Excellus Health Plan, Inc

165 Court Street
Rochester, NY 14647

Documentation in Support of
New York State
Section 4308(c) Rate Submission

Rate Notifications
Effective January 1, 2014

June 17, 2013

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Direct Pay Notifications

Excellus
165 Court Street
Rochester, NY 14647

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Date

DRAFT – 2013 Initial Notice

Subscriber First Name/Last Name
Subscriber Address
City, State, Zip

Dear Subscriber:

Thank you for choosing Excellus BlueCross BlueShield for your health care plan.

As you know, rising medical costs and an aging population continue to drive health care costs higher. To cover these expenses, Excellus BCBS must modify rates. State law requires us to secure approval from the New York State Department of Financial Services (DFS) for premium rate changes and to notify you that we are proposing changes for your plan.

What do you need to do?
No action is required. Once the rates are approved or modified by DFS, we will send you a letter with your actual rate change, at least 60 days before it becomes effective.

What do you need to know?
- The rate change request will be submitted to DFS on or around June 28, 2013
- The DFS Superintendent may approve, modify, or disapprove the proposed rate adjustment
- After DFS makes the final decision:
  - you will be notified of the actual rate change at least 60 days prior to the date of the change
  - the rate will be effective on your annual renewal date in **2014**
- The proposed rate changes are listed below

Plan 1: INSERT PLAN NAME
Proposed Rate Change: XX.XX%

Do you have questions or comments?
The law gives you the opportunity to submit written comments regarding the proposed rate changes within 30 days of the date we file the application. Note that any written comments submitted will be posted to the Department's website, with personal identifying information removed. Please be sure to identify "Excellus Health Plan, Inc." and its dba, "Excellus BlueCross BlueShield" as your insurer and indicate the type of policy you carry in the comments.

You may send comments directly to us or contact us with any questions regarding the start and conclusion of the 30 day comment period.

For HMO Products, please send mail to: Health Bureau-Premium Rate Adjustments, New York State Department Financial Services One State Street, 2nd Floor New York, NY 10004 – 1511 For Medicare Supplement Products, please send mail to New York State Department Financial Services One Commerce Plaza Albany, NY 12257 By email: PremiumRateIncreases@dfs.ny.gov Or go online: https://myportal.dfs.ny.gov/web/prior-approval/submit-a-comment	To contact us: • Send mail to the return address at the top of this letter, • Call the phone number on your subscriber id card • Call 1-855-561-2836 • Go online to the website http://excellusbcbs.com/employer/rates

To review a detailed narrative describing this year's premium rate filing, please go to our website at http://excellusbcbs.com/employer/rates or to the Department of Financial Services website at https://myportal.dfs.ny.gov/web/prior-approval/welcome.

Please be assured that Excellus BlueCross BlueShield works to provide value to our members. Our administrative costs compare favorably with other health plans, and we consistently rank high in surveys for quality and member satisfaction. Helping our subscribers live a healthier lifestyle is one of the best ways to keep health care costs as low as possible, and we're proud to offer all of our subscribers access to resources, tools and support through excellusbcbs.com.

As always, we look forward to serving you.

Sincerely,

James R. Reed
Senior Vice President, Marketing and Sales

205 Park Club Lane, Buffalo, NY 14221

DRAFT – 2013 Initial Notice

Date

Subscriber First Name/Last Name
Subscriber Address
City, State, Zip

Dear Subscriber:

Thank you for choosing Univera Healthcare for your health care plan.

As you know, rising medical costs and an aging population continue to drive health care costs higher. To cover these expenses, Univera Healthcare must modify rates. State law requires us to secure approval from the New York State Department of Financial Services (DFS) for premium rate changes and to notify you that we are proposing changes for your plan.

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As always, we look forward to serving you.

Sincerely,

Art Wingerter
President

Group Notifications

Excellus
165 Court Street
Rochester, NY 14647
A nonprofit independent licensee of the Blue Cross Blue Shield Association

Date

SubGroup Name
Subgroup Address
City, State, Zip

Dear Group Administrator:

Thank you for choosing Excellus BlueCross BlueShield for your health care plan.

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Plan 1: Medical Plan inserted here
Proposed Rate Change: xx.xx% (based on table below)

2014 Requested Rates	Rochester	Syracuse	Utica
Blue Choice / HMO Blue	9.30%	9.30%	9.30%
Med Supp Plan A	-6.08%		
Med Supp Plan B	-9.61%	-10.16%	-13.44%
Med Supp Plan C	-7.50%	-13.52%	-11.36%
Med Supp Plan F	-12.20%	-10.48%	-18.00%
Med Supp Plan F+	-8.32%		
Med Supp Plan H	-11.95%		-20.12%
Med Supp Plan H/Rx	-10.83%		
Med Supp Plan N	-10.06%		

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Please be assured that Excellus BlueCross BlueShield works to provide value to our members. Our administrative costs compare favorably with other health plans, and we consistently rank high in surveys for quality and member satisfaction.

If the rate adjustment for your current plan does not meet your budget, we offer other plans at prices that may fit your needs. Please contact your sales representative for more information.

As always, we look forward to serving you.

Sincerely,

Senior Vice President, Marketing and Sales

205 Park Club Lane, Buffalo, NY 14221

Date

SubGroup Name
Subgroup Address
City, State, Zip

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Plan 1: Medicare Supplement C
Proposed Rate Change: -10.88%

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President