and Connecticut	14.7%	
	All Other Regions	14.8%	
Between 01/1/2014 - 03/31/2014	All Regions	15.6%	

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Group Name: <Group Name>
Group's Renewal Date: <Group's Renewal Date>
Rate Effective Date: April 1, 2013 upon renewal

Small Group PPO Medical - All Regions and Tiers	
Policyholder Anniversary / Renewal Date	Rate Increase Requested
Between 04/01/2013 - 06/30/2013	15.4%
Between 07/01/2013 - 09/30/2013	16.8%
Between 10/01/2013 - 10/31/2013	18.2%
Between 11/01/2013 - 12/31/2013	17.4%
Between 01/01/2014 - 03/31/2014	18.8%

Small Group PPO All Prescription Drug - All Regions and Tiers	
Policyholder Anniversary	Rate Increase Requested
Between 04/01/2013 - 06/30/2013	14.6%
Between 07/01/2013 - 09/30/2013	16.0%
Between 10/01/2013 - 12/31/2013	17.4%
Between 01/01/2014 - 03/31/2014	18.8%