

<Logo>

June 18, 2014

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

**Notice of Proposed Premium Rate Change**  
Product: <Group's product >  
Health Insurance Oversight System (HIOS) Identification Number <HIOS ID#>

Dear Group Benefits Administrator,

We have filed a request with the New York State Department of Financial Services (DFS) to approve a change to your group health insurance 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**

- The chart below shows the requested percentage change to the premium rate for the product that you offer your employees in your rating region.
- If approved, this rate change will apply to your <Group's Renewal Date> renewal.

<b>Your group's product:</b>	<Group's product>
<b>Your group's rating region:</b>	<Group's Region>
<b>Percentage change to your group's premium:</b>	<% >*

\*Subject to DFS approval.

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 for your 2015 group 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, changes to taxes, and the federal transitional reinsurance program.

**What You Need to Do**

Please share the enclosed memo with your employees who are enrolled in the <Group's product> 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 notice.

### 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 may contact Empire for additional information at [premiumratechange@empireblue.com](mailto:premiumratechange@empireblue.com) or by calling the GBA Contact Center at 866-422-2583.

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:

1. The name of your insurer, which is <Empire HealthChoice HMO, Inc.>
2. The name of your Empire benefit plan as shown on your Empire ID card
3. Indicate you have small group coverage
4. Your Health Insurance Oversight System (HIOS) Identification number, which is <HIOS ID#>

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

### Plain English Summary of Rate Change

Empire has prepared a plain English summary that provides a more detailed explanation of the reasons why a premium rate change has been requested. You can find this information at the following websites:

**Empire website:** [empireblue.com/priorapproval](http://empireblue.com/priorapproval)  
**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.

Your business and your employees' health and wellbeing are important to us. Thank you for choosing Empire for your employee health benefits plan.

Sincerely,



Brian T. Griffin  
President



11 Corporate Woods Blvd.  
Albany, NY 12211  
empireblue.com

<Date>

<Service Contact>  
<Group Name>  
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## Notice of Proposed Premium Rate Change

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Your group's plan:	<Group's product>
Your group's rating region:	<Group's Region>
Percentage change to your group's premium:	<% >*

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### 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, changes to taxes, and the federal transitional reinsurance program.
- In 2015 there will be coverage and benefit changes to most plans, including cost-share changes, such as deductible, copays, coinsurance, or out-of-pocket maximum for hospital and doctor services and prescription drugs.
  - Deductible will change from \$1,250 to \$1,300
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**Mail:** Empire BlueCross  
GBA Broker Call Center (SG Prior Approval)  
3 Huntington Quadrangle – 3rd Floor  
Melville, NY 11747

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Plan: <Group's product >  
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**Important News About Your Empire Health Plan**

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- This rate change request (if approved by the DFS) takes place on your annual renewal date, which is on <Group's Renewal Date>.

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The details of who pays your plan's premium cost are between you and your employer. So, any percentage change in the amount you and your employer contribute to your premium cost may be different from the percentage listed above.

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**Mail:** Empire BlueCross  
PO Box 1407  
Church Street Station  
New York, NY 10008-1407

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One Liberty Plaza  
165 Broadway  
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empireblue.com

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One Liberty Plaza  
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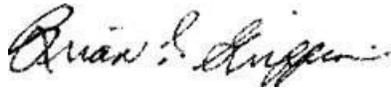
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