



An Anthem Company

Empire BlueCross BlueShield
PENN 1, New York, New York 10119
35th Floor
empireblue.com

<Date>
<Group Name>
<LINE_1_ADRS_TXT>
<LINE_2_ADRS_TXT>
<GrpCity>, <GrpState> <ZIP_CD>

Re: Notice of Proposed 2024 Premium Rate Change
Product Name: <PROD_MRKTG_NM >
Health Insurance Oversight System (HIOS) identification number: <HOISID>

Dear Group Benefits Administrator:

Empire is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group health insurance premium rates for 2024. New York Insurance Law requires that we provide notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. Accordingly, DFS may approve, modify, or disapprove the requested rate change.

Proposed Premium Rate Changes

The chart below shows the requested percentage change to the 2024 premium rate for the plan that you offer your employees. If your group has not yet renewed your 2023 coverage, the rate provided assumes your group renews without changes. If approved, this rate change will apply to your <RNWL_DT> renewal.

Your group's current (or anticipated) 2023 single premium rate:	\$<2023 Medical Rate>
If approved, the percentage change to your premium:	<2024 Percentage Change>%

Please note that while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features you select on renewal. Also, the final approved rate may vary because DFS may modify the proposed rate.

Why we are requesting a rate change.

The requested changes in our health plans and rates reflect our evaluation of current market trends, including the rising cost of medical care and our experience with provider networks. Our 2024 rate filings also reflect the expected 2024 impacts from the COVID-19 pandemic, including the cost of vaccine administration, RX drug costs, and continued diagnosis and treatment of COVID-19. Additionally, the rates reflect product and coverage changes to some deductibles, copays, coinsurance, benefit limits, and annual out-of-pocket maximum amounts.

What You Need to Do

Please share the attached memo with your employees who are enrolled in the <PROD_MRKTG_NM > health plan. We recommend that you provide any additional information with this notice, such as expected changes in employee contribution levels, which may help your employees better understand this notice.

30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact Empire for additional information at:

Email: premiumratechange@empireblue.com

Telephone: Small Group Contact Center, 1-866-422-2583

Mail: Empire BlueCross BlueShield

2015 Staples Mill Road

Mail Drop: VA1003-N250-Broker Services

Richmond, VA 23230

Comments or requests for more information on the proposed rate change may be submitted to DFS, by visiting the DFS Website or via standard mail as follows:

DFS Website: www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums

United States Postal Service:

NYS Department of Financial Services

Health Bureau – Premium Rate Adjustments

One Commerce Plaza

Albany, NY 12257

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer, which is Empire *.
2. The name of your Empire benefit plan as shown on your Empire ID card.
3. Indicate you have small group coverage.
4. Your HIOS identification number, which is <HOISID>.

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested.

You can find this information at the following websites:

Empire website: www.empireblue.com/priorapproval

DFS website: www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums

Notice of Approved Premium Rate

After DFS approves the final premium rate, which may differ from the requested rate noted above, you will receive final rate information at least 60 days before your 2024 renewal date.

*Additional Information

On January 1, 2024, Empire BlueCross BlueShield will become Anthem Blue Cross and Blue Shield. You and your employees can expect the same great benefits, service, and best-in-class networks you enjoy today. There is no action needed by you or your employees at this time. You will hear more about this change before your 2024 renewal date.

Your business and your employee's health and well-being are important to us. Thank you for choosing Empire for your employee health benefits plan.

Sincerely,



Alan J. Murray
President & CEO

Services provided by Empire HealthChoice Assurance, Inc. licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

PY24 SG NOF Letter_EBS



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Empire BlueCross BlueShield
PENN 1, New York, New York 10119
35th Floor
empireblue.com

<Date>

IMPORTANT: Notice of Proposed 2024 Premium Rate Change

Product Name: <PROD_MRKTG_NM>

Health Insurance Oversight System (HIOS) Identification Number: <HOISID>

Important News About Your Empire Health Plan

Empire is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group health insurance premium rates for 2024. New York Insurance Law requires that we provide notice to you when we submit requests for premium rate changes to DFS. DFS is required by law to review our requested rate change. Accordingly, DFS may approve, modify, or disapprove the requested rate change.

Proposed Premium Rate Change

The chart below shows the requested rate change for the plan offered by your employer. This rate change request (if approved by the DFS) takes place on your annual renewal date, <RNWL_DT>.

Your group's current (or anticipated) 2023 single premium rate:	\$<2023 Medical Rate>
If approved, the percentage change to your premium:	<2024 Percentage Change>%

The details of who pays your plan's premium cost are between you and your employer. So, any percentage change in the amount you and your employer contribute to your premium cost may be different from the percentage listed above.

Please note that while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features that your employer selects on renewal. Also, the final approved rate may vary because DFS may modify the proposed rate.

Why we are requesting a rate change.

The requested changes in our health plans and rates reflect our evaluation of current market trends, including the rising cost of medical care and our experience with provider networks. Our 2024 rate filings also reflect the expected 2024 impacts from the COVID-19 pandemic, including the cost of vaccine administration, RX drug costs, and continued diagnosis and treatment of COVID-19. Additionally, the rates reflect product and coverage changes to some deductibles, copays, coinsurance, benefit limits, and annual out-of-pocket maximum amounts.

30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact Empire for additional information at:

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DFS website: www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums

United States Postal Service:

NYS Department of Financial Services
Health Bureau — Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

If you want to submit comments to DFS, please include the following:

1. The name of your insurer, which is Empire*.
2. The name of your Empire benefit plan as shown on your Empire ID card
3. Indicate you have small group coverage
4. Your Health Insurance Oversight System (HIOS) Identification number, which is <HOISID>

Written comments submitted to the DFS will be posted on the DFS website with all your personal information removed.

Plain English Summary of Rate Change

Empire has prepared a plain English summary that explains in more detail the reasons why a premium rate change has been requested. You can find this information at the following websites:

Empire website: www.empireblue.com/priorapproval

DFS website: www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums

Notice of approved premium rate

After DFS approves the final premium rate, which may differ from the requested rates noted above, you will receive final rate information at least 60 days before your 2024 renewal date.

*Additional Information

On January 1, 2024, Empire BlueCross BlueShield will become Anthem Blue Cross and Blue Shield. You can expect the same great benefits, service, and best-in-class networks you enjoy today. There is no action needed by you. You will hear more about this change before your 2024 renewal date.

Thank you for choosing Empire for your health benefits plan.

Sincerely,



Alan J. Murray
President & CEO