

# **Excellus Health Plans, Inc**

**165 Court Street  
Rochester, NY 14647**

**Documentation in Support of  
New York State  
Section 4308(c) Rate Submission**

**Rate Notifications  
Effective January 1, 2013**

**June 26, 2012**

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## **Direct Pay Notifications**

June 28, 2012

Dear

State law requires health insurers to notify subscribers when they apply to the New York State Department of Financial Services for premium rate changes. This notice is sent to inform you that we are proposing rate changes for products offered in your service region as they are renewed between January 1, 2013 and December 1, 2013.

Please note that community rated products missing from this list may not be offered after December 31, 2012, and those impacted will be notified of the changes. Our request for approval of the rate changes will be submitted to the New York State Department of Financial Services on or about June 29, 2012, for use beginning on your annual renewal date in **2013**.

<b>Rochester Region - Quarter 1 / 2013 Requested Rate Change</b>	
<b>Product Type</b>	<b>% Change Requested</b>
Medicare Supplemental	0.0%
Medicare Complementary	0.0%
Healthy New York	3.6%
ValuMed / ValuMed Plus	14.1%
Direct Pay HMO & POS	-3.4%

Because the Department must approve all community rates, the actual changes will not be available until approval is received. 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. In addition to this mailing, another notice with the actual rate changes will be sent to you 60 days prior to the rate change effective date advising you of the rate change approved by the Department.

The law also provides the opportunity for you to submit written comments regarding the proposed rate changes within 30 days from the date we submit our rate filing application. Note that any written comments submitted will be posted to the Department's website, with personal identifying information removed. Please be sure to identify "Excellus Health Plan, Inc." and its dba, "Excellus BlueCross BlueShield" as your insurer in the comments.

Send mail to: Health Bureau-Premium Rate Adjustments, New York State Department of Financial Services, 25 Beaver Street, New York, NY 10004

- By email: [PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)
- Or online:  
[http://www.dfs.ny.gov/insurance/health/prior\\_app/prior\\_app\\_comment.htm#online](http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_comment.htm#online)

You may also send comments directly to us or contact us with any questions regarding the start and conclusion of the 30 day comment period. To contact us:

- Send mail to the return address at the top of this letter
- Call the phone number on your subscriber identification card

To review a detailed narrative describing this year's premium rate filing, please go to our website at [excellusbcbcs.com/member/rates](http://excellusbcbcs.com/member/rates) or to the Department of Financial Services website at <http://www.dfs.ny.gov>.

Please be assured that Excellus BlueCross BlueShield works to provide value to our members. Our administrative costs compare favorably with other health plans, and our health plan consistently ranks high in surveys for quality and member satisfaction. Helping our subscribers live a healthier lifestyle is one of the best ways to keep health care costs as low as possible, and we're proud to offer all of our subscribers access to resources, tools and support through [excellusbcbcs.com](http://excellusbcbcs.com).

Sincerely,



James R. Reed  
Senior Vice President, Marketing and Sales

June 28, 2012

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<b>Syracuse Region - Quarter 1 / 2013 Requested Rate Change</b>	
<b>Product Type</b>	<b>% Change Requested</b>
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Medicare Complementary	0.0%
Healthy New York	3.6%
ValuMed Plus	14.1%
Direct Pay HMO & POS	-3.4%

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- Or online:  
[http://www.dfs.ny.gov/insurance/health/prior\\_app/prior\\_app\\_comment.htm#online](http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_comment.htm#online)

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Medicare Supplemental	0.0%
Medicare Complementary	0.0%
Healthy New York	3.6%
ValuMed Plus	14.1%
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- By email: [PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)
- Or online:  
[http://www.dfs.ny.gov/insurance/health/prior\\_app/prior\\_app\\_comment.htm#online](http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_comment.htm#online)

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Sincerely,



James R. Reed  
Senior Vice President, Marketing and Sales

June 28, 2012

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<b>Univera - Quarter 1 / 2013 Requested Rate Change</b>	
<b>Product Type</b>	<b>% Change Requested</b>
Medicare Supplemental	0.0%
Healthy New York	3.6%
Transitions	14.1%
Direct Pay HMO & POS	-3.4%

Because the Department must approve all community rates, the actual changes will not be available until approval is received. 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. In addition to this mailing, another notice with the actual rate changes will be sent to you 60 days prior to the rate change effective date advising you of the rate change approved by the Department.

The law also provides the opportunity for you to submit written comments regarding the proposed rate changes within 30 days from the date we submit our rate filing application. Note that any written comments submitted will be posted to the Department's website, with personal identifying information removed. Please be sure to identify "Excellus Health Plan, Inc." and its dba, "Univera Healthcare" as your insurer in the comments.

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- By email: [PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)
- Or online:  
[http://www.dfs.ny.gov/insurance/health/prior\\_app/prior\\_app\\_comment.htm#online](http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_comment.htm#online)

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- Send mail to the return address at the top of this letter
- Call the phone number on your subscriber identification card

To review a detailed narrative describing this year's premium rate filing, please go to our website at [univerahealthcare.com/member/rates](http://univerahealthcare.com/member/rates) or to the Department of Financial Services website at <http://www.dfs.ny.gov>.

Please be assured that Univera Healthcare works to provide value to our members. Our administrative costs compare favorably with other health plans, and our health plan consistently ranks high in surveys for quality and member satisfaction. Helping our subscribers live a healthier lifestyle is one of the best ways to keep health care costs as low as possible, and we're proud to offer all of our subscribers access to resources, tools and support through [univerahealthcare.com](http://univerahealthcare.com).

Sincerely,



Arthur G. Wingerter  
President

Dear Kay:

State law requires health insurers to notify subscribers when they apply to the New York State Department of Financial Services for premium rate changes. This notice is sent to inform you that we are proposing rate changes for products offered in your service region as they are renewed between January 1, 2013 and December 1, 2013.

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**Region:** Rochester      **Renewal Quarter:** Quarter 1

Class: A100 - All Actives

Package: 163781 - Blue Choice 25      Proposed % Change: 6.30%

Because the Department must approve all community rates, the actual changes will not be available until approval is received. 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. In addition to this mailing, another notice with the actual rate changes will be sent to you 60 days prior to the rate change effective date advising you of the rate change approved by the Department.

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- By email: [PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)
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[http://www.dfs.ny.gov/insurance/health/prior\\_app/prior\\_app\\_comment.htm#online](http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_comment.htm#online)

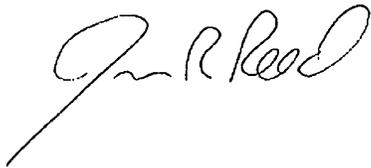
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Please be assured that Excellus BlueCross BlueShield works to provide value to our members. Our administrative costs compare favorably with other health plans, and our health plan consistently ranks high in surveys for quality and member satisfaction. Helping our subscribers live a healthier lifestyle is one of the best ways to keep health care costs as low as possible, and we're proud to offer all of our subscribers access to resources, tools and support through [excellusbcbs.com](http://excellusbcbs.com).

Sincerely,



James R. Reed  
Senior Vice President, Marketing and Sales

## **Group Notifications**

June 28, 2012

Dear Group Administrator:

State law requires health insurers to notify employer groups and subscribers when they apply to the New York State Department of Financial Services for premium rate changes. This notice is sent to inform you that we are proposing rate changes for your products as indicated below for plans renewing between January 1, 2013 and December 1, 2013.

Please note that community rated products missing from this list may not be offered after December 31, 2012, and those impacted will be notified of the changes. Our request for approval of the rate changes will be submitted to the New York State Department of Financial Services on or about June 29, 2012, for use beginning on your annual renewal date in **2013**.

<b>Rochester Region - Quarter 1 / 2013 Requested Rate Change</b>	
<b>Product Type</b>	<b>% Change Requested</b>
Medicare Supplemental	0.0%
Healthy New York	3.6%
Vision	12.5%
Commercial HMO - Large Group	6.3%
Commercial HMO - Small Group and Sole Proprietor	12.5%

Because the Department must approve all community rates, the actual changes will not be available until approval is received. 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. In addition to this mailing, another notice with the actual rate changes will be sent to you 60 days prior to the rate change effective date advising you of the rate change approved by the Department.

If your group's rate renewal date is during October, November or December 2012, please note that the requested rate changes in this notice are for your policy renewal date in October, November or December 2013. You will receive notices approximately 60 days prior to your 2012 renewal date advising you of the previously approved 2012 rate changes.

The law also provides the opportunity for you to submit written comments regarding the proposed rate changes within 30 days from the date we submit our rate filing application. Note that any written comments submitted will be posted to the Department's website, with personal identifying information removed. Please be sure to identify "Excellus Health Plan, Inc." and its dba, "Excellus BlueCross BlueShield" as your insurer in the comments.

Send mail to: Health Bureau-Premium Rate Adjustments, New York State Department of Financial Services, 25 Beaver Street, New York, NY 10004

- By email: [PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)
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[http://www.dfs.ny.gov/insurance/health/prior\\_app/prior\\_app\\_comment.htm#online](http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_comment.htm#online)

You may also send comments directly to us or contact us with any questions regarding the start and conclusion of the 30 day comment period. To contact us:

- Send mail to the return address at the top of this letter,
- Call your group sales representative

To review a detailed narrative describing this year's premium rate filing, please go to our website at [excellusbcs.com/employer/rates](http://excellusbcs.com/employer/rates) or to the Department of Financial Services website at <http://www.dfs.ny.gov>.

Please be assured that Excellus BlueCross BlueShield works to provide value to our members. Our administrative costs compare favorably with other health plans, and our health plan consistently ranks high in surveys for quality and member satisfaction. Helping our subscribers live a healthier lifestyle is one of the best ways to keep health care costs as low as possible, and we're proud to offer all of our subscribers access to resources, tools and support through [excellusbcs.com](http://excellusbcs.com). If the rate adjustment for your current product does not meet your budget, we offer a wide variety of other products at prices that may fit your needs.

Sincerely,



James R. Reed  
Senior Vice President, Marketing and Sales

June 28, 2012

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<b>Syracuse Region - Quarter 1 / 2013 Requested Rate Change</b>	
<b>Product Type</b>	<b>% Change Requested</b>
Medicare Supplemental	0.0%
Healthy New York	3.6%
Commercial HMO	12.3%

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If your group's rate renewal date is during October, November or December 2012, please note that the requested rate changes in this notice are for your policy renewal date in October, November or December 2013. You will receive notices approximately 60 days prior to your 2012 renewal date advising you of the previously approved 2012 rate changes.

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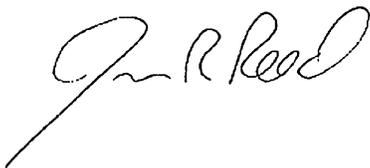
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<b>Utica Region - Quarter 1 / 2013 Requested Rate Change</b>	
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Healthy New York	3.6%
Commercial HMO	12.5%

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Healthy New York	3.6%
Commercial HMO	11.8%

Because the Department must approve all community rates, the actual changes will not be available until approval is received. 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. In addition to this mailing, another notice with the actual rate changes will be sent to you 60 days prior to the rate change effective date advising you of the rate change approved by the Department.

If your group's rate renewal date is during October, November or December 2012, please note that the requested rate changes in this notice are for your policy renewal date in October, November or December 2013. You will receive notices approximately 60 days prior to your 2012 renewal date advising you of the previously approved 2012 rate changes.

The law also provides the opportunity for you to submit written comments regarding the proposed rate changes within 30 days from the date we submit our rate filing application. Note that any written comments submitted will be posted to the Department's website, with personal identifying information removed. Please be sure to identify "Excellus Health Plan, Inc." and its dba, "Univera Healthcare" as your insurer in the comments.

Send mail to: Health Bureau-Premium Rate Adjustments, New York State Department of Financial Services, 25 Beaver Street, New York, NY 10004

- By email: [PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)
- Or online:  
[http://www.dfs.ny.gov/insurance/health/prior\\_app/prior\\_app\\_comment.htm#online](http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_comment.htm#online)

You may also send comments directly to us or contact us with any questions regarding the start and conclusion of the 30 day comment period. To contact us:

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To review a detailed narrative describing this year's premium rate filing, please go to our website at [univerahealthcare.com/employer/rates](http://univerahealthcare.com/employer/rates) or to the Department of Financial Services website at <http://www.dfs.ny.gov>.

Please be assured that Univera Healthcare works to provide value to our members. Our administrative costs compare favorably with other health plans, and our health plan consistently ranks high in surveys for quality and member satisfaction. Helping our subscribers live a healthier lifestyle is one of the best ways to keep health care costs as low as possible, and we're proud to offer all of our subscribers access to resources, tools and support through [univerahealthcare.com](http://univerahealthcare.com). If the rate adjustment for your current product does not meet your budget, we offer a wide variety of other products at prices that may fit your needs.

Sincerely,



Arthur G. Wingerter  
President

June 28, 2012

Dear Group Administrator:

State law requires health insurers to notify employer groups and subscribers when they apply to the New York State Department of Financial Services for premium rate changes. This notice is sent to inform you that we are proposing rate changes for your products as indicated below for plans renewing between January 1, 2013 and December 1, 2013.

Please note that community rated products missing from this list may not be offered after December 31, 2012, and those impacted will be notified of the changes. Our request for approval of the rate changes will be submitted to the New York State Department of Financial Services on or about June 29, 2012, for use beginning on your annual renewal date in **2013**.

**Region:** Rochester      **Renewal Quarter:** Quarter 1

Class: A001 - All Actives

Package: 121616 - HealthyBlue Copay Plan      Proposed % Change: 10.40%

HB, C 25/40, 0%/20%, IP 500, ER 250, EQ

Package: 121617 - HealthyBlue Copay Plan      Proposed % Change: 10.60%

HB, C 30/50, 0%/20%, IP 500, ER 250, EQ

Package: 173220 - SimplyBlue Copay Plan      Proposed % Change: 9.80%

SB, C 15/25, 0%/20%, IP \$150, ER \$75, EQ

Package: 173237 - SimplyBlue Copay Plan      Proposed % Change: 10.10%

SB, C 25/40, 0%/20%, IP \$150, ER \$75, EQ

Because the Department must approve all community rates, the actual changes will not be available until approval is received. 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. In addition to this mailing, another notice with the actual rate changes will be sent to you 60 days prior to the rate change effective date advising you of the rate change approved by the Department.

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The law also provides the opportunity for you to submit written comments regarding the proposed rate changes within 30 days from the date we submit our rate filing application. Note that any written comments submitted will be posted to the Department's website, with personal identifying information removed. Please be sure to identify "Excellus Health Plan, Inc." and its dba, "Excellus BlueCross BlueShield" as your insurer in the comments.

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- By email: [PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)
- Or online:  
[http://www.dfs.ny.gov/insurance/health/prior\\_app/prior\\_app\\_comment.htm#online](http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_comment.htm#online)

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- Call your group sales representative

To review a detailed narrative describing this year's premium rate filing, please go to our website at [excellusbcs.com/employer/rates](http://excellusbcs.com/employer/rates) or to the Department of Financial Services website at <http://www.dfs.ny.gov>.

Please be assured that Excellus BlueCross BlueShield works to provide value to our members. Our administrative costs compare favorably with other health plans, and our health plan consistently ranks high in surveys for quality and member satisfaction. Helping our subscribers live a healthier lifestyle is one of the best ways to keep health care costs as low as possible, and we're proud to offer all of our subscribers access to resources, tools and support through [excellusbcs.com](http://excellusbcs.com). If the rate adjustment for your current product does not meet your budget, we offer a wide variety of other products at prices that may fit your needs.

Sincerely,



James R. Reed  
Senior Vice President, Marketing and Sales

June 28, 2012

Dear Group Administrator:

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<b>Utica Region - Quarter 2 / 2013 Requested Rate Change</b>	
<b>Product Type</b>	<b>% Change Requested</b>
Commercial HMO	12.5%

Because the Department must approve all community rates, the actual changes will not be available until approval is received. 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. In addition to this mailing, another notice with the actual rate changes will be sent to you 60 days prior to the rate change effective date advising you of the rate change approved by the Department.

If your group's rate renewal date is during October, November or December 2012, please note that the requested rate changes in this notice are for your policy renewal date in October, November or December 2013. You will receive notices approximately 60 days prior to your 2012 renewal date advising you of the previously approved 2012 rate changes.

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<b>Utica Region - Quarter 3 / 2013 Requested Rate Change</b>	
<b>Product Type</b>	<b>% Change Requested</b>
Commercial HMO	12.5%

Because the Department must approve all community rates, the actual changes will not be available until approval is received. 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. In addition to this mailing, another notice with the actual rate changes will be sent to you 60 days prior to the rate change effective date advising you of the rate change approved by the Department.

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<b>Utica Region - Quarter 4 / 2013 Requested Rate Change</b>	
<b>Product Type</b>	<b>% Change Requested</b>
Commercial HMO	12.5%

Because the Department must approve all community rates, the actual changes will not be available until approval is received. 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. In addition to this mailing, another notice with the actual rate changes will be sent to you 60 days prior to the rate change effective date advising you of the rate change approved by the Department.

If your group's rate renewal date is during October, November or December 2012, please note that the requested rate changes in this notice are for your policy renewal date in October, November or December 2013. You will receive notices approximately 60 days prior to your 2012 renewal date advising you of the previously approved 2012 rate changes.

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<b>Univera - Quarter 2 / 2013 Requested Rate Change</b>	
<b>Product Type</b>	<b>% Change Requested</b>
Commercial HMO	11.8%

Because the Department must approve all community rates, the actual changes will not be available until approval is received. 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. In addition to this mailing, another notice with the actual rate changes will be sent to you 60 days prior to the rate change effective date advising you of the rate change approved by the Department.

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Sincerely,



Arthur G. Wingerter  
President

June 28, 2012

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<b>Univera - Quarter 4 / 2013 Requested Rate Change</b>	
<b>Product Type</b>	<b>% Change Requested</b>
Commercial HMO	11.8%

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<b>Univera - Quarter 3 / 2013 Requested Rate Change</b>	
<b>Product Type</b>	<b>% Change Requested</b>
Commercial HMO	11.8%

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Sincerely,



Arthur G. Wingerter  
President

## **Large and Diverse Association Notifications**



«COMPANY»  
«ADDRESS1»  
«ADDRESS2»  
«CITY», «STATE» «ZIP»

June 28, 2012

Dear SSA Member:

Health insurers in New York state are required to submit their intended premium rates to the New York State Department of Financial Services (NYSDFS) for approval each year. These requests must be submitted in July to allow sufficient time to review all 2013 applications.

The insurance company gives SSA notice of the requested percentage rate change for January 1, 2013, prior to submitting their application to the NYSDFS and asks that we share this information with you.

Enclosed you will find the notification we received from the insurance company. In addition to the rate change request, the letter also provides information regarding your ability to request additional information from NYSDFS or the insurance carrier.

Anyone involved with the payment of premiums should receive notice of the insurance company's rate filing. Therefore, if you have employees who pay a portion of their health care premium, you should provide them a copy of the carrier's letter.

More information regarding the rate filing can be found on the websites outlined in the carrier's letter or you may call our Member Helpline at 1-800-909-2772.

As always, we thank you for giving SSA the opportunity to provide you with quality health care coverage.

Sincerely,

A handwritten signature in black ink that reads "Chad Bommer".

Chad Bommer  
Executive Vice President

«COV»

2457 State Rte. 7 | Ste1 | PO Box 340 | Cobleskill NY 12043-0340  
(800) 322-3920 | fax (518) 234-3026

165 Main Street | Oneida NY 13421-1642  
(315) 363-6584 | (800) 491-6584 | fax (315) 363-5486  
ssapayrollplus.com



«COMPANY»  
«ADDRESS1»  
«ADDRESS2»  
«CITY», «STATE» «ZIP»

June 28, 2012

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As always, we thank you for giving SSA the opportunity to provide you with quality health care coverage.

Sincerely,

A handwritten signature in black ink that reads "Chad Bommer". The signature is written in a cursive, slightly slanted style.

Chad Bommer  
Executive Vice President



A nonprofit independent licensee of the BlueCross BlueShield Association

165 Court Street  
Rochester, NY 14647  
www.excellusbcbs.com

June 28, 2012

Dear Group Administrator:

State law requires health insurers to notify employer groups and subscribers when they apply to the New York State Department of Financial Services for premium rate changes. This notice is sent to inform you that we are proposing rate changes for products offered by your employer when they are renewed between January 1, 2013 and December 1, 2013.

Our request for approval of the rate changes will be submitted to the New York State Department of Financial Services on or about June 29, 2012, for use beginning on your annual renewal date in **2013**.

<b>2013 Requested Rate Change</b>	
<b>Product Type</b>	<b>% Change Requested</b>
SSA	18.6%

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- By email: [PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)
- Or online: [http://www.dfs.ny.gov/insurance/health/prior\\_app/prior\\_app\\_comment.htm#online](http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_comment.htm#online)

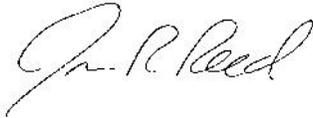
You may also send comments directly to us or contact us with any questions regarding the start and conclusion of the 30 day comment period. To contact us:

- Send mail to the return address at the top of this letter
- Call the phone number on your subscriber identification card

To review a detailed narrative describing this year's premium rate filing, please go to our website at <http://excellusbcb.com/member/rates> or to the Department of Financial Services website at <http://www.dfs.ny.gov>.

Please be assured that Excellus BlueCross BlueShield works to provide value to our members. Our administrative costs compare favorably with other health plans, and our health plan consistently ranks high in surveys for quality and member satisfaction. Helping our subscribers live a healthier lifestyle is one of the best ways to keep health care costs as low as possible, and we're proud to offer all of our subscribers access to resources, tools and support through excellusbcb.com.

Sincerely,

A handwritten signature in black ink, appearing to read "J. R. Reed". The signature is fluid and cursive, with a large initial "J" and "R".

James R. Reed  
Senior Vice President, Marketing and Sales



June 28, 2012

Dear Group Administrator:

State law requires health insurers to notify employer groups and subscribers when they apply to the New York State Department of Financial Services for premium rate changes. This notice is sent to inform you that we are proposing rate changes for products offered by your employer when they are renewed between January 1, 2013 and December 1, 2013.

Our request for approval of the rate changes will be submitted to the New York State Department of Financial Services on or about June 29, 2012, for use beginning on your annual renewal date in **2013**.

2013 Requested Rate Change	
Product Type	% Change Requested
SSA	18.6%

Because the Department must approve all community rates, the actual changes will not be available until approval is received. 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. In addition to this mailing, another notice with the actual rate changes will be sent to you 60 days prior to the rate change effective date advising you of the rate change approved by the Department.

The law also provides the opportunity for you to submit written comments regarding the proposed rate changes within 30 days from the date we submit our rate filing application. Note that any written comments submitted will be posted to the Department's website, with personal identifying information removed. Please be sure to identify "Excellus Health Plan, Inc." and its dba, "Univera Healthcare" as your insurer in the comments.

Send mail to: Health Bureau-Premium Rate Adjustments, New York State Department of Financial Services, 25 Beaver Street, New York, NY 10004

- By email: [PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)
- Or online: [http://www.dfs.ny.gov/insurance/health/prior\\_app/prior\\_app\\_comment.htm#online](http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_comment.htm#online)

You may also send comments directly to us or contact us with any questions regarding the start and conclusion of the 30 day comment period. To contact us:

- Send mail to the return address at the top of this letter
- Call the phone number on your subscriber identification card

To review a detailed narrative describing this year's premium rate filing, please go to our website at <http://univerahealthcare.com/member/rates> or to the Department of Financial Services website at <http://www.dfs.ny.gov>.

Please be assured that Univera Healthcare works to provide value to our members. Our administrative costs compare favorably with other health plans, and our health plan consistently ranks high in surveys for quality and member satisfaction. Helping our subscribers live a healthier lifestyle is one of the best ways to keep health care costs as low as possible, and we're proud to offer all of our subscribers access to resources, tools and support through [univerahealthcare.com](http://univerahealthcare.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Arthur G. Wingerter". The signature is written in a cursive style with a large, stylized initial "A".

Arthur G. Wingerter  
President