

<Date>  
<Group Name>  
<LINE\_1\_ADRS\_TXT>  
<LINE\_2\_ADRS\_TXT>  
<GrpCity>, <GrpState> <ZIP\_CD>

**Re: Notice of Proposed 2025 Premium Rate Change**  
**Product Name:** <PROD\_MRKTG\_NM >  
**Health Insurance Oversight System (HIOS) identification number:** <HOISID>

Dear Group Benefits Administrator:

Anthem 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 2025. 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 2025 premium rate for the plan you offer your employees. If your group has not yet renewed your 2024 coverage, the rate provided assumes your group renews without changes. This rate change will apply to your <RNWL\_DT> renewal if approved.

<b>Your group's current (or anticipated) 2024 single premium rate:</b>	\$<2024 Medical Rate>
<b>If approved, the percentage change to your premium:</b>	<2025 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 2025 rate filings reflect changes in Rx drug costs and formulary changes on some plans, as well as 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 comment period is expected to begin 5 business days from the postmark date of this notice.

You can contact Anthem for additional information at:

**Email:** [PremiumRateChange@anthembluecross.com](mailto:PremiumRateChange@anthembluecross.com)

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

**Mail:** Anthem Blue Cross Blue Shield  
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](http://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 Anthem.
2. The name of your Anthem benefit plan as shown on your Anthem 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, and all your personal information will be removed.

### Plain English Summary of Rate Change

We have prepared a plain English summary that provides a more detailed explanation of why a premium rate change is being requested. You can find this information at the following websites:

**Anthem website:** <https://www.anthem.com/mcr/priorapproval>

**DFS website:** [www.dfs.ny.gov/consumers/health\\_insurance/health\\_insurance\\_premiums](http://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums)

### Notice of Approved Premium Rate

Anthem Blue Cross and Blue Shield is the trade name of Anthem HealthChoice HMO, Inc. and Anthem HealthChoice Assurance, Inc. Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

PY25 SG NOF Letter\_ABC

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 2025 renewal date.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Victor DeStefano", with a horizontal line extending from the end of the signature.

Victor DeStefano  
RVP & GM Sales NY Commercial

<Date>

**IMPORTANT: Notice of Proposed 2025 Premium Rate Change**

**Product Name:** <PROD\_MRKTG\_NM >

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

**Important News About Your Anthem Health Plan**

Anthem 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 2025. 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>.

<b>Your group's current (or anticipated) 2024 single premium rate:</b>	\$<2024 Medical Rate>
<b>If approved, the percentage change to your premium:</b>	<2025 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 differ from the above-mentioned percentage.

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 2025 rate filings reflect changes in Rx drug costs and formulary changes on some plans, as well as 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 comment period is expected to begin 5 business days from the postmark date of this notice.

You can contact Anthem for additional information at:

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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](http://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums)  
United States Postal Service:  
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2. The name of your Anthem benefit plan as shown on your Anthem 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, and all your personal information will be removed.

### **Plain English Summary of Rate Change**

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

**Anthem website:** <https://www.anthem.com/mcr/priorapproval>  
**DFS website:** [www.dfs.ny.gov/consumers/health\\_insurance/health\\_insurance\\_premiums](http://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 2025 renewal date.

Thank you for choosing Anthem for your health benefits plan.

Sincerely,



Victor DeStefano  
RVP & GM Sales NY Commercial