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<MF07> <MF08>

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<MF11>, <MF12> <MF13>

Account Number: <MF06>

Reference Number: <MF05>

Dear <MF07> <MF08>:

Blue Cross Blue Shield of Massachusetts is conducting our annual Patient Protection and Affordable Care Act (PPACA) survey to satisfy federal government requirements. This survey defines the size of your company (small or large) for potential rebate purposes.

Why You Should Complete This Survey

The PPACA requires insurance companies to report our Medical Loss Ratio (MLR) to federal regulators annually, and pay rebates to our accounts if certain MLR targets aren't met. The calculation of the MLR is based, in part, on the size of the employer groups that we insure. To calculate MLR for 2021 and determine if any rebate is due to your company in 2022, we need to know whether your company should be categorized as a "small" or "large" employer group.





Why You Need to Calculate and Report the Number of Employees

If we're required to issue MLR rebates in 2022, the size of your company will be a factor in determining if you'll be eligible for a rebate. That's why we're asking you to complete the enclosed *Employer Group Size Survey* and indicate your company's average number of employees in 2020, consistent with the definition provided in the survey.

If a rebate is due to your company based on the MLR calculations, you must provide detailed reporting information, which we're required by law to retain and report to federal regulators. You must also distribute the rebate funds (if applicable) proportionally to your employees, based on their premium contribution.

When to Return This Survey

Please respond **within the next 10 business days** to avoid receiving unnecessary follow-up calls and letters. Your timely response to this survey will help us determine if your company will receive a rebate for reporting year 2021. Rebates would be issued in 2022. We prefer that you respond online, but you can also respond by mail, phone, or fax. See below for details.

 To respond online , visit <MF18> and provide the requested information. You'll need your Account Number and Reference Number (located at the top right of this page).	
 To respond by mail , please complete the enclosed survey and send it to: Blue Cross Blue Shield of Massachusetts <<MF21>> <<MF22>> <<MF23>> , <<MF24>> <<MF25>>	 To respond by phone , please call us at: <MF26>  To respond by fax , please complete the enclosed survey and fax it to: <MF27>

Questions?

If you have questions, refer to the enclosed *Frequently Asked Questions* sheet, or call us at [<MF26>](#). Thank you for your response.

Sincerely,

Blue Cross Blue Shield of Massachusetts

Enclosures: Patient Protection and Affordable Care Act MLR Calculation Employer Group Size Survey, FAQs

