

<Date>

<First Name> <Last Name>

<Group Name>

<Address 1>

<Address 2>

<City>, <ST> <Zip>

Rate Filing Notification

Dear <First Name>,

At <BlueCross BlueShield of Western New York><BlueShield of Northeastern New York>, we want to keep you informed.

Why you're receiving this letter

We will be filing proposed changes to our rates with the New York State Department of Financial Services (DFS) July 14 for their approval. We are required to notify you when these filings are made, and this letter serves as that notification.

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What you need to know

We periodically file requests to update our rates, which allows us to continue to meet the changing costs of care and other health-related services that we offer our members. This includes the rising costs of medical services, increased use of medical services, and changes in our membership.

Rate Filing Details

A detailed summary about our rate filing and the reasons we are seeking an adjustment are available on our website, bcbswny.com <bsneny.com>. You may also visit the DFS website, www.dfs.ny.gov/healthinsurancepremiums. The enclosed list provides details on the proposed rate changes for the plan(s) you offer. Please note that the Superintendent of Financial Services may approve the proposed rate changes as requested, modify the proposed rate changes, or disapprove the proposed rate changes in its entirety.

Rates are also being changed on our prescription drug options to ensure that there is an appropriate sharing of cost among the available options. The premium rate change for the different drug options varies. Therefore, the overall requested rate change may be higher or lower than the change on the base medical policy if you have prescription drug coverage.

The actual rate for your 2015 renewal may be different. A benefit mandate for the coverage of intermediate levels of care received in residential care settings will also increase your rates. The impact will be \$3.27 - \$9.21, pending DFS approval.

We will send you information on our approved rates at least 60 days before your new rates take effect.

Your rates are not changing at this time.

This letter is simply to let you know that we filed a request for new rates for 2015 renewals with the DFS on [file date](#). You have until [comment date](#) (30 days) to request information or comment on our proposed filing.

What you need to do

- **To comment on our proposed rate filing:**

You may comment on or ask for more information about these proposed rates by following instructions on the DFS website: www.dfs.ny.gov/healthinsurancepremiums.

You can also contact the DFS directly by email at PremiumRateIncreases@dfs.ny.gov. You may also mail your comments to the following address:

Health Bureau - Premium Rate Adjustment
New York State Department of Financial Services
One State Street, 2nd Floor
New York, NY 10004 - 1511

If you submit comments to the DFS, please be sure to include “HealthNow New York Inc.¹ Large Group Coverage” and its dba, [<BlueCross BlueShield of Western New York><BlueShield of Northeastern New York>](#), as well as the plan type (e.g., HMO, PPO, or POS) in your comment. Written comments sent to DFS will be posted on the DFS website with personal identifying information removed.

- **If you have any questions:**

Please call your account executive at [<BCBS: 1-888-249-2583><BS: 1-800-888-1283>](tel:1-888-249-2583), visit [<bcbswny.com><bsneny.com>](http://bcbswny.com), or mail your questions to:

[<BlueCross BlueShield of Western New York> <BlueShield of Northeastern New York>](#)
PO Box [<80><15013>](#)
[<Buffalo, NY 14240-0080><Albany, NY 12212>](#)

Thank you for choosing [<BlueCross BlueShield><BlueShield>](#). We value your business and hope you enjoy your experience with us.

Sincerely,

{Commercial Group Name: <AE name>}
{Commercial Group Title: Account Executive}

¹«BlueCross BlueShield» «BlueShield» is a division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association.

Proposed Rate Changes for 2015

Commercial:

The <PRODUCT> base medical plan has a proposed rate change of <NUMBER> %.

The <PRODUCT> base medical plan has a proposed rate change of <NUMBER> %.

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