



165 Court Street
Rochester, NY 14647

A nonprofit independent licensee of the Blue Cross Blue Shield Association

June 13, 2014

Subject: Subscriber Initial Notification Letters

Dear Group Administrator:

State law requires health insurers to notify employer groups and subscribers when they apply to the New York State Department of Financial Services for premium rate changes. This is why we are sending you a supply of letters and are requesting that you distribute them to your employees who have their health care coverage through our company.

It is imperative that you distribute the notices in a timely manner, as there is only a 30 day window of opportunity for questions to be submitted to the New York State Department of Financial Services.

The enclosed letters explain the requested rate adjustment that we are submitting on or about June 13, 2014, for use on or after your renewal date in 2015. The actual rate change will not be known until the approval is granted.

We appreciate your assistance and thank you for granting us the opportunity to provide you and your employees with quality health coverage.

Sincerely,

James R. Reed
Senior Vice President, Marketing and Sales





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 Changes

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

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
- 1-855-374-7462
- 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:

1. The name of your insurer, which is Excellus BlueCross BlueShield
2. The name of your plan as listed on your identification card
3. Indicate you have Small Group coverage
4. 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,



James R. Reed
Senior Vice President, Marketing and Sales



June 13, 2014

Subject: Subscriber Initial Notification Letters

Dear Group Administrator:

State law requires health insurers to notify employer groups and subscribers when they apply to the New York State Department of Financial Services for premium rate changes. This is why we are sending you a supply of letters and are requesting that you distribute them to your employees who have their health care coverage through our company.

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We appreciate your assistance and thank you for granting us the opportunity to provide you and your employees with quality health coverage.

Sincerely,



Arthur G. Wingerter
President



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 Changes

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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

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You can contact Univera Healthcare for additional information at:

- Univera Healthcare
P.O. Box 23000
Rochester, NY 14692
- 1-855-374-7462
- www.univerahealthcare.com/contactus

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NYS Department of Financial Services
Health Bureau - Premium Rate Adjustments
1 State Street
New York, NY 10004

Email: premiumrateincreases@dfs.ny.gov
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Sincerely,



Arthur G. Wingerter
President





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

Class A001 - A001/All Actives

Plan Description

HIOS ID

SimplyBlue Plus PPO Hybrid

xyz

Dear Group Administrator:

Excellus BlueCross BlueShield is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group 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 Changes

Class A001 - A001/All Actives

Plan: SimplyBlue Plus PPO Hybrid

If approved, the percentage change to your group's premium is xxx%

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 that your group policyholder selects 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.

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Class A001 - A001/All Actives

Plan Description	HIOS ID
SimplyBlue Plus PPO Hybrid	xyz

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Sincerely,



James R. Reed
Senior Vice President, Marketing and Sales



June 13, 2014

Re: Notice of Proposed Premium Rate Change
Class A001 - A001/All Actives

Plan Description

valUcare Plus PPO Copay

HIOS ID

xyz

Dear Group Administrator:

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Proposed Premium Rate Changes

Class A001 - A001/All Actives

Plan: valUcare Plus PPO Copay

If approved, the percentage change to your group's premium is xxx%

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Class A001 - A001/All Actives

Plan Description	HIOS ID
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