

An Anthem Company HealthPlus HP, LLC PO Box 659960 San Antonio, TX 78265-9146

May 18, 2022

<Subscriber first name> <Subscriber last name> <Subscriber address> <Subscriber address> <Subscriber city>, <state> <zip>

# Notice of Proposed Premium Rate Change Product name> Health Insurance Oversight System (HIOS) Identification Number: 2022 HIOS ID 2022 HIOS ID 2023 HIOS ID

Dear <subscriber first name> <subscriber last name>,

Empire BlueCross BlueShield is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2023. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

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

## Proposed Premium Rate Change

Your current monthly premium is: \$<2022 medical rate>. If approved, the percentage change to your premium is <2023 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 differ 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, a changing pool of customers and our experience with provider networks. Our 2023 rate filings also reflect the expected 2023 impacts from the COVID-19 pandemic, including the cost of vaccine administration and continued diagnosis and treatment of COVID-19. Additionally, the rates reflect changes to some deductibles, copays, coinsurance, benefit limits, and/or 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 BlueCross BlueShield for additional information.

Empire BlueCross BlueShield PO Box 659960 San Antonio, TX 78265-9146 **Telephone:** please see the number on the back of your Empire health plan ID card **Empire Website:** https://www.empireblue.com/contact-empire-blue/ 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:** https://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 HealthPlus HP, LLC.
- 2. The name of your Empire benefit plan
- 3. Indicate you have individual coverage
- 4. Your HIOS Plan ID number, which is 2022 HIOS ID <2022 HIOS ID> / 2023 HIOS ID <2023 HIOS ID>

Written comments submitted to DFS will be posted on the DFS website without your personal information.

### 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: https://www.empireblue.com/ms/ratefiling/home.html
- DFS Website: https://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 2023 renewal date.

Sincerely,

Dr. Mark Levy. MD, MPH President & CEO Empire BlueCross BlueShield HealthPlus