



165 Court Street
Rochester, NY 14647

A nonprofit independent licensee of the Blue Cross Blue Shield Association

June 13, 2014

Re: Notice of Proposed Premium Rate Change
Product Name and HIOS Plan ID: xyz

Dear Xxxx:

Excellus BlueCross BlueShield is filing 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

If approved, the percentage change to your premium is xxx%.

If you enrolled through the NY State of Health, the state's health plan marketplace, and you qualified for financial assistance, called an Advanced Premium Tax Credit, you may qualify for the APTC again next year. NY 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 rate 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

As you know, rising medical costs, an aging population and other factors continue to drive health care costs higher. To cover these expenses, Excellus BlueCross BlueShield must modify rates. If you look below, you can find links to a more complete explanation of why the rate adjustment is being requested. The links to the health plan's web site and the state Department of Financial Services will connect you to a narrative that is written in plain English.

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 Excellus BlueCross BlueShield for additional information at:

- Excellus BlueCross BlueShield
P.O. Box 22999
Rochester, NY 14692
- 1-877-626-9298
- www.excellusbcbs.com/contactus



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
DFS Website: 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 Excellus BlueCross BlueShield
- The name of your plan as listed on your identification card
- Indicate you have individual coverage
- Your HIOS identification number, which is xyz

Written comments submitted to DFS will be posted on the DFS website with 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:

Excellus BlueCross BlueShield website: <http://excellusbcbs.com/member/rates>

DFS website: 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,

A handwritten signature in black ink, appearing to read "James R. Reed".

James R. Reed
Senior Vice President, Marketing and Sales

June 13, 2014

Re: Notice of Proposed Premium Rate Change
Product Name and HIOS Plan ID: xyz

Dear Xxxx:

Univera Healthcare is filing 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

If approved, the percentage change to your premium is xxx%.

If you enrolled through the NY State of Health, the state's health plan marketplace, and you qualified for financial assistance, called an Advanced Premium Tax Credit, you may qualify for the APTC again next year. NY 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 rate 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

As you know, rising medical costs, an aging population and other factors continue to drive health care costs higher. To cover these expenses, Univera Healthcare must modify rates. If you look below, you can find links to a more complete explanation of why the rate adjustment is being requested. The links to the health plan's web site and the state Department of Financial Services will connect you to a narrative that is written in plain English.

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 Univera Healthcare for additional information at:

- Univera Healthcare
P.O. Box 23000
Rochester, NY 14692
- 1-877-687-6651
- www.univerahealthcare.com/contactus

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
DFS Website: 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 Univera Healthcare
- The name of your plan as listed on your identification card
- Indicate you have individual coverage
- Your HIOS identification number, which is xyz

Written comments submitted to DFS will be posted on the DFS website with 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:

Univera Healthcare website: <http://univerahealthcare.com/member/rates>

DFS website: 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,



Arthur G. Wingerter
President

