

<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><BlueShield of Northeastern New York><HealthNow New York Inc.>, 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.

DRAFT

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

Details of the rate filing are available on our website

<<https://securews.bcbswny.com/web/content/WNYmember/contact/about-us/nys-financial-department-services.html>>

<<https://securews.bsneny.com/web/content/NENYmember/contact/about-us/nys-department-of-financial-services.html>>

<https://securews.healthnowny.com/web/content/HNNY_brochure/home/news--events/member-updates/RateNotifications.html?cg_ck=1402677760147> and the DFS website www.dfs.ny.gov.

We have submitted a percentage increase to the DFS that could affect your rates. Please see the next page for details on the anticipated rate change. It is important to note that the actual approved percentage rate changes may be different from what we've requested.

We will send you information on approved rates in a rate notification letter about 60 days before the new rate will take effect.

Please note: Your rates are not changing at this time – we are simply notifying you that we have filed a request for new rates for 2015 with the DFS. In accordance with the law, you have 30 days to comment on our proposed rate 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:

http://www.dfs.ny.gov/consumer/health_ins_prem_comment.htm.

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 Commerce Plaza
Albany, NY 12257

If you submit comments to the DFS, please be sure to include "HealthNow New York Inc.¹" and its dba, <BlueCross BlueShield of Western New York><BlueShield of Northeastern New York><HealthNow New York Inc.> 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 the customer service number on the back of your member identification card, visit our website <bcbstny.com><bsneny.com> <healthnowny.com>, or mail your questions to:

<BlueCross BlueShield of Western New York> <BlueShield of
Northeastern New York><HealthNow New York Inc.>
PO Box <15013>
<Albany, NY 12212>

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

Sincerely,

Laurie L. Kalman
General Manager

Proposed Rate Changes for 2015

New York Medicare Supplement Plans – <BlueCross BlueShield of Western New York><BlueShield of Northeastern New York><HealthNow>

Modernized Medicare Supplement Plans June 1, 2010 and later effective dates		
Plan	Current Monthly Rate	Proposed Monthly Rate
A	\$x	\$x
B	\$x	\$x
C	\$x	\$x
F	\$x	\$x
Hi-Ded F	\$x	\$x
M	\$x	\$x
N	\$x	\$x

Standardized Medicare Supplement Plans May 1, 2010 and earlier effective dates		
Plan	Current Monthly Rate	Proposed Monthly Rate
A	\$x	\$x
B	\$x	\$x
C	\$x	\$x
F	\$x	\$x
Hi-Ded F	\$x	\$x
H w/o Rx Benefit	\$x	\$x
H W Rx Benefit	\$x	\$x

Pre-Standardized Medicare Supplement Plans May 1, 1992 and earlier effective dates		
Plan	Current Monthly Rate	Proposed Monthly Rate
Golden Plus Basic	\$x	\$x
Golden Plus 4	\$x	\$x