

November 5, 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

Plan: <plan name>

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

- If approved the percentage change to your premium is <percent change>\*. This rate change will apply to your <Group's Renewal Date> renewal.

\*Subject to DFS approval.

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

Each year rising medical costs, and the growing use of medical goods and services combine to drive health care costs higher. To cover these increasing costs, we must modify premium rates. We must also comply with a New York State insurance law that requires health insurance carriers to get approval from the DFS before changing premium rates.

### What You Need to Do

Please share the enclosed memo with your employees who are enrolled in the <plan name> 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:

**Email:** [premiumratechange@empireblue.com](mailto:premiumratechange@empireblue.com)

**Telephone:** GBA Contact Center, 866-422-2583

**Mail:** Empire BlueCross  
GBA Broker Call Center (SG Prior Approval)  
3 Huntington Quadrangle – 3rd Floor  
Melville, NY 11747

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 large group coverage

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 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

November 5, 2014

**IMPORTANT: Notice of Proposed Premium Rate Change**  
Plan: < plan name >

**Important News About Your Empire Health Plan**

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.

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**Proposed Premium Rate Change**

- If approved the percentage change to your premium is <percent change>\*. This rate change will apply to your <Group's Renewal Date> renewal.

\*Subject to DFS approval.

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.

The actual premium rate increase will not be available until we receive approval from the DFS. At that time, we will send you another notice. The second notice will be sent to you at least 60 days prior to the start date of the rate change and will show the approved rate changes.

**Why We Are Requesting a Rate Change**

Each year rising medical costs, and the growing use of medical goods and services combine to drive health care costs higher. To cover these increasing costs, we must modify premium rates. We must also comply with a New York State insurance law that requires health insurance carriers to get approval from the New York Department of Financial Services (DFS) before changing premium rates.

**30-day Comment Period**

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You may contact Empire for additional information at:

**Email:** premiumratechange@empireblue.com

**Telephone:** Call the customer service number on the back of your Empire ID card

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

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)  
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Thank you for choosing Empire for your health benefits plan.

Sincerely,



Brian T. Griffin  
President

November 5, 2014

<Member First Name> <Member Last Name>  
<Member Street Address 1>  
< Member Street Address 2>  
<Member City>, <Member State> <Member ZIP>

**IMPORTANT: Notice of Proposed Premium Rate Change**  
Plan: < plan name>

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Thank you for choosing Empire for your health benefits plan.

Sincerely,



Brian T. Griffin  
President