

(LTR NAME: MEDICARE SUPPLEMENT RATE INCREASE – NEW YORK)
(LAST CHANGE: 12-28-12)
(CARBON COPIES: 2)
(DUPLEX: Y)
(DISPLAY LETTER: Y)
<CURRENT DATE>

<INSURED NAME & ADDRESS>
<INSURED NAME & ADDRESS>

Re: H<POLICY NUMBER> <PST>

Dear <INSURED LAST NAME>:

<BEGIN BODY>

This is to provide notice as required pursuant to New York Insurance Article 32 Section 3231 (e)(1)(a) and Circular Letter No. 12 that State Farm Mutual Automobile Insurance Company filed on January 25, 2013 with the New York State Department of Financial Services rate changes on Standardized Medicare Supplement policies.

Rate changes for Plan A, Plan B, Plan C, and Plan F have been requested. The average rate change on Plan A, Plan B, and Plan C is a 1.0% decrease. The average rate change on Plan F is a 1.8% decrease. The impact on your rates may vary depending on the terms of your policy and individual circumstances. A narrative summary that provides a more detailed explanation of the reason we are seeking a premium adjustment is posted on our website and also on the Department of Financial Services' website.

The request for a rate decrease is subject to review and approval by the New York State Department of Financial Services pursuant to the law, and the request may not be approved or may not be approved for the full amount requested. If approved in whole or in part, the rate change will not affect existing policies until their next anniversary. We will provide 60 days written notice of the premium rate adjustment the department ultimately approves.

Estimated rates including the full requested decrease have been included in the enclosed materials.

You may submit written comments or request additional information on the proposed rates within 30 days of the date of this letter. You may contact State Farm for further clarification about the 30 day comment period.

Written comments submitted to the Department will be posted to the Department's website with personal identifying information removed. Please remember to mention State Farm as your insurer in the written comment.

Comments may be sent to the New York Department of Financial Services at the following address:

#BEGIN TABLE

Health Bureau – Premium Rate Adjustments
New York State Department of Financial Services
One Commerce Plaza
Albany, NY 12257
Or if you prefer to email, PremiumRateIncreases@dfs.ny.gov
Or at <http://www.dfs.ny.gov>

#END TABLE

To write us here at State Farm Mutual Automobile Insurance Company, please use this address:

#BEGIN TABLE

State Farm Mutual Automobile Insurance Company
1 State Farm Plaza
Bloomington, IL 61701
866-855-1212

Or if you prefer, please contact us online at:

¢<https://online.statefarm.com/apps/contactSF/pages/commentsSuggestions.a>
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#END TABLE

<END OF BODY>

Sincerely,

Policyholder Service

Health Insurance Division

<#CO NAME 1><#CO NAME 2><#CO NAME 3>

cc: <EM AGT NAME>, <PST>-<EM AGT CODE>

#BEGIN TABLE

\Current Standardized Medicare Supplement Plans\
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\(Effective date was May 1, 2012 or upon\
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\your last policy anniversary\
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Territory	Territory 1	Territory 2	Territory 3
Plan A	\$2,998.00	\$3,118.00	\$3,238.00
Plan B	\$4,028.00	\$4,189.00	\$4,350.00
Plan C	\$4,670.00	\$4,856.00	\$5,043.00
Plan F	\$4,717.00	\$4,905.00	\$5,094.00

\Proposed Standardized Medicare Supplement Plans\
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\(Estimated effective date is June 1, 2013 or\
\

\your policy anniversary\
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Territory	Territory 1	Territory 2	Territory 3
Plan A	\$2,968.90	\$3,087.51	\$3,207.05

Plan B	\$3,988.73	\$4,148.43	\$4,308.13
Plan C	\$4,624.73	\$4,809.64	\$4,994.55
Plan F	\$4,634.42	\$4,819.72	\$5,005.03

#END TABLE

Rates vary by county of residence and are based on the average territorial cost differentials within the state of New York.

Territory 1 includes all counties not included in Territory 2 or Territory 3

Territory 2 includes Columbia, Dutchess, Orange, Sullivan, and Ulster counties

Territory 3 includes Bronx, Kings, Nassau, New York, Putnam, Queens, Richmond, Rockland, Suffolk, and Westchester counties.