

<Date>

<First Name> <Last Name>
<Address 1>
<Address 2>
<City>, <ST> <Zip>

Rate Filing Notification

Dear <First Name>,

At <BlueCross BlueShield of Western New York><BlueShield of Northeastern New York><HealthNow>, NAIC number 55204, we want to keep you informed.

Why you're receiving this letter	We filed proposed changes to our rates with the New York State Department of Financial Services (DFS) today for their approval. We are required to notify you when these filings are made, and this letter serves as that notification.
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What you need to know	<p>We periodically file requests to update our rates, which allows us to continue to meet the changing costs of care and other health-related services that we offer our members. This includes the rising costs of medical services, increased use of medical services, and changes in our membership.</p> <p>Rate Filing Details A detailed summary about our rate filing and the reasons we are seeking an adjustment are available on our website, <bcbstwny.com> <bsneny.com> <healthnowny.com>. You may also visit the DFS website, https://myportal.dfs.ny.gov/web/prior-approval/welcome.</p> <p>We have submitted a percentage change to the DFS that could affect your rates. Please see the enclosed page for details on the anticipated rate change. It's important to note that the actual approved percentage rate changes may be different from what we've requested. The Superintendent of Financial Services could approve the rate changes as applied for, modify the requested rates, or deny the request altogether.</p> <p>We will send you information on approved rates at least 60 days before your new rates take effect.</p> <p>Your rates are not changing at this time. This letter is simply to let you know that we filed a request for new rates for 2013 renewals with the DFS. You have 30 days from our filing date to contact us or the DFS for additional information or to submit written comments. You may contact us to learn the start and end date of the comment period.</p>
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What you need to do

- **To comment on our proposed rate filing:**

You may comment on or ask for more information about these proposed rates by following instructions on the DFS's website: <https://myportal.dfs.ny.gov/web/prior-approval/welcome>. You can also contact the DFS directly by email at PremiumRateIncreases@dfs.ny.gov. You may also mail your comments to the following address:

Health Bureau - Premium Rate Adjustment
New York State Department of Financial Services
One Commerce Plaza
Albany, NY 12257

If you submit comments to the DFS, please be sure to include our name <[BlueCross BlueShield of Western New York](#)><[BlueShield of Northeastern New York](#)><[HealthNow](#)>, as well as the plan type (e.g. HMO, PPO, etc.) you are commenting on. Written comments sent to DFS will be posted on the DFS website with personal identifying information removed.

- **If you have any questions:**

Please call our Customer Service department at <[telephone number](#)>, visit our website <[bcbswny.com](#)><[bsneny.com](#)> <[healthnowny.com](#)>, or mail your questions to:

<[BlueCross BlueShield of Western New York](#)> <[BlueShield of Northeastern New York](#)><[HealthNow New York](#)>
PO Box <[15013](#)>
[Albany, NY 12212](#)>

Thank you for choosing <[BlueCross BlueShield](#)><[BlueShield](#)><[HealthNow](#)>. We value your business and hope you enjoy your experience with us.

Sincerely,

Christian E. Miller
General Manager

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<[BlueCross BlueShield of Western New York](#)><[BlueShield of Northeastern New York](#)><[HealthNow](#)>

Proposed Rate Changes for 2013

New York Medicare Supplement Plans – <BlueCross BlueShield of Western New York><BlueShield of Northeastern New York><HealthNow>

Modernized Medicare Supplement Plans June 1, 2010 and later effective dates		
Plan	Current Monthly Rate	Proposed Monthly Rate
A	\$x	\$x
B	\$x	\$x
C	\$x	\$x
F	\$x	\$x
Hi-Ded F	\$x	\$x
M	\$x	\$x
N	\$x	\$x

Standardized Medicare Supplement Plans May 1, 2010 and earlier effective dates		
Plan	Current Monthly Rate	Proposed Monthly Rate
A	\$x	\$x
B	\$x	\$x
C	\$x	\$x
F	\$x	\$x
Hi-Ded F	\$x	\$x
H w/o Rx Benefit	\$x	\$x
H W Rx Benefit	\$x	\$x

Pre-Standardized Medicare Supplement Plans May 1, 1992 and earlier effective dates		
Plan	Current Monthly Rate	Proposed Monthly Rate
Golden Plus Basic	\$x	\$x
Golden Plus 4	\$x	\$x

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