

[Group Certificate Holder]

[Date]

[Contact Name]

[Group Name]

[Address]

[City State Zip]

Re: Notice of Proposed Premium Rate Change

[Product Name] and Health Insurance Oversight System (HIOS) identification number [HIOS ID]

Dear [Name]:

[HealthNow New York, Inc. (HealthNow)][BlueCross BlueShield of Western New York (BlueCross BlueShield)][BlueShield of Northeastern New York (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 notify you when we submit requests for premium rate changes to the 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 group's premium is listed in the enclosed grid. Please reference the product name(s) and HIOS identification number(s) provided in the subject line of this letter.

Please note that while we try to provide you with the most accurate information possible, the final rate percentage change 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

Health care costs have been rising for some time. We listen carefully to our members, and we understand the difficult choices that rising premiums can cause. We prepared the premium rate change request after giving serious consideration of the impact of these increases and after implementing measures to reduce costs as much as possible. Consistent with experience around the country, the annual rise in premium rates correlates closely with the annual rise in health care costs; this includes hospital, doctor, and other services. For more detailed information, please visit our summary of rate changes at the following website: [healthnow.com][<https://securews.bcbswny.com/web/content/WNYmember/contact/about-us/nys-financial-department-services.html>][<https://securews.bsny.com/web/content/NENYmember/contact/about-us/nys-department-of-financial-services.html>]

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. Your comments must be made within 30 days from the date of this notice.

You can contact us at:

[HealthNow New York, Inc.][BlueCross BlueShield of Western New York][BlueShield of Northeastern New York]
[257 West Genesee St.][30 Century Hill Drive]
[Buffalo, New York 14202][Latham, New York 12110]
[1-800-544-2583][1-800-459-7587][1-800-888-5407]
[healthnow.com][bcbswny.com][bsneny.com]

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 [Insert Company Name]
2. The name of your plan, which is [Insert the Plan Name]
3. Whether you have individual or group coverage
4. Your HIOS identification number(s), which is(are) listed in the subject line of this letter.

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:

[HealthNow][BlueCross BlueShield][BlueShield] website:

[healthnow.com][<https://securews.bcbswny.com/web/content/WNYmember/contact/about-us/nys-financial-department-services.html>][<https://securews.bsneny.com/web/content/NENYmember/contact/about-us/nys-department-of-financial-services.html>]

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,

[Name]

[Title]

Enc.

[Group Policyholder]

[Date]

[Contact Name]

[Group Name]

[Address]

[City State Zip]

Re: Notice of Proposed Premium Rate Change

[Product Name] and Health Insurance Oversight System (HIOS) identification number [HIOS ID]

Dear [Name]:

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<https://securews.bcbswny.com/web/content/WNYmember/contact/about-us/nys-financial-department-services.html>][<https://securews.bsneny.com/web/content/NENYmember/contact/about-us/nys-department-of-financial-services.html>]

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Sincerely,

[Name]

[Title]

Enc.

[HealthNow New York Inc.][BlueCross BlueShield of Western New York][BlueShield of Northeastern New York]

2015 Proposed Premium Increases

[Small Group][Individual] Products

[Offered through the NY State of Health, The Official Health Plan Marketplace]

[Group Certificate Holder statement – If the chart below excludes a product you are currently offering employees in 2014, the product is being discontinued. Discontinuance notices will be delivered to the Group Certificate Policy holder by 10/1/2014.]

Metallic Level	Product Name	Health Insurance Oversight System (HIOS) Identification Number	Proposed Premium Increase
Platinum	Platinum ABC	XXXXXXXX	X%
	Platinum XYZ	XXXXXXXX	X%
Gold	Gold ABC	XXXXXXXX	X%
	Gold XYZ	XXXXXXXX	X%
Silver	Silver ABC	XXXXXXXX	X%
	Silver DEF	XXXXXXXX	X%
	Silver XYZ	XXXXXXXX	X%
Bronze	Bronze ABC	XXXXXXXX	X%
	Bronze DEF	XXXXXXXX	X%
	Bronze XYZ	XXXXXXXX	X%