



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 1>
<SUBSCRIBER CITY>, <STATE> <ZIP>

Notice of Proposed Premium Rate Change

Member ID: <HCID>

Plan Name: <Product name>

Health Insurance Oversight System (HIOS) Identification Number: <2026 HIOS ID>

Dear <Subscriber first name>,

Anthem Blue Cross and Blue Shield HP is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2027. 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: \$<2026 medical rate>.

If approved, the percentage change to your premium is <2027 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 2027 rate filing reflects the financial impacts of RX drug costs and coverage changes to some deductibles and annual out-of-pocket maximum amounts. In addition, our rate filing reflects the impact to the health of the ACA risk pool as well as the financial and membership impacts due to the expiration of the American Rescue Plan Act, repeal of the 1332 waiver, and loss of Medicaid eligibility for certain populations.

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 and Blue Shield HP for additional information.

Anthem Blue Cross and Blue Shield HP

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

Anthem Website: [anthem.com/contact-us](https://www.anthem.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

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 <2026 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

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 2027 renewal date.

Sincerely,



C. Valentine Theard, MD, MBA

NY Medicaid Market Leader

Anthem Blue Cross and Blue Shield