BlueCross BlueShield of Western New York
257 West Genesee Street • Buffalo, New York 14202

<Date>

<First Name> <Last Name>
<Address 1>
<Address 2>
<City>, <ST> <Zip>

Rate Filing Notification

Dear <First Name>,

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

Why you're receiving this letter	We will be filing an application to amend our previous rate increase filing with the Department of Financial Services (DFS) for the community rated policies renewing between July 1, 2013 and December 31, 2013. New York state law requires that health insurance carriers provide an initial notice to you when we submit requests for premium rate changes to the DFS.
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. **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. You may also visit the DFS website, https://myportal.dfs.ny.gov/web/prior-approval/welcome. Please see the enclosed list for details on the anticipated rate change for the plan or plans you offer. The actual rate for your 2013 renewal may be different. Additional benefits, provided by the federal Women's Preventive Health mandate, will increase your rate by $0.48 to $1.35 (up to 0.19%) depending on coverage tier (single, employee plus spouse, family, etc.). Two state benefit mandates will also increase your rates: Autism, $1.08 - $3.04 (up to 0.43%); and Oral Treatments for Cancer, by $0.41 - $1.16 (up to 0.16%). Rates are also being adjusted on our prescription drug riders. If you have drug coverage with us, the premium rate change will vary based upon the drug rider you've chosen. Therefore, the overall requested rate change may be higher or lower than the change on the base medical policy.

	This rate increase filing supersedes the previous rate increase filing submitted to the DFS in July 2012. Please note that the Superintendent may approve the proposed rate adjustment as requested, modify the proposed rate adjustment, or disapprove the proposed rate adjustment in its entirety. Therefore, the actual rate increase will not be available until approval is received. At that time, we will send you information on 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 will be filing a request for new rates for 2013 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's website: https://myportal.dfs.ny.gov/web/prior-approval/welcome. 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 25 Beaver Street New York, NY 10004 If you submit comments to the DFS, please be sure to include our name, BlueCross BlueShield of Western New York, as well as the plan type (e.g. HMO, PPO, etc.) you are commenting on. 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 representative at 1-888-249-2583, visit our website bcbswny.com, or mail your questions to: BlueCross BlueShield of Western New York PO Box 80 Buffalo, NY 14240-0080

Thank you for choosing BlueCross BlueShield. We value your business and hope you enjoy your experience with us.

Sincerely,

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

Proposed Rate Changes for 2013

Comment [ECS1]: Add logo to the page.

Commercial, Small Group:

The <PRODUCT> base medical plan is changing <NUMBER>%

The <PRODUCT> base medical plan is changing <NUMBER>%

0000010500

June 27, 2012

Renewal Information
Action Required

Dear :

Thank you for choosing BlueCross BlueShield of Western New York as your organization's health insurance carrier.

Why you're receiving this letter	Your business is important to us, which is why we want to let you know that your contract for coverage expires at the end of August.
What you need to know	**Your signed rate sheet and master group contract are due by August 16, 2012.** Some of our products and prescription drug riders are changing or will no longer be available. The enclosed pages will assist you in completing your renewal. If the needs of your business have changed, we can work with you to design a plan that's right for you.
What you need to do	Please be sure to review the product changes page, your proposed rate grid, and the legislation page. The legislation page includes Regulation 194 disclosure requirements and other laws that may affect your plan. Contact me or your broker to obtain your rate sheet and master group contract, so that we may complete your renewal by August 16, 2012.

We appreciate your business and look forward to continuing to provide Chemical Design, Inc. with the service you deserve.

Sincerely,

Jessica L. Jones

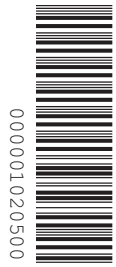
Jessica L. Jones
Account Executive

1-716-888-1389

Enc

L62
1029

Legislation That May Affect Your Health Plan



Federal

Women's Preventive Services - Health Care Reform

Certain preventive health care and screening services for women will be included with $0 copayment in non-grandfathered health coverage plans renewing on or after August 1, 2012, as required by the Patient Protection and Affordable Care Act signed into law by President Barack Obama on March 23, 2010. The Health Resources and Services Administration has mandated that the following preventive services be covered for women with $0 copay:

- Well-women visits
- Gestational diabetes screening
- Human papillomavirus virus (HPV) Testing
- Sexually transmitted infection (STI) counseling
- Human immune-deficiency virus (HIV) counseling and screening
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Interpersonal and domestic violence screening and counseling

Please Note

These benefits do not apply to grandfathered group health plans and some restrictions do apply. Certain religious exemptions are available for contraceptives only. Please consult with your own benefits and/or legal advisors for qualification details.

New York State

Compensation Information

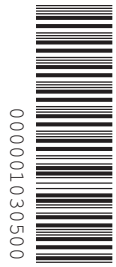
Your account executive is an employee of BlueCross BlueShield of Western New York, an insurance producer licensed by the state of New York. Your account executive is authorized to confer with you, and/or your broker on behalf of BlueCross BlueShield about the benefits, terms, and costs of various health insurance options offered by BlueCross BlueShield.

Your account executive may receive compensation, based in whole or in part on the sale or renewal of various health insurance products. Such compensation may vary depending on a number of factors, including, but not limited to, the number of members retained and the number of new members enrolled. You may obtain information about the compensation by contacting your account executive.

Timothy's Law
Under New York state law, we offer a rider to small groups (fewer than 51 employees) that provides additional mental health benefits on a comparable basis with medical care coverage for adults and children with biologically based mental illness and children with serious emotional disturbances.

Dependent Coverage
New York State requires insurers to allow unmarried children through age 29 to be eligible to purchase an individual policy under a parent's group health insurance plan. The law also requires insurers to offer employers an option to purchase coverage that includes a rider for family dependent coverage through age 29.

Visit bcbswny.com to learn more.



Product Changes Effective Upon Renewal

As a leader in health care services, we continuously review our products to ensure we always offer you the best possible plans for your business. Consequently, we base these changes on feedback from our customers, market trends, and costs.

Please review the information below and your proposed rate grid for details on any alternate plans we are recommending based on your existing coverage. Contact your broker or account executive to discuss your options.

Line of Business	Discontinued Plan(s)	Proposed New Plan	Important Details for the Proposed New Plan
HMO 100	102 Plus and 109 Plus	104 Plus	• Elimination of the dental rider • $25/$40 primary care and specialist copays
HMO 200	202 Plus and 203 Plus	205 Plus	• $20 primary care and specialist copays
POS 7100	Plan 2	Healthy Balance POS 8100 Plan 1	• Lower premiums and annual out-of-pocket maximums • Varying deductible options • Can be paired with a flexible spending account, a health reimbursement arrangement, or a health savings account
	Plan 5	Healthy Balance POS 8100 Plan 2	
AQUA	N/A	N/A	• Elimination of the dental rider
PPO 800	816 and 822	824	• $30/$50 primary care and specialist copays
PPO 7200	Plans 1 and 2	Healthy Balance PPO 8000 Plan 1	• Lower premiums and annual out-of-pocket maximums • Varying deductible options • Can be paired with a flexible spending account, a health reimbursement arrangement, or a health savings account
	Plan 5	Healthy Balance PPO 8000 Plan 2	

Prescription drug riders available for 2012 renewals:

- No coverage
- $7 Generic only
- $7/$30/50%
- $10/$30/50%
- $15/$50/50%

A $250 or $500 prescription drug deductible may be added to most plans, with the exception of our high deductible health plans or generic only drug options. The deductible applies to tiers two and three only.

BlueCross BlueShield of Western New York

Class	Class Name	Coverage Type	Single	Family
0T02	Traditional Blue 901	Traditional	$1,722.02	$4,000.50

Please contact your Broker or Account Executive to obtain your Master Group Contract and Rate Sheet, so that we may complete your renewal by **August 16, 2012**.

The grid above lists proposed benefits. For alternatives, please contact your Broker or Account Executive.

This is not a contract for coverage with BlueCross BlueShield of Western New York.

BlueCross BlueShield of Western New York

Class ID - 0001	**Your proposed benefits as of 09/01/2012**
Benefits - 43B	**HMO 205**
Primary Care Physician	$20
Specialist	$20
Inpatient Copay	$250
Outpatient Surgery	$75
Emergency Room	$100
Ambulance	$100
Dependent/Student	26/26
Prescription Drugs	$10/$30/50%
Mail Order Drugs	2.5 copays per 90 day supply
Skilled Nursing Facility	$250
Skilled Nursing Facility Cover Limitation	60 days
Monthly Premium Rates:	
Single	$671.70
Family	$1,779.10

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