



Ruth Thompson
5360 Powers Rd
Orchard Park, NY 14127

July 27, 2011

Rating Filing Notification

Dear Ruth:

Thank you for choosing BlueCross BlueShield of Western New York for your health insurance coverage. A New York State Insurance Law requires that we notify you when we file changes to our rates, and this letter serves as that notification.

Rate Filing Details

Details of the rate filing are available on-line at bcbswny.com and the New York State Department of Insurance (DOI) website, ins.state.ny.us. We have submitted a percentage range to the state that could affect your rates. It is important to note that the actual approved percentage rate changes may be different from what we've requested.

How to Comment on Rate Filing

At this time, your rates are not changing — we are simply notifying you that we have filed a request for new rates with the DOI. According to the law, you have 30 days to comment on the proposed rate filings. You may comment on these rates to the DOI by following instructions on their website. You may also contact the DOI directly by sending an e-mail to PremiumRateIncreases@ins.state.ny.us or by calling 1-800-342-3736. You may also contact:

Health Bureau
New York State Insurance Department
25 Beaver Street
New York, NY 10004

If you have any questions, please call the customer service number on the back of your member identification card, visit bcbswny.com, or mail your questions to:

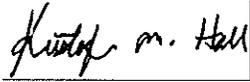
BlueCross BlueShield of Western New York
PO Box 80
Buffalo, NY 14240-0080

We will send information on approved rates to you once we have received approval of those rates. You will receive that letter approximately 60 days prior to the effective date of the new rates.

See attached outline of Medicare Supplemental plans and the associated new rates that have been proposed to NYS Department of Insurance.

We sincerely appreciate your business and are committed to providing you with high quality products and customer service. Please contact me if you have any questions.

Sincerely,

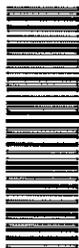
A handwritten signature in black ink that reads "Kristofer M. Hall". The signature is written in a cursive style and is contained within a thin black rectangular border.

Kristofer M. Hall

Finance Director, Individual Market SBU

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New York Medicare Supplement Plans - WNY

Modernized Medicare Supplement Plans June 1, 2010, and later effective dates	
Plan	Proposed Monthly Rate
A	\$152.95
B	\$190.84
C	\$235.13
F	\$236.26
Hi-Ded F	\$102.06
M	\$200.94
N	\$193.44

Standardized Medicare Supplement Plans May 1, 2010, and earlier effective dates	
Plan	Proposed Monthly Rate
A	\$152.95
B	\$190.84
C	\$235.13
E	N/A
F	N/A
Hi-Ded F	N/A
H w/o Rx Benefit	\$219.88
H w Rx Benefit	\$306.02

Pre-Standardized Medicare Supplement Plans May 1, 1992, and earlier effective dates	
Plan	Proposed Monthly Rate
Golden Plus Basic	N/A
Golden Plus 4	N/A