



One Liberty Plaza  
165 Broadway  
New York, NY 10006

<Subscriber first name> <Subscriber last name>  
<Subscriber address>  
<Subscriber city>, <state> <zip>

<Date>

### Notice of proposed premium rate change

<product name>  
Health Insurance Oversight System (HIOS) identification number: <HIOS ID no.>

Dear <Member first name Member last name>,

We have filed a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

#### Proposed premium rate change

Your current monthly premium is: \$ < xx >.

If approved, the percentage change to your premium is <xx>%.

If you enrolled through New York State of Health, the state's health plan marketplace, and you qualified for financial assistance, called an Advanced Premium Tax Credit (APTC), your current premium is less than the amount shown above. If you qualify again next year, your rate will continue to reflect the APTC. New York State of Health will calculate your eligibility for financial assistance each year.

Please note that while we try to provide you with the most accurate information possible, the final rates may differ based on the benefit plan design and other features you select on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

#### Why we are requesting a rate change

These are the main reasons we are requesting a rate increase:

- Our 2015 rate filings reflect the rising cost of medical care, a new pool of customers, our new provider networks, and changes to taxes, fees and the federal transitional reinsurance program.
- More benefits are available to more people.
- In 2015 there will be coverage and benefit changes to most plans, including:
  - Inclusion of, or changes to, Pediatric Dental benefits.
  - Cost-sharing changes, such as deductible, copays, coinsurance, or out-of-pocket maximum for hospital and doctor services and prescription drugs.

### 30-day comment period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact Empire BlueCross BlueShield for additional information.

- Telephone: please see the number on the back of your Empire health plan ID card
- Empire website: [www.empireblue.com/health-insurance/customer-care/email-us](http://www.empireblue.com/health-insurance/customer-care/email-us)

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services  
Health Bureau – Premium Rate Adjustments  
1 State Street  
New York, NY, 10004  
**Email:** [PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)  
**DFS website:** [www.dfs.ny.gov/healthinsurancepremiums](http://www.dfs.ny.gov/healthinsurancepremiums)

If you choose to submit comments to DFS, please include the following information:

- The name of your insurer, which is Empire HealthChoice HMO, Inc.
- The name of your Empire benefit plan as shown on your Empire ID card.
- Indicate you have individual coverage.
- Your HIOS identification number, which is <HIOS ID no.>.

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

### Plain-English summary of rate change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

- **Empire BlueCross BlueShield website:** [www.empireblue.com/ratefiling](http://www.empireblue.com/ratefiling)
- **DFS website:** [www.dfs.ny.gov/healthinsurancepremiums](http://www.dfs.ny.gov/healthinsurancepremiums)

### Notice of approved premium rate

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

Sincerely,



Brian T. Griffin  
President



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165 Broadway  
New York, NY 10006

<Subscriber first name> <Subscriber last name> <Date>  
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