



An Anthem Company

P.O. Box 659816
San Antonio, TX 78265-9116

[Date]

[Member Name]
[Address 1]
[Address 2]
[City, State ZIP Code]

IMPORTANT: Proposed Rate Change Notice — Medicare Supplement

Each year, rising medical costs and the growing use of medical goods and services combined, drive healthcare costs higher. Due to the general rise in medical costs, we are requesting a [9.9%] rate increase on [January 1, 2024] from the New York State Department of Financial Services (DFS). Any approved premium rate change will take effect on your policy anniversary date occurring on [January 1, 2024] or later.

In compliance with New York State law, this is our initial notice to members explaining our proposed rate change. Empire BlueCross' narrative summary as well as additional information that provides a detailed summary of the factors that contribute to the rate change will be posted on both DFS' (<https://myportal.dfs.ny.gov/web/prior-approval/rate-applications-by-company>) and Empire BlueCross' (empireblue.com/ratefiling) websites.

The DFS may approve, modify, or disapprove our proposed rate changes. You will receive additional notice concerning the DFS' approval or modification of our proposed rate changes and how your renewal premium is affected at least 60 days prior to your renewal date. Our notification will include the new renewal premium amount and the effective date of the premium change.

You have 30-days from the receipt of this notice to request additional information or submit your written comments. To contact us to determine the start and end of the comment period, or to submit comments, you may call, email, or write to:

Empire BlueCross
P.O. Box 659816
San Antonio, TX 78265-9116
Toll free: 844-395-1026; TTY/TDD: 711
Hours: 8 a.m. to 6 p.m. ET, Monday through Friday
Email: MedSuppRateChange@empireblue.com

Or, you may write the New York State Department of Financial Services at:

Health Bureau – Premium Rate Adjustments
New York State Department of Financial Services
One Commerce Plaza
Albany, NY 12257
https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums

When you email or write to either DFS or us, please be sure to include the insurer's name Empire BlueCross on all letters. Also, please be advised that your comments will be posted on DFS' website, but your personal information will not be published.

Sincerely,

A handwritten signature in black ink, appearing to read "Elena McFann". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Elena McFann
President, Medicare

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.