



ANTHEM HP, LLC  
P.O. Box 659960  
San Antonio, TX 78265-9146

<SUBSCRIBER FIRST NAME> <SUBSCRIBER LAST NAME> <DATE>  
<SUBSCRIBER CARE OF>  
<SUBSCRIBER ADDRESS LINE 1>  
<SUBSCRIBER ADDRESS LINE 2>  
<SUBSCRIBER CITY>, <STATE> <ZIP>

### Notice of Proposed Premium Rate Change

**Member ID:** <HCID>  
**Plan Name:** <Product name>  
**Health Insurance Oversight System (HIOS) Identification Number:** <2024 HIOS ID>

Dear <Subscriber first name>,

Anthem Blue Cross HP is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2025. 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: \$<2024 medical rate>.  
If approved, the percentage change to your premium is <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 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 2025 rate filing reflects expected changes in the health of the ACA risk pool, financial impacts of RX drug costs, and coverage changes to some deductibles 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 change. The comment period is expected to begin 5 business days from the postmark date of this notice.

You can contact Anthem Blue Cross HP for additional information.

Anthem Blue Cross HP  
PO Box 659960

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**Telephone:** please see the number on the back of your Anthem health plan ID card

**Anthem Website:** [anthembluecross.com/contact-us](https://www.anthembluecross.com/contact-us)

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](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 Anthem HP, LLC.
2. The name of your Anthem benefit plan, which is <Product name>
3. Indicate you have individual coverage
4. Your HIOS Plan ID number, which is <2024 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:


**Anthem Website:** [anthembluecross.com/mcr/ratefiling.html](https://www.anthembluecross.com/mcr/ratefiling.html)

**DFS Website:** [https://www.dfs.ny.gov/consumers/health\\_insurance/health\\_insurance\\_premiums](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 2025 renewal date.

Sincerely,



Dr. Mark Levy, MD, MPH

President & CEO

Anthem Blue Cross and Blue Shield