

SERFF Tracking Number: XFRD-128363086 State: New York  
 Filing Company: Oxford Health Plans (NY), Inc. State Tracking Number:  
 Company Tracking Number:  
 TOI: H15I Individual Health - Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical  
 Hospital/Surgical/Medical Expense Expense  
 Product Name: Oxford Healthy NY: CY2013  
 Project Name/Number: /

## Filing at a Glance

Company: Oxford Health Plans (NY), Inc.

Product Name: Oxford Healthy NY: CY2013

TOI: H15I Individual Health -

Hospital/Surgical/Medical Expense

Sub-TOI: H15I.001 Health -

Hospital/Surgical/Medical Expense

Filing Type: Rate Adjustment pursuant to  
 Section 4308(c)

SERFF Tr Num: XFRD-128363086 State: New York

SERFF Status: Draft

State Tr Num:

Co Tr Num:

State Status:

Co Status:

Reviewer(s):

Authors: [REDACTED]

Disposition Date:

Date Submitted:

Disposition Status:

Implementation Date Requested: 01/01/2013

Implementation Date:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 46.5%

Company Status Changed:

Deemer Date:

Submitted By:

PPACA: Not PPACA-Related

Filing Description:

Enclosed please find Oxford Health Plans (NY), Inc.'s rate filing application for January through December 2013 for the above referenced form numbers. This filing addresses Healthy NY rates for Individual and Small Group contracts, both High Deductible and non-High Deductible plans already on file. We are submitting this rate filing subject to Prior Approval, pursuant to Section 4308(c) of the Insurance Law.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 05/15/2012

State Status Changed:

Created By: [REDACTED]

Corresponding Filing Tracking Number:

## Company and Contact

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### Filing Contact Information

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48 Monroe Turnpike  
Trumbull, CT 06611

### Filing Company Information

Oxford Health Plans (NY), Inc.  
48 Monroe Turnpike  
Trumbull, CT 06614  
(203) 459-6000 ext. [Phone]

CoCode: 95479  
Group Code: 1182  
Group Name:  
FEIN Number: 06-1181200

State of Domicile: New York  
Company Type:  
State ID Number: 06-1181200

### Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

### State Specific

1. Is a parallel product being submitted for another entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: HMO
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): Yes - Healthy New York
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is an out-of-state filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Rate Only
5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation.): Yes - Prior Approval Rate Adjustment
6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No

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7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No

8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No

9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No

10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary and initial notification letter associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): Yes, State Tr Num: 2012060043, SERFF Tr Num: XFRD-128432536

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## Rate Information

Rate data applies to filing.

**Filing Method:** Prior Approval  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 32.600%  
**Effective Date of Last Rate Revision:** 01/01/2012  
**Filing Method of Last Filing:** Prior Approval

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
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Oxford Health Plans (NY), Inc.	Increase	46.500%	46.500%	\$75,525,029	0	\$162,453,654	46.500%	46.500%
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Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
<b>Covered Lives:</b>	39,473	0	0	0	3,025	0	0	0
<b>Policy Holders:</b>	0	0	0	0	0	0	0	0

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## Rate Review Details

### COMPANY:

Company Name: Oxford Health Plans (NY), Inc.  
HHS Issuer Id: 26420  
Product Names: Oxford Healthy New York  
Trend Factors: We are requesting an increase of 46.5% versus the 2012 rates.

### FORMS:

New Policy Forms:  
Affected Forms:  
Other Affected Forms: OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY no Rx (04/03), OHPNY R HNY S BU 1006, OHPNY R HNY IND BU 1006, OHPNY R IND BU 1006

### REQUESTED RATE CHANGE

#### INFORMATION:

Change Period: Annual  
Member Months: 442,656  
Benefit Change: None  
Percent Change Requested: Min: 46.5 Max: 46.5 Avg: 46.5

#### PRIOR RATE:

Total Earned Premium: 162,453,654.00  
Total Incurred Claims: 164,403,098.00  
Annual \$: Min: 267.36 Max: 412.85 Avg: 367.00

#### REQUESTED RATE:

Projected Earned Premium: 237,825,303.00

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Product Name: Oxford Healthy NY: CY2013  
Project Name/Number: /  
Projected Incurred Claims: 196,270,770.00  
Annual \$: Min: 391.68 Max: 604.83 Avg: 537.27

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<p><b>Satisfied - Item:</b> Actuarial Memorandum/Actuarial Certification</p> <p><b>Comments:</b></p> <p><b>Attachments:</b>            5 Oxford HNY Actuarial Memorandum 2013.pdf            4 Certification_HNY_2013.pdf</p>		
<p><b>Satisfied - Item:</b> Checklist-Rate Adj Filings per 3231(e)(1) or 4308(c)</p> <p><b>Comments:</b></p> <p><b>Attachment:</b>            NY SG HNY 2013 Checklist.pdf</p>		
<p><b>Bypassed - Item:</b> Consumer Disclosure Form</p> <p><b>Bypass Reason:</b> Must bypass this Requirement at initial submission since the required documentation is not yet available on HIOS/HHS.</p> <p><b>Comments:</b></p>		
<p><b>Satisfied - Item:</b> Final Notice of Proposed Rate Adjustment</p> <p><b>Comments:</b></p> <p><b>Attachments:</b>            2013 Oxford HNY Individual and Sole P - Final Notice.pdf            2013 Oxford HNY SG Group - Final Notice.pdf</p>		

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 Project Name/Number: /  
 2013 Oxford HNY SG Subscriber - Final Notice.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Initial Notice of Proposed Rate Adjustment

**Comments:**

**Attachment:**

2013\_Oxford\_NY\_Healthy\_NY\_Initial\_Notices.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Rate Summary Worksheet

**Comments:**

**Attachments:**

Oxford HNY IND 2013 HHS Part I.pdf  
 Oxford HNY IND 2013 HHS Part I.xls  
 Oxford HNY SG 2013 HHS Part I.pdf  
 Oxford HNY SG 2013 HHS Part I.xls

**Item Status:** **Status Date:**

**Satisfied - Item:** Standard Exhibit 1 - General Information

**Comments:**

**Attachments:**

2013 Oxford HNY Standard Exhibit 1.pdf  
 2013 Oxford HNY Standard Exhibit 1.xls

**Item Status:** **Status Date:**

**Satisfied - Item:** Standard Exhibit 2 - Summary of Average Claim Trend and Administrative Expenses

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 Product Name: Oxford Healthy NY: CY2013  
 Project Name/Number: /

**Comments:**

**Attachments:**

2013 Oxford HNY Standard Exhibit 2.pdf  
 2013 Oxford HNY Standard Exhibit 2.xls

**Item Status:** **Status Date:**

**Satisfied - Item:** Standard Exhibit 3 - Narrative Summary

**Comments:**

Final DFS-Approved Narrative Summary

**Attachments:**

2013 Oxford NY HNY Narrative Summary final.pdf  
 2013 Oxford HNY Standard Exhibit 3.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Standard Exhibit 4 - Summary of Proposed Percentage Rate Changes

**Comments:**

**Attachments:**

2013 Oxford HNY Standard Exhibit 4A.pdf  
 2013 Oxford HNY Standard Exhibit 4A.xls  
 2013 Oxford HNY Standard Exhibit 4B.pdf  
 2013 Oxford HNY Standard Exhibit 4B.xls  
 2013 Oxford HNY Standard Exhibit 4C.pdf  
 2013 Oxford HNY Standard Exhibit 4C.xls  
 2013 Oxford HNY Standard Exhibit 4D.pdf  
 2013 Oxford HNY Standard Exhibit 4D.xls

**Item Status:** **Status Date:**

**Satisfied - Item:** Standard Exhibit 5 - Distribution of Contracts Affected by Proposed

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 Project Name/Number: /  
 Rate Adjustments

**Comments:**

**Attachments:**

2013 Oxford HNY Standard Exhibit 5A.pdf  
 2013 Oxford HNY Standard Exhibit 5A.xls  
 2013 Oxford HNY Standard Exhibit 5B.pdf  
 2013 Oxford HNY Standard Exhibit 5B.xls

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Standard Exhibit 6 - Summary of  
 Policy Form and Product Changes

**Comments:**

**Attachments:**

2013 Oxford HNY Standard Exhibit 6.pdf  
 2013 Oxford HNY Standard Exhibit 6.xls

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Standard Exhibit 7 - Historical Data

**Comments:**

**Attachments:**

2013 Oxford HNY Standard Exhibit 7.pdf  
 2013 Oxford HNY Standard Exhibit 7.xls

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Redacted Documents for Web  
 Posting

**Comments:**

**Attachments:**

2 Cover Letter\_HNY\_2013\_REDACTED.pdf  
 4 Certification\_HNY\_2013\_REDACTED.pdf  
 2013 Oxford HNY Standard Exhibit 1 REDACTED.pdf  
 2013 Oxford HNY Standard Exhibit 1 REDACTED.xls

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Product Name: Oxford Healthy NY: CY2013  
Project Name/Number: /

**Item Status:** **Status Date:**

**Satisfied - Item:** Cover Letter

**Comments:**

**Attachment:**

2 Cover Letter\_HNY\_2013.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Supporting Exhibits I - II

**Comments:**

As noted in the Cover Letter.

**Attachments:**

7 Exhibit I - Oxford HNY Rate Development 2013.pdf

8 Exhibit II - HNY Standardized Premium v2.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Rate Manual

**Comments:**

As noted in the Cover Letter.

**Attachment:**

6 Oxford HNY Rate Manual 2013.pdf



*Oxford Health Plans (NY), Inc.*  
**Healthy New York Small Group, Individual, & Sole Proprietor  
Rates Effective January 2013 – December 2013**

**ACTUARIAL MEMORANDUM**

**I. Introduction**

This rate filing addresses development of the rates effective from January 1, 2013 through December 31, 2013 for the Healthy New York Small Group, Individual, and Sole Proprietor products written by Oxford Health Plans (NY), Inc. (“OHP”). This rate filing is being submitted pursuant to Prior Approval. Rates effective January 1, 2012 through December 31, 2012 were filed with the Department of Financial Services (“DFS”) on July 17, 2011 and modified by DFS on October 7, 2011.

Due to federal healthcare reform changes, there are now two versions of the High Deductible and Non High Deductible plans. The grandfathered versions include preventive coverage at cost share. The new versions include 100% preventive coverage. All plans include coverage of dependents to age 26. The preventive care at 100% coverage applies to plans first purchased on or after March 23, 2010.

**II. Requested Rate Adjustments**

For each month in 2013, we are requesting a 46.5% increase over rates for the corresponding effective date in 2012. This increase applies uniformly to all medical, pharmacy, and dependent to age 29 rider rates. Because the rates were the same for all 2012 effective dates, the requested rates are the same for all 2013 effective dates as well.

The requested rate increase above includes the applicable impacts of the fees and assessments associated with the Patient Protection and Affordable Care Act (“PPACA”). This is described in greater detail in Section VI of this Memorandum.

In addition to this premium rate adjustment filing, we separately submitted a benefit change filing associated with federally mandated changes to women's preventive coverage. The requested rate impact for this coverage change is approximately 0.32%. More detailed information about these filings can be found in DFS Supplemental Exhibit 6.

**III. Source Data**

We projected future claims for the Healthy New York Small Group, Individual, and Sole Proprietor products by using claims incurred between January 1, 2011 and December 31, 2011 paid through March 31, 2012. Completion factors were applied by incurred month in order to calculate the fully incurred claims.

As required by the DFS filing checklist , we used the filed large group credibility formula for Oxford Health Insurance, Inc. to test the credibility of this block of business. The formula is:

$$A = \text{Number of Contracts Factor} = (\text{Contracts}/500)^{1/2}, \text{ never to exceed } 141.42\%$$

The resulting credibility of this block of business and experience period exceeds 100% based upon this formula.

#### **IV. Trend**

We develop forward-looking medical expense estimates based on a number of considerations. As a general matter, we review our own recent/emerging claims experience at the state level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Forward looking utilization levels are developed based on emerging state level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

The projected annual trend factor is 12.5%. This breaks down into the following components: 5.6% unit cost, 5.5% utilization, and 1.1% trend leveraging.

#### **V. Rate Development**

The key assumptions used in the development of the required rate change are as follows:

- **Trend:** The rate development assumes projected annual trend of 12.5% (5.6% unit cost, 5.5% utilization, and 1.1% trend leveraging).
- **Regulation 146:** The Healthy New York market segment is not subject to Regulation 146.
- **Stop Loss:** A significant portion of the requested increase is due to our projection of the reimbursement we will receive from the Healthy New York Stop Loss Pool for 2013. While we expect to receive reimbursement from the pool in 2013, we project that it will be lower than the full requested reimbursement amount, which will decrease the subsidy available as a percentage of total claims. The projected Healthy New York Stop Loss recovery amount for the rating period is a receivable of \$66.22 PMPM, or 14.9% of projected claims. This projected PMPM recovery amount is equal to the PMPM receivable for the experience period. The experience period recovery is equal to 19.7% as a percentage of total claims.
- **Target Loss Ratio:** The rate development assumes an 84.0% target loss ratio before the addition of the PPACA fees and assessments and on a combined basis for the Individual, Small Group, and Sole Proprietor products. We have analyzed these on a combined basis in order to maintain the same price for all purchasers. In addition, the combination of the experience results in more credible data.

Please see Exhibit I for a detailed development of the requested rate change. We have used claims incurred between January 1, 2011 and December 31, 2011 paid through March 31, 2012 as our base experience period for the projection. The calendar year loss ratio for this experience

period is 113.2%.

As shown in Exhibit I, the following adjustments are made to the experience period claims as part of the claims projection:

1. **Trend:** A trend factor of 1.266 is applied reflecting a 12.5% annual trend and 24 months between the endpoint of the experience period (December 31, 2011) and the endpoint of the rating period (December 31, 2013). The Stop Loss amounts from the experience period are removed before the claims are trended and prior to any of the following adjustments being made.

As aforementioned, the projected Healthy New York Stop Loss amount for the rating period is a receivable of \$66.22 PMPM. This negative amount is added to the trended and adjusted claims in order to calculate the total projected claims for the rating period.

For the premium projection shown in Exhibit II, we calculated the standardized premiums by bringing the earned premiums from the experience period to the 2012 rate level. Please see Exhibit II for this calculation.

The projected loss ratio before application of expected Stop Loss subsidies at the current rate level is 138.9%. Projected Stop Loss subsidies are 14.9% of projected claims. The overall Healthy New York projected loss ratio of 120.9% for the rating period after the application of the projected Stop Loss recoveries is calculated by dividing the projected claims by the standardized premium. The required 2013 rate increase over 2012 rates is 43.9% to target an 84% loss ratio after expected stop-loss recoveries but before the addition of the PPACA fees and assessments. The inclusion of the PPACA fees and assessments described in section VI increases the requested increase to 46.5% for each month of 2013 over the prior year.

## **VI. Insurer and Reinsurance Fees**

The Patient Protection and Affordable Care Act (PPACA) includes several new taxes and fees which will increase health insurance costs and need to be reflected in premium. The two largest cost impacts both take effect with calendar year 2014 earned premiums:

1. **Insurer Fee:** This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent years.) Each insurance carrier's assessment will be based on earned health insurance premiums with certain exclusions. We estimate 2014 premium will need to be increased by 2.2% to cover this fee.
2. **Reinsurance Fee:** This is a temporary fee that applies to all commercial groups (both fully insured and self-funded) from 2014 to 2016 for the purpose of funding the reinsurance pool for high cost claimants in the individual market during this three year transitional period. The total baseline amounts to be collected to fund this pool are \$12B in 2014, \$8B in 2015, and \$5B in 2016, and individual states can add to this baseline. Each insurance carrier will be assessed on a per capita basis. We estimate 2014 premium will need to be increased by \$5.85 per member per month to cover just the baseline amount mentioned above.

Because these fees apply to all earned premiums starting in calendar year 2014, they impact only 1 month of premium associated with February 2013 rate effective dates, 2 months of premium for March, 2013 rate effective dates, ... and 11 months of premium associated with December 2013 rate effective dates. As a result, the full 2014 impacts outlined above have been reduced for the 2013 rate effective dates in this filing to reflect just the amount of the policy period premium that falls into 2014. We have calculated the aggregate impact for 2013 in order to continue to maintain the same rates for all effective dates within the year.

### **VII. Expected Loss Ratio**

The requested rate increase reflects an 84% target loss ratio before the addition of PPACA fees and assessments.

### **VIII. Commissions**

Broker commissions are 3.5% of premium for business new and renewing in calendar year 2013.

### **IX. Projected Expense Components**

Please see DFS Supplemental Exhibit 2 with the projected expense components for 2013.

**Oxford Health Plans (NY), Inc.  
Prior Approval Rate Application  
Healthy New York  
January – December 2013**

**Actuarial Certification**

I, [REDACTED], am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries.

To the best of my knowledge and based upon the information and data available to me, I certify that:

- (a) The filing is in compliance with all applicable laws and regulations of the State of New York.
- (b) The filing is in compliance with Actuarial Standard of Practice No. 8.
- (c) The expected loss ratio of 84% exceeds the minimum requirement of the State of New York.
- (d) The benefits are reasonable in relation to the premiums charged.
- (e) The rates are not unfairly discriminatory.

[REDACTED]

June 15, 2012

## NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

### Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

As of 5/18/2012

Use this Checklist for all rate adjustment filings submitted pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law. One of the following two SERFF filing type codes must be used to properly denote such a filing. A rate submission with the wrong filing type code will be rejected and will need to be resubmitted with the correct filing type code.

**Rate Adjustment Pursuant to Section 3231(e)(1):** This filing type is used for Article 42 insurers that are submitting a rate adjustment only filing for a hospital and/or medical coverage (including Medicare Supplemental insurance) for small groups and individuals under the Section 3231(e)(1) prior approval process. This filing type cannot be used for form filings, initial rate filings, or by Article 43 Corporations or Health Maintenance Organizations (HMOs).

**Rate Adjustment Pursuant to Section 4308(c):** This filing type is used for Article 43 Corporations and HMOs that are submitting a rate adjustment only filing for any policy form that uses a community rating structure. This includes hospital and/or medical policy forms, or separate stand-alone dental policy forms, that are not required to be community rated but for which the corporation voluntarily community rates. "Community rating" means a rating methodology in which the premium for all persons covered by a policy or contract form is the same, based on the experience of the entire pool of risks covered by that policy or contract form without regard to age, sex, health status or occupation. This also includes the HMO portion of large group Point of Service business where an approved experience rating formula is not used. This filing code cannot be used for form filings, initial rate filings, or by commercial insurers.

A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) can include an expansion of an existing rate table to include new benefit options (such as rates for additional copays or deductibles) provided that: (a) the already approved contract language includes the new benefit options being added, (b) the actuarial memorandum clearly identifies the new benefit options being added and provides appropriate actuarial support for the new rates, and (c) approved contract language pages and the Department's approval letter are included with the rate filing documenting that the benefit options being added are included in the already approved contract language. No Section 3231(e)(1) or Section 4308(c) rate adjustment filing can include rates that require contract language approval where such approval has not already been received.

A change to existing rating region differentials is a rate adjustment filing pursuant to Section 3231(e)(1) or Section 4308(c). A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) cannot reflect an expansion to a new service area. A service area expansion, and the rate applicable to that new service area, must be submitted as a separate rate filing using the "Normal Pre-Approval" SERFF filing type code. A Section 3231(e)(1) or Section 4308(c) filing cannot be used to withdraw from a service area.

If a company wishes to eliminate some of its approved benefit options included in the current rate manual, this cannot be done pursuant to a Section 3231(e)(1) or Section 4308(c) rate adjustment application. Such elimination is to be implemented by submitting a form and rate filing using the "Normal Pre-Approval" SERFF filing type code and the filing is to include a revised statement of variables for the benefit options that are available along with revised rate manual pages reflecting the revised benefit options.

A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) cannot include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing (a new form or a revision to an existing form) must be a separate filing from the rate adjustment filing. Once a new rate has been approved (for a new policy form or for a revision to an existing policy form), such new rate can be incorporated into the next Section 3231(e)(1) or Section 4308(c) rate adjustment filing.

The "Normal Pre-Approval" SERFF filing type code triggers the traditional Department review (generally by the Albany Health Bureau unit) and would be used for all form and rate filings, form only filings, experience rating formula filings, or commercial insurer rate only filings other than filings submitted pursuant to Section

## NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

### **Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law**

3231(e)(1), or Article 43 Corporation and HMO rate only filings other than filings submitted pursuant to Section 4308(c). The “Normal Pre-Approval” SERFF filing type code would also be used for old individual medical policy forms that are not community rated. Rate revisions for products subject to Section 3231(e)(1) or 4308(c) incorporated into a form and rate filing that adjusts an existing policy form for a change in benefit language can only reflect rate changes due to the benefit revision and can not reflect any adjustment for experience or trend. A “Normal Pre-Approval” SERFF type filing for a product subject to Section 3231(e)(1) or 4308(c) can not include rolling rate tables that extend beyond the period included in the most recently approved or pending Section 3231(e)(1) or Section 4308(c) rate adjustment submission (for example, the last rate adjustment submission included quarterly rolling rate tables for each calendar quarter of 2012; a benefit revision is submitted January 2012 to be effective July 1, 2012; this form and rate filing can include rolling rate tables for third and fourth quarter 2012, but not beyond fourth quarter 2012).

New or revised commission schedules or broker fee schedules must first be placed on file using a rate filing with a “Normal Pre-Approval” SERFF filing type code. Once the new or revised schedule has been placed on file, any rate impact can be included with the next Section 3231(e)(1) or Section 4308(c) rate adjustment filing and the change and its impact on the premium rates is to be discussed in the actuarial memorandum.

It is recommended that a Section 3231(e)(1) or Section 4308(c) rate filing application be submitted at least 150 days before the proposed effective date, however, in determining how far in advance to submit such a rate filing, the company should consider: the time needed to load final rates into its computer system; produce the final rate notice, which is to be sent at least 60 days before the scheduled rate change effective date of the renewal cohort; the 60 days the Department has to review the material; and the time the clock may be stopped while the company responds to issues raised by the Department about the rate filing.

It is recommended that a rate adjustment submission not be submitted more than 180 days prior to the proposed rate effective date. It is recommended that a rate adjustment submission not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing. If a company can not send the required final notice at least 60 days in advance of the rate change date for a particular renewal cohort, then the rate change implementation date for such renewal cohort will need to be deferred. Contract terms will dictate whether the rate change can be deferred to a later implementation date for that renewal cohort (e.g., for the July 2012 renewal cohort, deferring the rate change to August 2012, while retaining the next rate change date as July 2013), or deferring implementation of the newly approved rates to a later renewal cohort (e.g., assuming quarterly rolling rates are used: renewing the July 2012 renewal cohort using the previously approved second quarter 2012 rate tables, and implementing the newly approved rates with the August 2012 renewal cohort).

Each attachment to the rate adjustment application must be compatible with the following software: Microsoft Word 2003, Microsoft Excel 2003, or Adobe Acrobat 9.

When an attachment is submitted via SERFF as other than an Adobe Acrobat PDF file, another copy of that attachment is to also be included in Adobe Acrobat PDF file format. This can occur when one of the standard exhibits is required to be submitted as an Excel workbook, or when an appendix/attachment to the actuarial memorandum is submitted in other than PDF format. Failure to include a PDF version of each attachment will result in an objection letter being sent for the missing material and the rate submission will be tolled while waiting for the missing material to be submitted.

The rate manual and the year over year exhibit (if distinct versions are used) are to be attached to the Rate Schedule tab of an initial SERFF filing. All other attachments are to be attached to the Supporting Documentation tab of the initial SERFF filing.

An “amendment” to a SERFF filing, as described beginning on page 183 of the SERFF Industry Manual (available online via SERFF), is used when the amendment is not in response to an objection letter. For example: the filer has decided to add a schedule item; the filer has noticed an error in one of the originally submitted schedule items and is submitting a correction before the error is raised in an objection letter. If a schedule item (e.g., actuarial memorandum, standard exhibit, rate manual, year over year exhibit, etc.) needs to be amended, the entire schedule item attachment is to be resubmitted using this process and not just the pages that need to be corrected.

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A revision to a previously submitted schedule item made in response to an objection letter is to use the “Revising Schedule Items” process described beginning page 170 of the SERFF Industry Manual. This is the method that is to be used when any schedule item needs to be revised in response to an objection letter, including a revised rate manual to be submitted in response to the Department’s decision. If a schedule item (e.g., actuarial memorandum, standard exhibit, rate manual, year over year exhibit, etc.) needs to be revised in response to an objection letter, the entire schedule item attachment is to be resubmitted using this process and not just the pages that need to be revised.

**NOTE:** A new section, Public Disclosure of the Rate Application, has been added at the end of the checklist. If the applicant chooses to submit a redacted version of the rate application for posting on the Department’s website, see the guidance there.

**NOTE:** Parts I and II of the HHS Preliminary Justification are now required for all market segments and for all section 3231(e)(1) or 4308(c) rate submissions. See the section “HHS Preliminary Justification Parts I and II” below for guidance.

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
<b>DEFINITIONS</b>		<ul style="list-style-type: none"> <li>a. <b>Company</b> refers to the licensed entity providing the insurance coverage reflected in the rate adjustment filing.</li> <li>b. A company’s <b>commercial book of business</b> includes all of the following: large group, small group, direct pay, Healthy New York, and Medicare Supplemental. It excludes all government programs, such as, Medicare, Medicaid, Family Health Plus, and Child Health Plus.</li> <li>c. <b>Loss ratio</b> refers to incurred claims divided by earned premiums for a given period of time. Incurred claims <u>includes</u> the impact of the Standard Direct Pay and Healthy New York stop loss pools, Regulation 146 (11 NYCRR 361), covered lives assessments, and the HCRA surcharge. Incurred claims do not include any administrative expenses, including “quality improvement expenses” or “community benefit expenses”. Earned premiums <u>do not include</u> any adjustment for assessments or taxes.</li> <li>d. <b>Market segment</b> refers to large group, small group, sole proprietor, direct pay, Healthy New York, Medicare Supplemental, etc. Small group is as defined in New York Insurance Law and Regulation.</li> <li>e. <b>Product street name</b> refers to the product name as advertised to consumers, and the product name which consumers are most likely to use when communicating with the Department.</li> <li>f. <b>Rate applicability period</b> refers to the length of time in which the rates in a rate table are assumed to remain in effect.                         <ul style="list-style-type: none"> <li>(i) Example 1: A non-rolling rate table is developed to be effective January 1, 2012 and is expected to be revised January 1, 2013. The rate applicability</li> </ul> </li> </ul>	

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		<p>period for this table is January 1, 2012 through December 31, 2012.</p> <p>(ii) Example 2: A quarterly rolling rate table is developed for issues and renewals in January – March 2012 and incorporates a 12 month rate guarantee period. The rate applicability period for this table is February 15, 2012 (mid renewal date) through February 14, 2013. If all policyholders must have a first of the month effective date, then the rate applicability period would be considered as February 1, 2012 through January 31, 2013.</p> <p>g. <b>Standardized earned premium</b> is the earned premium for the period adjusted to assume that all premiums for the period are payable at the most current approved (or deemed approved) rate level, reflecting rate increases exclusive of rate changes due to contract language changes (i.e., excluding rate changes due to benefit revisions or members migrating to different plan designs since the impact of such changes would be automatically reflected in the earned premiums and incurred claims once such a change becomes effective). Refunds payable pursuant to Regulation 146 or pursuant to a loss ratio report have no impact on the earned premiums or standardized earned premiums shown in Exhibit 7 or in the rate development analysis.</p> <p>(i) Example: The rate filing is to implement quarterly rolling rate tables applicable to the 3<sup>rd</sup> and 4<sup>th</sup> quarters 2012 and 1<sup>st</sup> and 2<sup>nd</sup> quarters 2013. The 2<sup>nd</sup> quarter 2012 rates have already been approved. Therefore, the 2<sup>nd</sup> quarter 2012 rate tables are the current rate level. The earned premium for the period would be adjusted to reflect the premiums that would have been paid for that period if all the premiums had been paid at the 2<sup>nd</sup> quarter 2012 rate level. If the 2<sup>nd</sup> quarter 2012 rate table included a 2% increase due to the addition of a new benefit that is being added to all policyholders at renewal, the standardization for periods prior to April 1, 2012 would not reflect this 2% increase since the incurred claims for this earlier period did not reflect this additional benefit.</p> <p>(ii) Example: An insurance company uses a quarterly rolling rate structure and has been raising rates 4% each quarter as of the beginning of a new quarter. The first quarter 2011 rate for plan design A is \$100, the first quarter 2012 rate is \$116.99, and the second quarter 2012 rate is \$121.67. These increases reflect no revision to the underlying covered benefits. The second quarter 2012 rate table is the standard rate level. Contract X was paying \$100 per month for January-December 2011. At renewal January 1, 2012, the premium was scheduled to increase to \$116.99 but a change to plan design B occurred that reduced the premium by 5% to \$111.14 for January 2012 and later. The second quarter 2012 rate for plan design A is \$121.67 and the second quarter 2012 rate for plan design B is \$115.58 (\$121.67 x 0.95). The earned premium for this contract for each month from January through December 2011 is standardized to the second quarter 2012 level by adjusting by 121.67/100.00, and the</p>	
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		<p align="center">January 2012 earned premium is standardized to the second quarter 2012 level by adjusting by 115.58/111.14.</p>	
<p><b>ROLLING RATE STRUCTURE</b></p>		<ul style="list-style-type: none"> <li>a. Every rate filing for a rolling rate structure must include rolling rates for at least a 6 month, and for no more than a 12 month, issue/renewal period (e.g., between 2 and 4 quarterly rolling rates, between 6 and 12 monthly rolling rates).</li> <li>b. Beginning with rate filings to be effective January 1, 2012 or later, all rate filings for a rolling rate structure must include rolling rates for a 12 month issue/renewal period.</li> <li>c. Notwithstanding the above, a large group HMO rate filing can include rolling rates for up to a 24 month period (e.g., 8 quarterly rolling rates, 24 monthly rolling rates).</li> </ul>	<p>Rate Manual</p>
<p><b>CHANGES TO PREVIOUSLY APPROVED RATE TABLES</b></p>		<ul style="list-style-type: none"> <li>a. Beginning with rate adjustment filings that include rate tables to be effective January 1, 2012 or later, the rate adjustment filing must include all community rated policy forms within a given market segment (such as all small group products) whether or not a premium rate adjustment is requested for a particular product or rider in that market segment. All entities within the same holding company system are to submit filings for a given market segment at the same time; the filings can be submitted under different SERFF filings, but all the applicable filings must be submitted within a total of seven calendar days.</li> <li>b. A company can revise a previously approved non-rolling rate table provided that:             <ul style="list-style-type: none"> <li>(i) The proposed effective date of the rate table is at least 12 months after the effective date of the current rate table; or</li> <li>(ii) The proposed effective date of the rate table is at least 6 months after the effective date of the current rate table, the contract language permits revising the rate table in accordance with such rate filing, and all policyholders that received a final 60 day notice about the approved rates from the previously approved rate adjustment filing have also received the rate change approved from the previously approved rate adjustment filing.</li> </ul> </li> <li>c. A company can revise rate tables included in a previously approved rolling rate filing provided that: (i) the rate tables being revised were never implemented, (ii) the first two quarterly rate tables, or the first six monthly rate tables, included in the previously approved rate adjustment filing are not revised, and (iii) policyholders in the renewal cohort(s) affected by the change to the previously approved rate tables did not receive a final 60 day notice informing them of the approved rates from the previously approved rate adjustment filing. The revised rate adjustment filing must include a year’s worth of rates as discussed in the “Rolling Rate Structure” section above. (Example: A rolling rate filing was submitted and approved that included quarterly rolling rate tables for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup></li> </ul>	

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		and 4 <sup>th</sup> quarter of 2012. The company can not revise the 1 <sup>st</sup> and 2 <sup>nd</sup> quarter 2012 rate tables, but if the indicated criteria is met, can submit a new prior approval rate filing that includes rolling rates for 3 <sup>rd</sup> and 4 <sup>th</sup> quarter 2012 and 1 <sup>st</sup> and 2 <sup>nd</sup> quarter 2013.) The Department may waive these requirements if the company can demonstrate to the Superintendent’s satisfaction that the solvency of the corporation is threatened.	
<b>STANDARD EXHIBITS 1 - 7</b>	Introduction	Exhibits 1 through 7 must be submitted as part of each rate adjustment application. All exhibits, except Exhibit 3, must be submitted as a Microsoft Excel file and as an Adobe PDF file. For Exhibits 1-2 and 4-7 the supplied workbook must be used. Only use the first tab of each Excel workbook for data entry.	
<b>Exhibit 1</b>		<p><b>General information about the rate adjustment submission.</b></p> <p>a. The format for this exhibit is fixed. Fill in the various information fields; the information being requested is indicated on the exhibit.</p> <p>b. Indicate the company type using the drop down list: Article 42 Accident and Health company (A&amp;H – 42), HMO (HMO – 44), Article 42 Life company (Life – 42), Article 41 property/casualty company (P&amp;C – 41), and Article 43 Non-Profit Medical and Dental Indemnity or Health and Hospital Service Corporations (Not for Profit – 43).</p> <p>c. Indicate the organization type (Org Type), for profit or not for profit, by using the drop down list.</p> <p>d. Item D – the “new rate effective date” must be a realistic implementation date given the review time allowed the Department and the requirement of the 60 day final rate notice. This date would usually be the first date the proposed rates would affect renewing policyholders. So a 1/1/2013 effective date would imply that the first renewal cohort affected by the rate submission would be January 2013.</p> <p>e. Item F.1 – a rate adjustment filing that also includes rate adjustments for unapproved contract language changes will be rejected.</p> <p>f. This exhibit must be submitted as an Excel file and as an Adobe PDF file.</p>	Standard Exhibit 1
<b>Exhibit 2</b>		<p><b>Summary of Average Claim Trend and Administrative Expenses Included in Current and Prior Rate Adjustment Filings.</b></p> <p>a. This exhibit must be submitted as an Excel file and as an Adobe PDF file. The format of the exhibit is fixed; insert more rows as needed. Only use the first tab for data entry.</p> <p>b. Use a separate row to enter information for each combination of market segment/rating pool included in this rate adjustment application. Use the drop down list to enter the market segment. Enter a description of the rating pool in the column indicated; if the rating pools vary by rating region, the rating pool identifier should include a region identifier. All market segments of Healthy New York are usually combined into one rating pool and in that case choose as market</p>	Standard Exhibit 2

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		<p>segment HNY-IND or HNY-SG based on which subpopulation has the most membership.</p> <p>c. Information is for medical base plans and all associated riders combined.</p> <p>d. The average claim trend is the average annualized claim trend for that market segment/rating pool used in the applicable rate adjustment filing to project the source data forward to the applicable rate applicability period.</p> <p>e. The administrative expense components incorporated into the proposed rates are to be entered as a percentage of gross premium and as a per member per month amount.</p> <p>f. Enter the data for the rate period included in this rate adjustment filing. This refers to the various non-claim expense components included in the proposed rates and the average annualized claim trend assumed.</p> <p>g. Enter the data for the rate period included in the immediately prior rate adjustment filing (i.e., a section 3231(e)(1) or 4308(c) rate adjustment filing). This refers to the various non-claim expense components included in the proposed rates submitted with this prior filing and the average annualized claim trend assumed in this prior filing. If there is no immediately prior rate adjustment filing, enter the data assumed in the initial or prior form and rate filing.</p>	
<p><b>Exhibit 3</b></p>		<p><b>Narrative Summary.</b></p> <p>a. The format of the exhibit is illustrative, but must include the required material. The exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file. If submitted as a Word or Excel file, also submit another version in PDF format.</p> <p>b. The narrative summary is to explain the reason(s) for the proposed rate adjustment. The purpose of the narrative summary is to provide a written explanation to the company’s policyholders and subscribers to help them understand why a rate increase is needed.</p> <p>c. The narrative summary will be a public document.</p> <p>d. It is suggested that once reviewed by the Department, the company post the narrative summary to a location on its website that is publicly available, that is, a location that can be viewed without the need for entering a user ID and password. Links should be provided on key pages of the company’s website so that the information may be easily located. Any change(s) to the narrative summary subsequent to the posting is to be submitted to the Department with the specific change(s) identified. Narrative summaries should remain on the company’s website for at least 12 months past the proposed effective date of the rate submission.</p> <p>e. The narrative summary should include, but not be limited to, the following</p>	<p>Standard Exhibit 3</p>

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		<p>information:</p> <ul style="list-style-type: none"> <li>(i) The name of the company submitting the rate adjustment request, the NAIC code number for the company, and the SERFF number for the rate application.</li> <li>(ii) A summary of the proposed rate adjustments.</li> <li>(iii) A description of which policyholders are affected by this rate adjustment application. The rate adjustment may only affect policyholders in a certain market segment (e.g., small group), or with certain products (indicate the “street name” of the products affected), or only a certain renewal cohort (e.g., policyholders renewing from period mm/dd/yyyy – mm/dd/yyyy).</li> <li>(iv) The effective date of the proposed rate adjustments and an indication of when the rate change would affect policyholders. Examples:             <ul style="list-style-type: none"> <li>(a) Non guaranteed rate structure: all policyholders will receive the rate adjustment on mm/dd/yyyy.</li> <li>(b) A rate structure with a 12 month rate guarantee: a policyholder will receive the rate adjustment on the policyholder’s next anniversary on or after mm/dd/yyyy.</li> </ul> </li> <li>(v) The number of policyholders and members affected by the proposed rate adjustments. This can be aggregated across all market segments and products included in the rate adjustment submission.</li> <li>(vi) An explanation, in plain language, as to why it is necessary to request such rate change(s). As appropriate, a separate explanation should be provided for each market segment. Where the rate increases are not the same for each product type within a market segment, the company should provide a separate explanation for each such product type.</li> </ul> <p>Each page of the narrative summary should be numbered (i.e., [page] of [pages]).</p>	
<p><b>Exhibit 4</b></p>		<p><b>Summary of Proposed Percentage Rate Change to Existing Rate.</b></p> <ul style="list-style-type: none"> <li>a. There are four different versions of this exhibit as indicated below. Not all versions may be required for a given rate filing.             <ul style="list-style-type: none"> <li>(i) Part A – Base Medical Plan information when a <u>Non-Rolling</u> Rate Structure is used.</li> <li>(ii) Part B – Base Medical Plan information when a <u>Rolling</u> Rate Structure is used.</li> <li>(iii) Part C – Drug Rider information when a <u>Non Rolling</u> Rate Structure is used.</li> <li>(iv) Part D – Drug Rider information when a <u>Rolling</u> Rate Structure is used.</li> </ul> </li> <li>b. The information to be shown in this exhibit pertains to the market segments and products included in the rate adjustment filing. Use the drop down list to enter the market segment.</li> <li>c. This exhibit must be submitted as an Excel file and as an Adobe PDF file. The format of the exhibit is fixed, insert more rows as needed. Only use the first tab for</li> </ul>	<p>Standard Exhibit 4</p>

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		<p>data entry.</p> <p>d. This exhibit is to summarize the proposed percentage rate changes. The percentage rate change is the percentage change from the rate the subscriber is currently paying (or currently scheduled to be paying at the next rate change date for changes already approved or deemed approved by a prior rate application and which are not being revised by the current rate application) to the proposed rate that this subscriber would be paying at the subscriber’s next rate change date according to the new rate application.</p> <p>Example 1: the rate structure is quarterly rolling rates, has a 12 month rate guarantee period, and the rate adjustment application is for second quarter 2013 issues and renewals. The rate change would be the percentage change from the second quarter 2012 rates to proposed second quarter 2013 rates.</p> <p>Example 2: the rate application includes quarterly rolling rates for each quarter of calendar year 2013. The prior rate application included quarterly rolling rates for each quarter of 2012. Rates include a 12 month rate guarantee period. The current rate application is submitted July 2012 before all the third and fourth quarter 2012 renewals have taken place. The proposed percentage change for fourth quarter 2013 would be the change from the fourth quarter 2012 rates to the proposed fourth quarter 2013 rates.</p> <p>e. If the subscriber will need to change to a different plan design at renewal (i.e., a required change from the current plan design whether mandated by a government entity or not, but not due to the discontinuation of the current policy form or discontinuation of a particular plan design), a supplement to Exhibit 4 is to be included. The supplemental exhibit is to indicate (i) a high level summary of the difference in covered benefits and cost sharing between the current and replacement plan, and (ii) the estimated pricing percentage change due solely to the difference in the plan designs between the replacement plan and the existing plan. This supplemental exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file; if submitted as a Word or Excel file, also submit another version in PDF format.</p> <p>f. The weighted averages may be based on membership or contract as used in Standard Exhibit 5 instead of premium volume.</p> <p>g. The values entered should follow the organization of the rate manual. If the drug rate is included with the rates in the medical rate table, the combined result is entered in Part A and/or Part B. If the drug rate is a separate rate table associated with a drug rider, then the medical changes are shown in Part A and/or Part B and the drug rider changes are shown in Part C and/or Part D.</p> <p>h. Parts A and B summarize the proposed changes for the base medical rate tables and excludes the impact of all optional riders. The lowest and highest values indicate for a given market segment, region, policy form, product combination the</p>	
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		<p>lowest percentage change that applies to a renewing subscriber/contract holder and the highest percentage change that applies to a renewing subscriber/contract holder. This difference could be due to different percentage changes proposed by rating tier or by plan design within a particular product.</p> <p>Example: The rate adjustment application is only for small group PPO and within this product there are only two product designs. The proposed rate changes for design A are: employee only = 10%, employee+child(ren) = 8%, employee+spouse = 13% and employee+family = 11%. The proposed rate change for design B are: employee only = 9%, employee+child(ren) = 7%, employee+spouse = 12% and employee+family = 10%. The lowest change proposed is 7% and the highest change proposed is 13%. The weighted average change would reflect the distribution of contracts by plan design and rating tier.</p> <p>i. Parts C and D summarize the proposed changes just for the traditional drug riders. <u>Exclude</u> minor drug related riders such as a rider to include oral contraceptives. All the drug riders available with a given base medical product can be aggregated into one row.</p> <p>Example 1: Drug riders D1 to D99 are available with the PPO product. The proposed changes on the drug riders vary from 10% to 16%. There would be one row for the PPO policy form/product. The lowest change proposed is 10% and the highest change proposed is 16%. The weighted average change would reflect the distribution of contracts by plan design and rating tier.</p> <p>Example 2: As in Example 1, but drug riders HD1-HD19 are available with the HSA high deductible PPO product. There would be another row for the high deductible PPO policy form/product indicating the lowest, highest, and weighted average changes among the HD1-HD19 drug riders.</p> <p>j. A separate row should be completed for each market segment. If the percentage rate change for sole proprietor is different from small group, then a separate market segment of sole proprietor is to be reported.</p> <p>k. Where rate changes differ by rating region within a market segment, separate rows are to be used by market segment/rating region combination.</p> <p>l. Separate information should be submitted for each rolling rate table of a rolling rate structure. For example: if a calendar quarterly rolling rate structure is used and the rate adjustment filing includes proposed rate tables for first, second, third and fourth quarters 2013, separate information should be entered in Parts B and D for the impact of the first quarter 2013 rate changes, the impact of the second quarter 2013 rate changes, the impact of the third quarter 2013 rate changes, and the impact of the fourth quarter 2013 rate changes.</p>	
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<p><b>Exhibit 5</b></p>		<p><b>Distribution of Contracts Affected by the Proposed Rate Adjustments.</b></p> <ul style="list-style-type: none"> <li>a. There are two different versions of this exhibit as indicated below. Not all versions may be required for a given rate submission.               <ul style="list-style-type: none"> <li>(i) Part A – for use with <u>Non-Rolling</u> Rate Structures.</li> <li>(ii) Part B – for use with <u>Rolling</u> Rate Structures.</li> </ul> </li> <li>b. This exhibit must be submitted as an Excel file and as an Adobe PDF file. The format of the exhibit is fixed, insert more rows as needed. Only use the first tab for data entry.</li> <li>c. The information to be shown in this exhibit pertains to the market segments and products included in the rate adjustment submission. Use the drop down list to enter the market segment.</li> <li>d. This exhibit indicates the distribution of the proposed rate changes for each market segment, rating region and product, as well as the weighted average rate change impact for that segment/region/product combination. If the same percentage rate change applies to each rating region, then a separate break out by rating region is not necessary and the results can be shown for all rating regions combined.</li> <li>e. The distribution basis can be by number of contracts or by number of members – fill in the applicable column. The same basis is to be used for all products within a given rate adjustment submission. Enter the applicable counts in the appropriate column (members column or contracts column), and replace the “mm/dd/yyyy” placeholder with the applicable “as of” date for the counts entered. The Weighted Average % should be developed based on the distribution of contracts or members for that market segment/rating region/product. At the end of each market segment enter a Market Segment Total row indicating the member/contract counts in total and by rate change column and the Weighted Average % for all rating regions/products in that market segment combined.</li> <li>f. The percentage rate change reflects the expected change in premium rate that would apply to that subscriber/contract holder on that subscriber/contract holder’s next rate change date according to the new rate application. This would reflect the percentage rate change from the rate the contract holder is currently paying (or currently scheduled to be paying at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application) to the proposed rate that this contract holder would be paying at the contract holder’s next rate change date according to the new rate application The rate change reflects the impact of the base medical plans and all riders applicable to that contract.</li> <li>g. Enter in Part A the information for the various products that use a <u>non-rolling</u> rate structure.</li> <li>h. Enter in Part B the information for the various products that use a <u>rolling</u> rate structure. Separate rows are to be used for each rolling rate cohort. For example, if</li> </ul>	<p>Standard Exhibit 5</p>
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		<p>the rate submission is for quarterly rolling rate tables for first, second, third and fourth quarter 2013, then separate rows would be used to enter information for each of these four quarters. The distribution shown for a particular quarter would reflect only those policyholders renewing in that particular quarter.</p>	
<p><b>Standard Exhibit 6</b></p>		<p><b>Summary of Policy Form and Product Changes.</b></p> <p>a. This Standard Exhibit summarizes all rate changes filed pursuant to sections of the New York Insurance Law other than Section 3231(e)(1) or Section 4308(c) that impact the policyholders affected by this rate adjustment filing and which affect the percentage changes shown on Standard Exhibits 4 or 5.</p> <p>b. The format of the Standard Exhibit is fixed. Insert additional rows as needed. Only use the first tab for data entry. Use the drop down list to enter the filing status. Leave the Approval Date column blank for any filing that has not yet been approved. This Standard Exhibit must be submitted as an Excel file and also as an Adobe PDF file.</p> <p>c. List all rate filings that have been approved since the prior Section 3231(e)(1) or Section 4308(c) rate filing that impact the percentage rate change of the policyholders affected by this rate adjustment filing. The actuarial memorandum should include a brief description of such changes, when the changes were implemented, and the impact on the rate changes in Standard Exhibits 4 and 5.</p> <p>d. List all rate filings currently pending with the Department that if approved would impact the percentage rate change of the policyholders affected by this rate adjustment submission. This includes any pending request to discontinue a policy</p>	<p>Standard Standard Exhibit 6</p>
<p><b>Standard Exhibit 7</b></p>		<p><b>Historical Data by Each Policy Form Included in the Rate Adjustment Filing.</b></p> <p>a. This Standard Exhibit must be submitted as an Excel file and as an Adobe PDF file. The format of the Standard Exhibit is fixed; insert additional rows as needed. Only use the first tab for data entry.</p> <p>b. Indicate the company name, the NAIC code number for that entity, and the SERFF filing number for the applicable rate filing in the spaces indicated.</p> <p>c. Use a separate row for each base medical policy form belonging to a rating pool (i.e., a permitted aggregation of base medical policy forms). Data is to be shown for each base medical policy form included in the rate adjustment filing even if no rate adjustment is proposed for that base medical policy form. Then add another row for the rating pool total and indicate an appropriate rating pool identifier in the first column. Skip a line and then enter similar data for the next rating pool.</p> <p>d. Indicate the form number for each base medical policy form, the product name as in the rate manual, the street product name, and the rating pool identifier (the rating</p>	<p>Standard Standard Exhibit 7</p>

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		<p>Refer to Section 360.11(a)-(b) of Regulation 145 (11 NYCRR 360) for the requirements to aggregate substantially similar policy forms for small group policy forms and for individual policy forms.</p> <p>e. Indicate for each base medical policy form if the policy form aggregation has changed from the previous rate filing. If yes, the actuarial memorandum must include an explanation of the change, the rationale for the change, and the percentage rate impact this change has on this policy form and on the policy forms previously aggregated with this policy form.</p> <p>f. The effective date of rate change refers to the proposed effective date of the non-rolling rate table, and/or the proposed effective date of the earliest rolling rate period of a rolling rate structure.</p> <p>g. The rate guarantee period refers to a non-rolling rate table and/or to the first rate table of a rolling rate structure. (If the rate guarantee period for the rolling rate structure is not the same for each rolling rate period, the actuarial memorandum must discuss this and explain why the length of the rate guarantee periods are not the same.)</p> <p>h. The weighted average rate change percentage proposed (from the rate currently charged the policyholder [or currently scheduled to be charged at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application] to the proposed rate to be charged to that same cohort of policyholders) for the indicated base medical policy form, including all associated riders. The weighting should be consistent with how the average changes were calculated in Standard Standard Exhibit 5 (i.e., based on members or contracts). For a rolling rate structure, enter the result for the first rate table in the rolling rate structure. (Example: a quarterly rolling rate filing was submitted that includes rolling rate tables for the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarters of 2013. Rates are for a 12 month period. Indicate the average rate change percentage from the 1<sup>st</sup> quarter of 2012 rate tables to the 1<sup>st</sup> quarter 2013 rate tables.)</p> <p>i. For the number of policyholders affected and the number of covered lives affected by this rate filing, indicate the effect of all the rate tables of a rolling rate structure included in the rate filing (but not more than 12 months of issues and renewals if more than 12 months of rolling rate tables are included in the rate filing). For group business, “policyholders” is referring to the number of groups, not the number of subscribers or contracts.</p> <p>j. The expected loss ratio is the loss ratio incorporated into the proposed rate tables for each base medical policy form (and the entire rating pool) and includes the impact of associated riders and reflects the impact of the proposed rate changes. Loss ratio is calculated on a New York statewide basis. For a rolling rate structure,</p>	
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		<p>period of the rolling rate structure.</p> <p>k. The experience entered for the three indicated experience periods is the New York statewide experience for the indicated base medical policy form plus all associated riders.</p> <p>(i) Each experience period is to be for 12 months (or shorter if a new form).</p> <p>(ii) The ending date of the recent experience period cannot be earlier than 12 months before the proposed effective date of the earliest rate table included in the rate filing. (Example: The rate filing is for a non-rolling rate table to be effective July 1, 2013. The recent experience period cannot have an ending date earlier than June 30, 2012, i.e., 12 months prior to July 1, 2013.).</p> <p>(iii) The first prior period is the immediately prior 12 month experience period (or shorter period if a new form). The second prior period is the immediately prior 12 month experience period (or shorter if a new form) prior to the first prior period.</p> <p>(iv) The incurred claims for each of the three experience periods must be based on at least 3 months of claims run-out beyond the end of the experience period. The actuarial memorandum is to provide a clear description of how these incurred claims were developed for each experience period and how many months of claim run-out were reflected in the development of the incurred claims.</p> <p>(v) Loss ratio report refunds or refunds pursuant to Regulation 146 are to have no impact on the earned premiums or standardized premiums shown. Such refunds do not reduce the earned premiums or resultant standardized earned premiums.</p> <p>l. Enter the average annual composite medical trend assumption used in the proposed rate development for each base medical policy form (including impact of associated riders). Enter the annual utilization and unit cost trend components included in the composite trend factor shown, as well as any other component such as for case mix or intensity (identify and discuss and justify any such other component in the actuarial memorandum along with the utilization component and unit cost component).</p> <p>m. The actuarial memorandum is to include a clear description of how the standardized earned premiums for each experience period were developed from the earned premiums for the applicable experience period, and include documentation and supporting Standard Exhibits showing how the standardized premiums were developed for each experience period. A numerical example illustrating the development methodology for one non-rolling rate product and one rolling rate product included in the rate filing is to be included as part of the actuarial memorandum, as applicable. The same standard rate level is used for all of the experience periods.</p>	
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		<p>this rate filing, separate rows are to be included for each rating region, each permitted aggregation of rating regions, and for all rating regions combined, and the rating pool identifier is to include a rating region identifier.</p>	
<b>ACTUARIAL MEMORANDUM</b>	11NYCRR 52.40(a)(1)	<p>Actuarial qualifications:</p> <ul style="list-style-type: none"> <li>a. Member of the Society of Actuaries or member of the American Academy of Actuaries; and</li> <li>b. Meets the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries.</li> </ul>	Actuarial Memorandum
Justification of Rates	<p>§3231(e)                  §4308(c)                  11NYCRR 52.40                  11NYCRR 52.42 (HMOs)                  11NYCRR 52.45                  11NYCRR 59.5(b)                  11NYCRR 360.11</p>	<ul style="list-style-type: none"> <li>a. Description of proposed changes in rates, including the following:                         <ul style="list-style-type: none"> <li>(i) The member (or contract) weighted average proposed percentage change over the current rates charged to each renewal cohort of policyholders for each base medical policy form, including the impact of all associated riders available to that policy form (or currently scheduled to be charged at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application). This is to be shown for each non-rolling rate table and/or each rolling rate table included in the rate filing. (The percentage change is comparable to the percentage change developed for Standard Standard Exhibit 5.) Include comparable information for percentage rate changes implemented during the prior 24 months.</li> <li>(ii) For a rolling rate structure, the percentage change to the first rate table of the rolling rate structure included in the rate filing, from the immediately preceding implemented rolling rate table not included in the rate filing. Indicate the rolling rate periods of the rate tables used to develop this percentage change. If the percentage change between two corresponding rate tables is not uniform, indicate the minimum, maximum and average percentage change between those two rate tables. This comparison is to be done for each first table of a rolling rate structure included in the rate filing. (Example: The rate filing includes four quarterly rolling rate tables beginning 3<sup>rd</sup> quarter 2013. The change from each of the 2<sup>nd</sup> quarter 2013 rolling rate tables to the corresponding 3<sup>rd</sup> quarter 2013 rolling rate table is to be indicated.) The proposed percentage change between each succeeding rolling rate table is also to be indicated.</li> <li>(iii) For the 24 month period prior to the effective date of the earliest rate table included in the rate adjustment filing, indicate the aggregate (medical plus riders) percentage change between the successive non-rolling rate tables. For a rolling rate structure, indicate the aggregate (medical plus riders) percentage change between each of the successive rolling rate tables (e.g., for a quarterly rolling rate structure, the percentage change between each of the successive</li> </ul> </li> </ul>	Rate Manual, Actuarial Memorandum, & Exhibit I – Rate Development

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		<p>quarterly rate tables).</p> <p>(iv) The percentage change due to any change in the expected loss ratio incorporated into the proposed rate tables from the prior rate filing for such base medical policy form or rider. Indicate the expected loss ratio incorporated into the current rate tables, the expected loss ratio incorporated into the proposed rate tables, the impact on the percentage change in items (i) and (ii) above due to this revision in the expected loss ratio, and the reason(s) and justification for the change in the pricing expected loss ratio.</p> <p>(v) The percentage change due to any change to the tier structure relationships included in this rate filing and the impact of such change on the percentage changes in items (i) and (ii) above. Include justification for such changes.</p> <p>(vi) The percentage change due to any change to the factor used to convert per member per month results to per single employee results included in this rate filing, and the impact of such change on the percentage changes in items (i) and (ii) above. Include justification for such changes.</p> <p>(vii) The percentage change due to variance in the prior incurred claim cost per member per month estimate and the impact of such variance on the percentage changes in items (i) and (ii) above. Discuss the reasons contributing to this variance and include an Standard Exhibit showing how this variance and the percentage impact of this variance were developed.</p> <p>(viii) Changes to any of the rating differentials between the various rating regions included in this rate filing. If the rating differential between the rating regions was changed, include (a) a listing of the composition of each rating region, (b) the percentage change impact on each such rating region, and (c) justification for each such change between the rating region differentials. If the composition of any rating region is being changed with this filing, indicate (a) the current and proposed composition of the affected rating regions, (b) the percentage change impact on each of the affected rating regions, and (c) justification for the proposed change in the rating region composition.</p> <p>b. If new benefit options are being added to an existing rate table (such as additional copays or deductibles): (a) clearly indicate the additions being made, (b) include in the actuarial memorandum, a statement that the already approved contract language includes the new benefit options being added, (c) provide appropriate actuarial justification for the additional rating factors, and (d) submit a copy of the approved contract language pages and a copy of the Department’s approval letter and clearly indicate how the approved contract language covers the new benefit options being added to the existing rate table.</p> <p>c. Include the following (year over year Standard Exhibit):</p> <p>(i) For each non-rolling rate table: the current rate for each rating tier, the proposed rate for each rating tier, and the dollar and percentage change from</p>	
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		<p>the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate submission.</p> <p>(ii) For each rolling rate table: the current rate for each rating tier, the proposed rate for each rating tier, and the dollar and percentage change for each renewal cohort from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate submission. (Example: the rate submission includes new rate tables for third and fourth quarter 2013 and first and second quarter 2014. Rates are for 12 month periods. Show the rates for the third quarter 2012, the proposed rates for the third quarter 2013, and the dollar and percentage change from third quarter 2012 to the proposed third quarter 2013 rates. Show a similar table for the proposed fourth quarter 2013, and first and second quarter 2014 rates as well.)</p> <p>d. Discuss the standard premium development used in Standard Standard Exhibit 7. See discussion above on Standard Standard Exhibit 7.</p> <p>e. Discuss the source data used to develop the projected incurred claims for the renewal rate applicability period.</p> <p>(i) If the source data is actual claims experience, the experience period is to be at least 12 months long, and the unpaid claim reserve is to be based on at least 3 months of claims run-out beyond the end of the experience period.</p> <p>(ii) If the source data is other than the actual claims experience, indicate the source of this data (e.g., from what publication, prepared by what organization), and the applicability of this source data.</p> <p>(iii) Discuss the credibility of such source data.</p> <p>(iv) Include an Standard Exhibit showing the source data and indicate all adjustments made to this source data to develop the projected incurred claims for the renewal rate applicability period. Provide this detail for each non-rolling rate table included in the rate filing, and/or for the first rate table of each rolling rate structure included in the rate filing (for base medical rate tables and for rider rate tables) for each permitted aggregation of policy forms (i.e., rating pool). Provide justification for each such adjustment.</p> <p>f. Indicate the assumed annualized claim trend projection factors used to project the source data to the renewal rate applicability period (for the non-rolling rate tables and/or the first rate tables of a rolling rate structure) for each product within each permitted policy form aggregation (i.e., rating pool).</p> <p>(i) Indicate the assumed annualized composite trend factors used for each base medical policy form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend. Indicate the assumed composite annual trend factors used for each rider form (or permitted aggregation) and separately for the utilization and unit cost components of the</p>	
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		<ul style="list-style-type: none"> <li>(ii) Provide justification for the assumed utilization, unit cost and composite annual trend factors. Discuss the impact and provide justification for any case mix change, intensity of service change, population/demographic change, adverse selection, or deductible leveraging component incorporated into the utilization and/or unit cost trend factor components.</li> <li>(iii) Clearly discuss how the annualized trend factors were applied to the source data to develop the projected data for the renewal rate applicability period.</li> </ul> <p>g. Provide an actuarial justification of the proposed rate changes for each base medical policy form and each rider form, or permitted aggregation, included in the rate submission.</p> <ul style="list-style-type: none"> <li>(i) Clearly show how the percentage change from the current rate table was developed, or how the revised premium rate was developed, for the non-rolling rate tables and/or the first rate tables of a rolling rate structure. (Example: for a rolling rate structure, how the percentage change from the existing 2<sup>nd</sup> quarter 2013 rate table to the proposed 3<sup>rd</sup> quarter 2013 rate table was developed for each rating element in the proposed rate table.) This demonstration must clearly show how the proposed rate change was developed from the projected source data, current rate level, and expected loss ratio. Provide justification for the percentage change proposed.</li> <li>(ii) For each subsequent rate table of a rolling rate structure, show how the change between each of the successive rate tables was developed (e.g., the change from the 3<sup>rd</sup> quarter 2013 rate table to the 4<sup>th</sup> quarter 2013 rate table). Provide justification for these changes between the rolling rate tables.</li> <li>(iii) Clearly show how the proposed rate development, as applicable, reflects recoveries from the standard direct pay and Healthy New York stop loss pools (New York Insurance Law Sections 4321-a, 4322-a, and 4327), and discuss how the recovery amounts used were developed.</li> <li>(iv) Clearly show how the proposed rate development, as applicable, reflects payments to, or receipts from, the Department Regulation 146 (11 NYCRR 361) and New York Insurance Law Section 3233 marketing stabilization pool. Clearly discuss how the corporation has been complying with 11 NYCRR 361 (Regulation 146), Section 361.6(g), and include in the rate application any new plan pursuant to Section 361.6(g)(2)(i). Such discussion should include an Standard Exhibit showing how all monies received from the Regulation 146 pool from calendar years 2007 to date have been used to benefit consumers pursuant to the requirements of Section 361.6(g).</li> <li>(v) Discuss if the source data includes any very large claims on an individual, how such large claims have been handled, and any internal mechanism to pool large claims across more than the rating pool that contained the large claim. Clearly</li> </ul>	
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		<p>for pooling large claims.</p> <p>h. If the percentage rate change by benefit option differs within a particular policy form (or rider form), include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members selecting a particular benefit option. Any assumed variation in utilization by benefit option within a particular policy form (or rider form) must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the policy form, and cannot be based on differences due to age, sex, health status or industry among the members selecting the different benefit options.</p> <p>i. If the percentage rate change by policy form differs within a permitted aggregation of policy forms, include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options among the aggregated policy forms, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members selecting a particular benefit option within the aggregated policy forms. Any assumed variation in utilization between policy forms within a permitted aggregation of policy forms must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the permitted aggregation of policy forms, and cannot be based on differences due to age, sex, health status or industry among the members selecting a particular benefit option within the aggregated policy forms.</p> <p>j. If the percentage rate change by rating region differs, the default assumption is that the rating regions are not aggregated for rate setting purposes. In order for a company to claim that certain rating regions are aggregated for rate setting purposes, it is necessary to include an actuarial demonstration that the rate changes were developed assuming the same insured population in each of the aggregated rating regions, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members in each of the aggregated rating regions.</p> <p>k. Discuss any significant change in the non claim expense components indicated on Standard Standard Exhibit 2 between the prior rate adjustment filing and this rate adjustment filing, including any item where the \$pmpm value exceeds \$1 and where the \$pmpm value changed by more than 10% between the prior filing and the current filing. Discuss the source for the non-claim expense components indicated on Standard Standard Exhibit 2 for the current rate filing and, for the percentage of gross premium values, how the proposed rate change was reflected in the</p>	
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		percentage of premium should decrease for an expense that is not directly tied to premium). Discuss any revision to the expense allocation basis that has occurred since the last rate adjustment filing.	
Minimum Loss Ratio Requirements	§3231(e)(1)(B) §4308(c)(3) 11NYCRR52.45(i) 11NYCRR59.5(b)	<ul style="list-style-type: none"> <li>a. The minimum loss ratio for community rated products, other than the official Medicare Supplemental products, is as specified in Section 3231(e)(1)(B) or 4308(c)(3)(A) of the New York Insurance Law, as amended by Chapter 107 of the Laws of 2010.</li> <li>b. The minimum loss ratio for the official Medicare Supplemental products is: <ul style="list-style-type: none"> <li>(i) Article 43 companies: as specified in Section 4308(c)(3)(B) of the Insurance Law, as amended by Chapter 107 of the Laws of 2010; and</li> <li>(ii) Article 42 companies: as specified in Section 52.45(i) of Regulation 62 (11 NYCRR 52).</li> </ul> </li> </ul>	Actuarial Memorandum
Actuarial Certification	11NYCRR 52.40(a)(1)	<ul style="list-style-type: none"> <li>a. The filing is in compliance with all applicable laws and regulations of the State of New York.</li> <li>b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans”.</li> <li>c. The expected loss ratio incorporated into the proposed rate tables meets the minimum requirement of the State of New York by permitted aggregation of policy forms within each permitted aggregation of rating regions. Specify the expected loss ratio incorporated into the proposed rate tables for each permitted aggregation of policy forms within each permitted aggregation of rating regions.</li> <li>d. The benefits are reasonable in relation to the premiums charged.</li> <li>e. The rates are not unfairly discriminatory.</li> </ul>	Actuarial Certification
<b>REVISED RATE MANUAL PAGES</b>	11NYCRR 52.40(e)(2) 11NYCRR 52.45(f) 11NYCRR 59.5(b)	<p><b>Rate Manual.</b></p> <ul style="list-style-type: none"> <li>a. Table of contents.</li> <li>b. Rate pages, including a page indicating the composition of each rating region.</li> <li>c. Insurer/corporation name on each consecutively numbered rate page.</li> <li>d. Identification by form number of each policy, rider, or endorsement to which the rates apply.</li> <li>e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits.</li> <li>f. Description of revised rating classes, factors and discounts, as applicable.</li> <li>g. Examples of rate calculations, i.e., how the rate tables and formulas included in the rate manual are used to calculate the final rate for a given benefit design.</li> <li>h. Commission schedule(s) and fees.</li> <li>i. Underwriting guidelines and/or underwriting manual, to the extent applicable.</li> <li>j. Expected loss ratio(s).</li> </ul>	Rate Manual

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<p><b>NOTICES TO POLICYHOLDERS Initial &amp; Final</b></p>	<p>§3231(e)(1)(A) §4308(c)(2) Circular Letter No. 12 (2011)</p>	<p>a. As indicated in Circular Letter No. 12 (2011), a draft of the initial notice should be submitted for review by the Department prior to the rate adjustment submission. This draft should be submitted via SERFF using the “Prior Approval Prefiling” filing type code. (It is strongly recommended that the company also include a draft of the Narrative Summary in this prefiling submission.)</p> <p>b. Include with the rate adjustment filing a sample copy of the initial written notice sent to policyholders and subscribers/contract holders of the proposed rate adjustment submitted to the Department of Financial Services.</p> <p>(i) Section 3231(e)(1) and Section 4308(c) of the New York Insurance Law require that the initial notice be sent on or before the date the rate application is submitted to the Department.</p> <p>(ii) If different notices are used for different products or different rating regions, submit a sample for each such product and/or each such rating region.</p> <p>c. Include with the rate adjustment filing a sample copy of the final written notice to be sent to policyholders after the proposed rates are finalized.</p>	<p>Initial Notification Letters, Second Notification Letters</p>
<p><b>HHS PRELIMINARY JUSTIFICATION PARTS I AND II</b></p>	<p>PPACA §1003</p>	<p>a. For every rate submission pursuant to section 3231(e)(1) or section 4308(c) of the New York Insurance Law, the insurer is to submit Parts I and II of the U.S. Department of Health and Human Services (HHS) Preliminary Justification, whether or not such justification material is required to be submitted to HHS.</p> <p>b. This requirement applies to large group community rated products as well as to small group and individual products, and to non-grandfathered and grandfathered products, but this requirement does not apply to a product type that would never require such justification material to be submitted to HHS (for example: Medicare Supplemental products, stand-alone dental products).</p> <p>c. The justification material is to be prepared using the template and instructions provided by HHS.</p>	<p>2013 HHS Part I, 2013 HHS Part II</p>
<p><b>PUBLIC DISCLOSURE OF THE RATE APPLICATION</b></p>		<p><b>Posting a Redacted Version of the Rate Adjustment Application to the Department’s Website.</b></p> <p>a. A redacted version of this rate application will be posted to the Department’s website to aid consumers’ understanding of the reason(s) for the requested rate change(s).</p> <p>b. The Department will accept redaction of only the following information in the rate application:</p> <p>(i) personally identifiable information, including names and contact information of actuaries or other individuals, including those who work for the health plan, a consulting firm, or the Department, that are contained in the application; and</p> <p>(ii) information that identifies in reasonably precise terms specific provider</p>	<p>Cover Letter REDACTED, Certification REDACTED, Standard Exhibit 1 REDACTED</p>

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		<p>reimbursement rates contained in contracts between the health plan and a particular provider or formally affiliated provider group. Information that discloses trend, even specific trend, will <i>not</i> qualify for redaction. For example, if an insurer has a single pharmacy benefit manager (PBM), information about generic, brand and specialty drug costs per member will be disclosed. However, information about per unit dispensing fees paid to the PBM, or the level of rebates received, may be redacted.</p> <p>c. In order to expedite the posting of the redacted application to the Department’s website, the company is to attach within SERFF as a PDF file the redacted version of each document submitted with the application, including the completed checklist, all of the standard Standard Exhibits, the actuarial memorandum plus any attachments or appendices, the rate manuals and year over year Standard Exhibits, as well as any other documentation submitted. A redacted attachment/file should be clearly labeled as a redacted version.</p> <p>d. The redacted version of the application that will be posted to the Department’s website will be constructed by the Department and will not be submitted to the insurer for prior review. <i>Where a document is attached to SERFF without a clearly labeled redacted version in PDF format, it will be assumed that no redactions are requested and the unredacted version of the document will be posted to the website as filed.</i></p>	
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<<Oxford Health Plans letterhead>>

<<Date>>

<<Member Name>>

<<Member Address>>

<<City, State, Zip>>

<<Member Number>>

Re: Healthy New York Program Renewal Option

Dear <<Member Name>>,

Oxford Health Plans appreciates your business and the opportunity to provide your health benefits. On <<renewal date>>, your anniversary date, you will complete your current policy year with Oxford Health Plans. Listed below are your current rates and the renewal plan options available with the rates approved by the Department of Financial Services.

<b>YOUR CURRENT COVERAGE</b>	
<b>Plan Type</b>	<< <b>Healthy New York with Prescription Drug Coverage or Healthy New York without Prescription Drug Coverage</b>
<b>Rate</b>	Single: \$ Couple: \$ Parent/Child(ren): \$ Family: \$

<b>RENEWAL OPTIONS</b>		
	<b>Option 1</b>	<b>Option 2</b>
<b>Plan Type</b>	<b>Healthy New York with Prescription Drug Coverage</b>	<b>Healthy New York without Prescription Drug Coverage</b>
<b>Prescription Drug Benefit</b>	\$10 generic drugs, \$20 brand name drugs \$100 deductible, \$3000 maximum limit	No Coverage
<b>Rate</b>	Single: \$227.13 Couple: \$499.69 Parent/Child(ren): \$431.55 Family: \$720.00	Single: \$199.89 Couple: \$439.76 Parent/Child(ren): \$379.79 Family: \$633.65
<b>Select Your Plan Option</b>	Check here for this option _____  Signature _____  Date _____	Check here for this option _____  Signature _____  Date _____

The renewal process for Healthy New York is a two-step process, requiring you to complete and return both the recertification form and this Renewal Option letter. Failure to complete and return the recertification form prior to your renewal date will result in termination of your coverage.

If you have returned the recertification form and have been approved for the Healthy New York Program and you fail to return this Renewal Option letter, you will be renewed with your existing plan option.

Prior to your renewal, select your plan option and return this letter to:

Oxford Health Plans  
Attn: Enrollment Department  
14 Central Park Drive  
Hooksett, NH 03106

If you have any questions, please call Oxford Customer Service at 1-800-767-3840.

Sincerely,

Oxford Health Plans (NY), Inc.

<<Oxford Health Plans letterhead>>

<<Date>>

<<Benefits Administrator>>

<<Group Name>>

<<Group Address>>

<<City, State, Zip>>

Group Number: <<Group Number>>

Re: Healthy New York Program Renewal Option

Dear <<Benefits Administrator>>,

Oxford Health Plans appreciates your business and the opportunity to provide your health benefits. On <<renewal date>>, your anniversary date, you will complete your current policy year with Oxford Health Plans. Listed below are your current rates and the renewal plan options available with the rates approved by the Department of Financial Services.

YOUR CURRENT COVERAGE	
<b>Plan Type</b>	<< Healthy New York <u>with</u> Prescription Drug Coverage or Healthy New York <u>without</u> Prescription Drug Coverage
<b>Rate</b>	Single: \$ Couple: \$ Parent/Child(ren): \$ Family: \$

RENEWAL OPTIONS		
	Option 1	Option 2
<b>Plan Type</b>	<b>Healthy New York <u>with</u> Prescription Drug Coverage</b>	<b>Healthy New York <u>without</u> Prescription Drug Coverage</b>
<b>Prescription Drug Benefit</b>	\$10 generic drugs, \$20 brand name drugs \$100 deductible, \$3000 maximum limit	No Coverage
<b>Rate</b>	Single: \$189.56 Couple: \$417.03 Parent/Child(ren): \$360.16 Family: \$600.90	Single: \$166.81 Couple: \$366.99 Parent/Child(ren): \$316.94 Family: \$528.79
<b>Select Your Plan Option</b>	Check here for this option _____  Signature _____  Date _____	Check here for this option _____  Signature _____  Date _____

The renewal process for Healthy New York is a two-step process, requiring you to complete and return both the recertification form and this Renewal Option letter. Failure to complete and return the recertification form prior to your renewal date will result in termination of your group's coverage.

If you have returned the recertification form and your group has been approved for the Healthy New York program and you fail to return this Renewal Option letter, your group will be renewed with your existing plan option.

Prior to your renewal, select your plan option and return this letter to:

Oxford Health Plans  
Attn: Enrollment Department  
14 Central Park Drive  
Hooksett, NH 03106

If you have any questions, please call Oxford Group Services at 1-888-201-4216.

Sincerely,

Oxford Health Plans (NY), Inc.

<Date>  
<Subscriber First Name> <Subscriber Last Name>  
<Address 1 >  
<Address 2>  
<City>, <State> <Zip>

**Notice of Premium Rate Adjustment Decision**  
**<Group Name>, <Group # >; <CSP Code>**

**THIS IS NOT A BILL**

Dear <Subscriber First Name> <Subscriber Last Name> ,

In <<Month YYYY>>, we wrote to you to tell groups and their employees about a rate application we were filing with the New York State Department of Financial Services (DFS).

Your group's Oxford<sup>1</sup> plan is scheduled to renew on <effective date>. The information below shows your group's current rates and approved renewal rates. These renewal rates reflect the total premiums your group must pay. Your individual contribution will be established by your employer.

Renewal rates are effective for twelve months beginning on <Effective Date>. The rates listed below could change if (1) your group makes benefit changes, (2) benefits are required to be added during the plan year and/or (3) your group is no longer eligible for Healthy New York coverage.

<b>CURRENT RATES</b>	<b>RENEWAL RATES</b>
Single: \$	Single: \$
Couple: \$	Couple: \$
Parent/Child(ren): \$	Parent/Child(ren): \$
Family: \$	Family: \$

Please contact your employer for information about your contribution or for more information about the upcoming renewal.

Sincerely,

Howard C. Margolies  
Vice President  
Small Business, New York

<sup>1</sup> Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

# Initial Notice of Proposed Rate Adjustment

## Oxford Healthy New York

### Table of Contents

2013 Oxford Healthy NY SG Group - Initial Notice	NY-12-588
2013 Oxford Healthy NY SG Subscriber - Initial Notice	NY-12-589
2013 Oxford Healthy NY Individual and Sole Proprietor - Initial Notice	NY-12-590



Date

<<Name>>  
<<Company Name, Group Code: xxxxxx>>  
<<Company Street Address>>  
<<City,>> <<State>> <<ZIP Code>>

**Notice of Premium Rate Adjustment Filing  
THIS IS NOT A BILL**

Dear \_\_\_\_\_:

Thank you for choosing UnitedHealthcare to serve your health benefit plan needs with our Oxford products.

In New York, proposed premium rates for small group plans are filed with the New York State Department of Financial Services (DFS) annually.<sup>1</sup> Our annual proposed premium rate adjustment filings are typically filed in June for the next year's renewal rates.

We're writing to let you know that Oxford Health Plans (NY), Inc. is filing a premium rate adjustment request for the Oxford Healthy New York small group product on June 15, 2012. We are sending this notice to you and your group's employees to inform you of our rate adjustment request and give you the opportunity to provide comments to DFS or ask us or DFS for additional information. Requests for information and comments must be submitted within 30 days from the date of our rate filing.

**What we are requesting**

The chart below shows the percentage increases we are requesting.

Renewal Date	Estimated Increase Over 2012 Premium (%)
1/1/2013 – 12/31/2013	46.5%

**What you need to know**

An approved rate change will affect 2013 renewal rates. **You do not need to take any action or change your payments at this time.**

You will receive a second notice about your 2013 renewal rates after the Superintendent of Financial Services makes a decision on our rate adjustment request. The second notice will be sent at least 60 days before the rate change effective date and may be included in your renewal package (rather than a separate letter).

<sup>1</sup> In rare instances, rate applications may be submitted more than once a year.

Please be aware that your group's final renewal rate increase for 2013 *may be different* than the percentages listed above. The Superintendent of Financial Services may approve (as requested), modify or deny the proposed rate adjustment. Your final rate will be based on 1) the rates approved by DFS, 2) adjustments to the rate (increases or decreases) due to benefit changes, 3) plan design changes you make at renewal, and 4) your group's census at renewal.<sup>2</sup>

**Where to find more information or make a comment**

Rising medical expenses are the main reason for the requested increase. A number of factors contribute to these rising costs, including increases in the cost of medical services, increases in the amount of services used, and decreases (as a percentage of overall costs) in the state funded stop loss subsidy. We have prepared a narrative summary that provides a more detailed explanation of the reasons why we are seeking a premium rate adjustment. This summary will be posted both on our website and DFS's website for at least 30 days from the date of our rate filing. Our rate application will be posted on DFS's website and additional information will be available on [companyprofiles.healthcare.gov](http://companyprofiles.healthcare.gov).

You may contact us or DFS to request additional information or submit written comments to DFS. Requests for information and comments must be made **within 30 days from the date of our rate filing. This time period starts on June 15 and ends on July 15, 2012.** If you are making comments, you must note that your inquiry is regarding Oxford Health Plans (NY), Inc. and the Oxford Healthy New York small group product. DFS will post your written comments on its website with personal identifying information removed.

Requests for information or comments to DFS must be submitted to:

Health Bureau – Premium Rate Adjustments  
New York State Department of Financial Services  
25 Beaver Street  
New York, NY 10004  
<http://www.dfs.ny.gov>  
[PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)

As noted above, information will be available on **oxfordhealth.com**. You may go to the *Employer Messages* section to view and print this information. This information may also be obtained by writing to us at:

Oxford  
NY Prior Approval  
P.O. Box 862  
Monroe, CT 06468  
888-201-4216

Thank you for your business. We look forward to continuing our service to you.

Sincerely,



Howard C. Margolies  
Vice President Small Business, New York

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<sup>2</sup> In addition to the premium rate adjustment filing, we separately submitted a benefit change filing associated with federally mandated changes to women's preventive coverage. Until the filing is approved we will not know the rate impact but the requested rate impact is approximately 0.32%. The rates ultimately approved by DFS for this benefit will impact your final rate. In the event that other benefit changes (e.g., benefit mandate) are made prior to your renewal, those changes may impact your final premium rate as well.



Date

<<Name>>  
<<Street Address>>  
<<City,>> <<State>> <<ZIP Code>>

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Dear \_\_\_\_\_:

Thank you for allowing UnitedHealthcare to serve your health benefit plan needs with our Oxford products.

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Please be aware that your group's final renewal rate increase for 2013 may be different than the percentages listed above. The Superintendent of Financial Services may approve (as requested),

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modify or deny the proposed rate adjustment. The group's final rate will be based on 1) the rates approved by DFS, 2) adjustments to the rate (increases or decreases) due to benefit changes, 3) the plan design chosen by the group, and 4) the group's census at renewal.<sup>2</sup>

**Where to find more information or make a comment**

Rising medical expenses are the main reason for the requested increase. A number of factors contribute to these rising costs, including increases in the cost of medical services, increases in the amount of services used, and decreases (as a percentage of overall costs) in the state funded stop loss subsidy. We have prepared a narrative summary that provides a more detailed explanation of the reasons why we are seeking a premium rate adjustment. This summary will be posted both on our website and DFS's website for at least 30 days from the date of our rate filing. Our rate application will be posted on DFS's website and additional information will be available on [companyprofiles.healthcare.gov](http://companyprofiles.healthcare.gov).

You may contact us or DFS to request additional information or submit written comments to DFS. Requests for information and comments must be made **within 30 days from the date of our rate filing. This time period starts on June 15 and ends on July 15, 2012.** If you are making comments, you must note that your inquiry is regarding Oxford Health Plans (NY), Inc. and the Oxford Healthy New York small group product. DFS will post your written comments on its website with personal identifying information removed.

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NY Prior Approval  
P.O. Box 862  
Monroe, CT 06468  
800-767-3840

Thank you for your business. We look forward to continuing our service to you.

Sincerely,



Howard C. Margolies  
Vice President Small Business, New York

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Date

<<Name>>  
<<Street Address>>  
<<City,>> <<State>> <<ZIP Code>>

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In New York, proposed premium rates for Healthy New York plans are filed with the New York State Department of Financial Services (DFS) annually.<sup>1</sup> Our annual proposed premium rate adjustment filings are typically filed in June for the next year's renewal rates.

We're writing to let you know that Oxford Health Plans (NY), Inc. is filing a premium rate adjustment request for the Oxford Healthy New York sole proprietor and individual product on June 15, 2012. We are sending this notice to you to inform you of our rate adjustment request and give you the opportunity to provide comments to DFS or ask us or DFS for additional information. Requests for information and comments must be submitted within 30 days from the date of our rate filing.

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<sup>1</sup> In rare instances, rate applications may be submitted more than once a year.

proposed rate adjustment. Your final rate will be based on 1) the rates approved by DFS, 2) adjustments to the rate (increases or decreases) due to benefit changes, 3) plan design changes you may decide to make at renewal, and 4) the addition or removal of dependents.<sup>2</sup>

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Rising medical expenses are the main reason for the requested increase. A number of factors contribute to these rising costs, including increases in the cost of medical services, increases in the amount of services used, and decreases (as a percentage of overall costs) in the state funded stop loss subsidy. We have prepared a narrative summary that provides a more detailed explanation of the reasons why we are seeking a premium rate adjustment. This summary will be posted both on our website and DFS's website for at least 30 days from the date of our rate filing. Our rate application will be posted on DFS's website and additional information will be available on [companyprofiles.healthcare.gov](http://companyprofiles.healthcare.gov).

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Per the instructions, health insurance issuers proposing rate increases above the threshold fill in only those cells that are highlighted in GREY.  
The other cells are auto-populated.

**A. Base Period Data**

Start Period: 01/01/2011 End Period: 12/31/2011

Service Categories	Member Months	Total Allowed	Net Claims	Cost Sharing	Cost Sharing PMPM	Net PMPM	Allowed PMPM
Inpatient	442,656	\$ 34,852,120.96	\$ 33,855,072.65	\$ 997,048.31	2.25	76.48	78.73
Outpatient	442,656	\$ 26,116,605.40	\$ 25,136,159.56	\$ 980,445.83	2.21	56.78	59.00
Professional	442,656	\$ 60,654,252.73	\$ 56,153,667.82	\$ 4,500,584.91	10.17	126.86	137.02
Prescription Drugs	442,656	\$ 22,972,620.78	\$ 17,491,065.13	\$ 5,481,555.65	12.38	39.51	51.90
Other	442,656	\$ 7,876,019.38	\$ 7,804,117.33	\$ 71,902.05	0.16	17.63	17.79
Capitation	442,656	\$ 8,485,788.65	\$ 8,485,788.65	\$ 0.00	0.00	19.17	19.17
<b>Total</b>	<b>442,656</b>	<b>\$ 160,957,407.89</b>	<b>\$ 148,925,871.14</b>	<b>\$ 12,031,536.75</b>	<b>27.18</b>	<b>336.44</b>	<b>363.62</b>

**B. Claim Projections**

**B1. Adjustment to the Current Rate**

Start Period: 01/01/2012 End Period: 12/31/2012

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	1.1480	\$ 90.39	\$ 87.80	0.0286
Outpatient	1.1357	\$ 67.01	\$ 65.19	0.0271
Professional	1.1357	\$ 155.62	\$ 145.63	0.0642
Prescription Drugs	1.1357	\$ 58.94	\$ 45.36	0.2304
Other	1.1480	\$ 20.43	\$ 20.24	0.0091
Capitation	1.1480	\$ 22.01	\$ 22.01	0.0000
<b>Total</b>		<b>\$ 414.39</b>	<b>\$ 386.23</b>	<b>0.07</b>

**B2. Claims Projection for Future Rate**

Start Period: 01/01/2013 End Period: 12/31/2013

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	1.1480	\$ 103.76	\$ 100.80	0.0286
Outpatient	1.1361	\$ 76.13	\$ 74.84	0.0169
Professional	1.1361	\$ 176.80	\$ 167.18	0.0544
Prescription Drugs	1.1361	\$ 66.96	\$ 52.08	0.2223
Other	1.1480	\$ 23.45	\$ 23.24	0.0091
Capitation	1.1480	\$ 25.26	\$ 25.26	0.0000
<b>Total</b>		<b>\$ 472.37</b>	<b>\$ 443.39</b>	<b>0.06</b>

**B3. Medical Trend Breakout**

Factor	Impact
Utilization	43.5862%
Unit Cost	56.4138%
Other Factors	0.0000%

**C. Components of Current and Future Rates**

	Future Rate		Prior Estimate of Current Rate		Difference	
	PMPM	%	PMPM	%	PMPM	%
1. Projected Net Claims	\$ 443.39	82.47%	\$ 371.40	101.20%	\$ 71.99	42.19%
2. Administrative Costs	\$ 67.77	12.61%	\$ 41.15	11.21%	\$ 26.62	15.60%
3. Underwriting Gain/Loss	\$ 26.45	4.92%	\$ (45.56)	-12.41%	\$ 72.01	42.20%
4. Total Rate	\$ 537.62	100.00%	\$ 367.00	100.00%	\$ 170.62	100.00%
5. Overall Rate Increase		46.49%				

**D. Components of Rate Increase**

Claims Components	Impact on Rate	Percent
1. Inpatient	\$ 12.99	18.05%
2. Outpatient	\$ 8.87	12.32%
3. Professional	\$ 19.82	27.53%
4. Prescription Drugs	\$ 6.17	8.57%
5. Other	\$ 3.00	4.16%
6. Capitation	\$ 3.26	4.52%
7. Cost Share	\$ 3.06	4.24%
8. Correction of Prior Net Claims Estimate	\$ 14.83	20.60%
9. Total	\$ 71.99	100.00%
<b>Claims Restatement for Current Rate Period</b>		
8.a. Prior Net Claims Estimate for Current Rate Period	\$ 371.40	
8.b. Re-Estimate of Net Claims PMPM for Current Rate Period	\$ 386.23	

**E. List of Annual Average Rate Changes Requested and Implemented in the Past Three Calendar Years**

Calendar Year	New Form	Requested	Implemented
2012	N	32.6000%	17.9000%
2011	N	12.5000%	12.5000%
2010	N	0.0000%	0.0000%

**F. Range and Scope of Proposed Increase**

Number of Covered Individuals	13,796	Threshold Rate Increase	46.4900%
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	Range of Rate Increase
Minimum % Increase	46.4900%
Maximum % Increase	46.4900%



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**F. Range and Scope of Proposed Increase**

Number of Covered Individuals	23,092	Threshold Rate Increase	46.4900%
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	Range of Rate Increase
Minimum % Increase	46.4900%
Maximum % Increase	46.4900%



## EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A.	Insurer Information: <u>Oxford Health Plans (NY), Inc.</u> Company submitting the rate adjustment request  48 Monroe Turnpike, Trumbull, CT 06611  Company mailing address	<u>HMO - 44</u> Company Type	<u>For Profit</u> Org. Type	<u>95479</u> Company NAIC Code
B.	Contact Person: <span style="background-color: black; color: black;">[REDACTED]</span> Rate filing contact person name, title	<span style="background-color: black; color: black;">[REDACTED]</span> Contact phone number	<span style="background-color: black; color: black;">[REDACTED]</span> Contact Email address	
C.	Actuarial Contact (If different from above): Actuary name, title	Actuary phone number	Actuary Email address	
D.	New Rate Information (See Note #1): <u>February 15, 2013 through November 14, 2014</u> New rate applicability period	New rate effective date <u>1/1/2013</u>	<u>XFRD-128363086</u> SERFF Tracking Number	
E.	Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement): <u>Healthy NY</u>			
F.	Provide responses for the following questions: <span style="float: right;"><b>Response</b></span>			
1.	Does this filing include any revision to contract language that is not yet approved? See note (2).	<u>No</u>		
2.	Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	<u>Yes, please see Exhibit 6 for the filing that would affect the rate tables included in this rate filing.</u>		
3.	Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (3).	<u>Yes, Healthy New York policyholders and contract holders with renewal dates in calendar year 2013</u>		
4.	Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	<u>Yes, all the required exhibits have been submitted with this rate application</u>		
5.	Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the prefilling.	<u>Yes. XFRD-128432536</u>		

Notes:

- (1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date. It is recommended that a rate adjustment application not be submitted more than 180 days prior to the proposed effective date. It is recommended that a rate adjustment application not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing.
- (2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should **not** include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing.
- Use the following SERFF filing types for rate adjustment filings:
- \* For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
  - \* For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
  - \* For all other prior approval filings: Normal Pre-Approval
- (3) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment application is submitted to the Insurance Department.





**EXHIBIT 2: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT AND PRIOR RATE ADJUSTMENT FILINGS**

Company Name: Oxford Health Plans (NY), Inc.  
 NAIC Code: 95479  
 SERFF Number: XFRD-128363086

A. Complete a separate ROW for each market segment/rating pool combination included in the current rate adjustment filing:

- Information should be for medical base plans and associated riders combined.

• Indicate the market segment the rating pool belongs to by using the drop down list. Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-IND), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group.

- Enter a description of the rating pool within the indicated market segment. If the rating pools vary by rating region, the rating pool description should include a region identifier (eg., SG HMO Downstate, SG HMO Upstate).
- Use a separate row for each market segment/rating pool combination included in the current rate adjustment filing.
- Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.

B. The average claim trend is the average annualized claim trend for that market segment/rating pool used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).

C. Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components included in the proposed rates and the average annual claim trend assumed.

D. Enter the corresponding information requested for the immediately prior rate adjustment filing. This refers to the various expense components included in the proposed rates submitted with the immediately prior rate adjustment filing and the average claim trend assumed. If there is no immediately prior rate adjustment filing, enter the data from the initial form and rate filing.

E. This form must be submitted as an Excel file and as a PDF file.

		Data Item for Specified Rating Pool																														
		For the rate period included in the immediately prior rate adjustment filing (or initial form & rate filing)																														
1. Market Segment	2. Description of rating pool within the market segment	18. Period assumed - beginning date (MM/DD/YYYY)	19. Period assumed - ending date (MM/DD/YYYY)	20. Average annual claim trend assumed	21.1 Regulatory authority expenses - as a % of gross premium	21.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	21.3 Commissions and broker fees - as a % of gross premium	21.4 Premium Taxes - as a % of gross premium	21.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessments) - as a % of gross premium	21.6 Other administrative expenses - as a % of gross premium	21.7 Subtotal columns 21.1 through 21.6	22. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	23. State income tax component - as a % of gross premium	23.1 State income tax rate assumed (eg 3%)	24. Federal income tax component - as a % of gross premium	24.1 Federal income tax rate assumed (eg 30%)	25. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	26. Subtotal lines 21.7 + 22 + 23 + 24 + 25	27.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as \$mpm	27.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Health Care Exhibit - as \$mpm	27.3 Commissions and broker fees - as \$mpm	27.4 Premium Taxes - as \$mpm	27.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessments) - as \$mpm	27.6 Other administrative expenses - as \$mpm	27.7 Subtotal lines 27.1 through 27.6	28. After tax underwriting margin (profit/contribution to surplus) - as \$mpm	29. State income tax component - as \$mpm	30. Federal income tax component - as \$mpm	31. Reduction for assumed net investment income - as \$mpm (enter as a negative value)	32. Subtotal columns 27.7 through 31		
HNY-IND	Healthy NY	XX	1/1/2012	12/31/2012	15.2%	0.80%	0.00%	1.54%	2.71%	0.00%	6.16%	11.21%	-1.21%	0.00%	7.10%	0.00%	34.00%	0.00%	10.00%	2.40	0.00	4.62	8.14	0.00	18.46	33.62	(3.64)	0.00	0.00	0.00	0.00	29.98
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**Oxford Health Plans (NY), Inc.**  
**New York Healthy New York Plans**  
**Narrative Summary of Requested Rate Changes – Effective 2013**

We have prepared this Narrative Summary as further explanation of the letter you recently received from us outlining our annual proposed premium rate adjustment filing(s) with the New York State Department of Financial Services (DFS). This Narrative Summary will remain posted here, on our website, for a minimum of 30 calendar days from the date of our letter to you, our policyholder or subscriber. Please review this information carefully and contact us or DFS, as indicated in our letter, with questions within 30 days.

**Rate Component Overview**

The main components of an insurer's annual premium are the medical costs and administrative expenses we incur for providing health care benefits coverage. A small percentage of the premium is also projected to be profit, which helps us to sustain and grow our business. Medical costs are the main portion of the premium and are accounted for in the minimum loss ratio (MLR)—the percentage of the premiums paid toward medical costs. Under New York state law, the MLR must be at least 82% of the premium charged for the product during the calendar year. This means that at least 82 cents of each premium dollar is to be paid toward medical costs.

Medical costs include items that are typically thought of as medical costs, such as physician office visits, inpatient and outpatient care, covered prescription drugs and new mandated benefits. Medical costs also include taxes and assessments associated with medical services. These items are sometimes referred to as "HCRA" or "GME." HCRA stands for the Health Care Reform Act and is a surcharge on hospital-related services. GME stands for Graduate Medical Expense and is also known as the "covered lives assessment." This is an annual surcharge/tax on every person who has insurance coverage in the state. Certain administrative expenses are reclassified as medical costs when calculating the MLR. Such costs include activities that improve health care; for example, wellness programs.

Some of the key administrative expenses are:

- Taxes and fees not associated with medical costs such as the Section 332 assessment and premium tax;
- maintenance and upgrading of systems to comply with legal requirements (e.g., HIPAA, federal health care reform mandates);
- costs for consumer education and decision support tools/processes, promotion of wellness, programs for managing chronic and complex medical conditions, maintaining the provider network as well as measuring quality and efficiency of providers, and operating costs of consumer, employer, broker and provider web portals; and
- employee costs for items such as processing requests for services, claims, correspondence and appeals, conducting medical reviews, and providing customer service.

Additionally, there are fees and assessments associated with the Patient Protection and Affordable Care Act (PPACA). These include the Insurer's Fee and Reinsurance Assessment. The Insurer's Fee is a permanent fee that applies to fully insured coverage. The Reinsurance Assessment is a temporary fee that applies to all commercial groups (both fully insured and self-funded) from 2014 to 2016.

**Current Rate Increase Components**

When deciding whether to seek a premium increase or decrease, we review claims data and expenses to determine what the expected costs and expenses will be for a future period.

Following this review process, we are requesting premium increases related to medical cost trends for the health benefits products that appear in Chart 1. If approved, the increases will be added to the 2012 premium. Chart 1 shows the requested increases by product. The new premiums will apply to all groups that renew or enroll during calendar year 2013. Below Chart 1 is an overview of the reasons for the increase.

**CHART 1: Impact of Premium Request**

<b>Renewal Date</b>	<b>Number of Impacted Subscribers</b>	<b>Requested Estimated Medical Increase Over 2012 Medical Premium (%)</b>	<b>Requested Estimated Pharmacy Increase Over 2012 Pharmacy Premium (%)</b>	<b>Estimated Total Trend Increase (Medical and Pharmacy) Over 2012 Premium (%)</b>
January 2013 - December 2013	29,526	46.5%	46.5%	46.5%

- The rate filing we have made is seeking an increase mainly related to rising medical costs. As previously mentioned, medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. There are many different medical, or health care, cost trends that contribute to increases in the overall U.S. health care spending each year. These trend factors affect health insurance premiums, which will mean a premium increase to cover costs. Some of the key health care cost trends that have affected this year’s rate actions include:
  - **Increasing Cost of Medical Services** – Annual increases in reimbursement rates to health care providers, such as hospitals, doctors and pharmaceutical companies. We estimate that this component increases costs by approximately 5.6% per year.
  - **Increased Utilization** – The number of office visits and other services continues to grow. We estimate that this component increases costs by approximately 5.5% per year.
  - **Higher Costs from Deductible Leveraging** – Health care costs continue to rise every year, while the pricing for the products is based on deductibles and copayments that generally remain the same. As a result, when groups continue with the same member cost shares, a greater percentage of health care costs need to be covered by health insurance premiums each year. We estimate that this component increases costs by approximately 1.1% per year.
  - **Cost shifting from the public to the private sector** – Reimbursements from the Center for Medicare and Medicaid Services (CMS) to hospitals is no longer covering all the cost of care. The cost difference is being shifted to private health plans. Additionally, Medicare and Medicaid rates to hospitals are expected to decline due to the impact of PPACA on Medicare and the affect of the recession on Medicaid. A rate increase paid by Medicaid to hospitals is often below the actual

cost increase hospitals will experience. The cost impact for this component is included in the estimate for increasing cost of medical services shown above.

- **Impact of New Technology** - Improvements to medical technology and clinical practice require use of more expensive services, leading to increased health care spending and utilization. The cost impact for this component is included in the estimates for increasing cost of medical services and increased utilization shown above.
- The medical cost component may also be impacted by changes to the population covered under the product.
  - **Stop Loss** - A significant portion of the requested increase is due to our projection of the reimbursement we will receive from the Healthy New York Stop Loss Pool for 2013. Through the Stop Loss Pool, New York state reimburses carriers for a portion of the medical costs incurred by high cost claimants. The money we receive from the pool subsidizes the claims and, therefore, allows us to charge lower premiums for our Healthy New York products than what we would otherwise charge for the same coverage if there were no pool. While we expect to receive reimbursement from the pool next year, we project that it will be lower than the full requested reimbursement amount, which will decrease the subsidy available. As a result, we are asking for a rate increase for this item that accounts for 21.3% of the 46.5% increase we are requesting. This equates to slightly less than half of the overall requested increase.
- As noted above, there are also fees and assessment related to PPACA. These amounts apply to all business starting January 1, 2014. The requested premium increases for 2013 include portions of these full amounts depending upon the number of contract months extending into 2014. These fees and assessments account for 1.8% of the overall requested rate increase.
- The table below summarizes the drivers of the requested rate increase.

## CHART 2: Drivers of Requested Rate Increase

<b>Type of Cost:</b>	Percentage Assumed in Current (2012) Rate	Per Member Per Month Increase	Portion of Increase	Percentage Assumed in Renewal (2013) Rate
<b>Medical Services*</b> - Cost of providing healthcare services to policyholders	101.2%	\$ 71.99	42.3%	82.5%
<b>Administrative Expenses</b> - Marketing, claims processing, taxes, assessments, and other costs to the company	11.2%	\$ 26.57	15.6%	12.6%
<b>Pre-Tax Underwriting Gain/Loss</b> - Amount the company keeps after paying claims and administrative expenses**	-12.4%	\$ 71.70	42.1%	4.9%
<b>Total</b>	100.0%	\$170.27	100.0%	100.0%

\* 43.6% of the Medical Services cost increases are due to how many people use the services and how often they use them and 56.4% is due to the cost per service (unit cost).

\*\* The driver of the change in Pre-Tax Underwriting Gain/Loss of the requested rate increase is a result of the modifications made by DFS to our requested rates for effective dates in 2012 (current rates). As shown in Chart 2 (above), the rates for 2012 effective dates result in a policy period loss based upon our cost projections.

### **Additional Benefit Changes for 2013 Plans**

We have also submitted benefit change filings to the New York State DFS associated federal reform changes to women's preventive coverage. The premium increase approved by DFS for this item will impact your final premium, in addition to the requested premium increases listed in Chart 1. In the event that additional benefit changes (e.g., benefit mandate or change) are made to our Healthy New York product prior to your 2013 renewal, those changes may also impact your final premium.

### **Final Rate Increase**

Please be aware that your group's final renewal premium increase for 2013 may be different than the percentages listed in Chart 1. The Superintendent of Financial Services may approve (as requested), modify or deny the proposed rate adjustment. Your final premium will account for the rate adjustment approved by the New York State DFS, as well as any changes resulting from the benefit plan design chosen and your group's census upon renewal. If you are a subscriber of a group plan, please contact your employer for information about how this information affects your premium contribution.

### EXHIBIT 3: NARRATIVE SUMMARY

Company Name: Oxford Health Plans (NY), Inc.  
NAIC Code: 95479  
SERFF Tracking #: XFRD-128363086

Submit a Narrative Summary explaining the reason(s) for the proposed rate adjustment. The purpose of this Narrative Summary is to provide a written explanation to the company's policyholders to help them to understand the reason(s) why a rate increase is needed.

- The Narrative Summary will be a public document and will be posted on the Department's website and furnished by the Department to the public upon request.

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It is strongly encouraged that the company submit the Narrative Summary to the Department ten (10) days before submitting a rate adjustment application. It is recommended that the company include a draft of the narrative summary with a draft of the initial notice in a "Prior Approval Prefiling" submitted to the Department through SERFF.

- It is suggested that once reviewed by the Department, the company post the Narrative Summary to a location on its website that is publicly available, that is, a location that can be viewed without the need for a user ID and password. Links should be provided on key pages of the company's website so that the information may be easily located.

Any change(s) made to the Narrative Summary subsequent to the posting is to be submitted to the Department with the specific change(s) identified.

- The Narrative Summary should include, but not be limited to, the following information:
  - 1) The name of the company submitting the rate adjustment request.
  - 2) A summary of the proposed rate adjustments.
  - 3) A description of which policyholders are affected by this rate adjustment application. The rate adjustment may only affect certain policyholders in a market segment (e.g., Small Group), or with certain products (indicate the "street name" of the products affected), or only a certain renewal cohort (e.g., policyholders renewing mm/dd/yyyy – mm/dd/yyyy).
  - 4) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
  - 5) The effective date of the proposed rate adjustments and an indication of when the rate change would affect policyholders.  
For example:
    - (a) For a non-guaranteed rate structure: All policyholders will receive the rate adjustment on mm/dd/yyyy.
    - (b) For a rate structure with a 12 month rate guarantee: A policyholder will receive the rate adjustment on the policyholder's next anniversary on or after mm/dd/yyyy.
  - 6) The number of policyholders/members affected by the proposed rate adjustment(s); aggregated across all market segments and products affected by the rate adjustments submission.
  - 7) An explanation, in plain-language, as to why it is necessary to request such rate changes. As appropriate, a separate explanation should be provided for each market segment. Where the rate increases are not the same for each product type within a market segment, the company should provide a separate explanation for each such product type.
- Each page of the Narrative Summary should be numbered (i.e., [page] of [pages]).

# EXHIBIT 4 - PART A: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

## -- for Base Medical Plan with NON ROLLING Rate Structure

Oxford Health Plans (NY), Inc.  
 Company submitting the rate adjustment request

95479  
 Company NAIC Code

XFRD-128363086  
 SERFF tracking number

- => Use this Exhibit for the base medical plan type policy forms/products with NON ROLLING rate structure that are included in the rate adjustment submission.
- => This form must be submitted as an Excel file and as a PDF file.
- => The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.
- => Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-INS), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
- => The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- => Provide a list of proposed rate changes for each base medical plan type, by product name/street name. If one policy form is used for more than one product, then a separate row should be entered for each policy form/product name/product street name combination.
- => The "proposed rate change" is just for the base medical product, excluding the impact of any riders.
  - Lowest should be the smallest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
  - Highest should be the largest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
  - The weighted average should reflect the average using the distribution of contracts within each base medical product; the impact of riders is not included.

### Base Medical Plan Non Rolling Rate Products

SERFF# XFRD-128363086

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
						Lowest	Highest	Weighted Avg



## EXHIBIT 4 - PART B: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

### -- for Base Medical Plan with ROLLING Rate Structure

Oxford Health Plans (NY), Inc.  
Company submitting the rate adjustment request

95479  
Company NAIC Code

XFRD-128363086  
SERFF tracking number

- => Use this Exhibit for the base medical plan type policy forms/products with ROLLING rate structure that are included in the rate adjustment submission.
- => This form must be submitted as an Excel file and as a PDF file.
- => The format of this exhibit is discussed below. Insert more rows as needed. Only use the first tab for data entry.
- => Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-INS), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
- => The effective date is the earliest date that the proposed new rate would become effective if approved. The effective period of a new rolling rate may vary depending on the rolling rate structure (e.g., Q1 2013 for a quarterly rolling rate structure.)
- => The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- => Provide a list of proposed rate changes for each base medical plan type, by product name/street name. If one policy form is used for more than one product, then a separate row should be entered for each policy form/product name/product street name combination.
- => The "proposed rate change" is just for the base medical product, excluding the impact of any riders.
  - Lowest should be the smallest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
  - Highest should be the largest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
  - The weighted average should reflect the average using the distribution of contracts within each base medical product; the impact of riders is not included.

**Base Medical Plan Rolling Rate Products**

SERFF# XFRD-128363086

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
OHP HNY GR APP (04/03)	Healthy NY	All	Healthy NY	Healthy NY	1/1/2013	2013	46.5%	46.5%	46.5%



## EXHIBIT 4 - PART C: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

### - for Drug Riders Available with Base Medical Products (NON ROLLING Rate Structure)

Oxford Health Plans (NY), Inc.  
 \_\_\_\_\_  
 Company submitting the rate adjustment request

95479  
 \_\_\_\_\_  
 Company NAIC Code

XFRD-128363086  
 \_\_\_\_\_  
 SERFF tracking number

- => Use this Exhibit for the Drug Riders that are available for the base medical plan type policy forms/products with a NON ROLLING rate structure included in the rate adjustment submission.
- => The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.
- => This form must be submitted as an Excel file and as a PDF file.
- => Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-INS), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
- => The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- => Provide a list of proposed rate changes for drug riders available with non rolling rate base medical products. If one policy form is used for more than one product, then a separate row should be entered for each policy form/product name/product street name combination.
- => The "proposed percentage rate change" is just for the drug riders available with the indicated base medical product and excludes the impact of the base medical plan rates and non-drug riders.  
 The lowest, highest, and weighted average are just among the drug riders available to the indicated base medical product.
- => This is for the traditional drug riders, but not for minor drug related riders such as the inclusion of oral contraceptives.

**Drug Riders Available With Non Rolling Rate Base Medical Products**

SERFF#: XFRD-128363086

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
						Lowest	Highest	Weighted Avg



## EXHIBIT 4 - PART D: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

### - for Drug Riders Available with Base Medical Products (ROLLING Rate Structure)

Oxford Health Plans (NY), Inc.  
 Company submitting the rate adjustment request

95479  
 Company NAIC Code

XFRD-128363086  
 SERFF tracking number

- => Use this Exhibit for the Drug Riders that are available for the base medical plan type policy forms/products with a ROLLING rate structure included in the rate adjustment submission.
- => The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.
- => This form must be submitted as an Excel file and as a PDF file.
- => Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-INS), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan. The effective date is the earliest date that proposed rate change will become effective. The effective period of a new rolling rate may vary depending on the rolling rate structure (e.g., Q1 2013 for a quarterly rolling rate structure).
- => The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- => Provide a list of proposed rate changes for drug riders available with rolling rate base medical products. If one policy form is used for more than one product, then a separate row should be entered for each policy form/product name/product street name combination.
- => The "proposed percentage rate change" is just for the drug riders available with the indicated base medical product and excludes the impact of the base medical plan rates and non-drug riders.  
 The lowest, highest, and weighted average are just among the drug riders available to the indicated base medical product.
- => This is for the traditional drug riders, but not for minor drug related riders such as the inclusion of oral contraceptives.

**Drug Riders Available With Rolling Rate Base Medical Products**

SERFF:

XFRD-128363086

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
OHP HNY GR APP (04/03)	Healthy NY	All	Healthy NY	Healthy NY	1/1/2013	2013	46.5%	46.5%	46.5%



**EXHIBIT 5 - PART A: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS for NON ROLLING Rate Structured Products**

Company Name: Oxford Health Plans (NY), Inc.  
 NAIC Code: 95479  
 SERFF Tracking #: XFRD-128363086

**Instructions:**

- 1) The percentage rate change reflects the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
- 2) The distribution is by number of members or number of contracts . The Company should fill in the appropriate column below (members or contracts) and replace the mm/dd/yy placeholder with the applicable as of date.
- 3) The Weighted Average Percentage should be developed based on the distribution of contracts or members for that market segment/product and for the market segment in total.
- 4) Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-INS), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- 5) Under each market segment, the table should provide the distribution by broad product type (e.g., HMO, POS, EPO, PPO, Indemnity, High Deductible/Consumer Driven, Medicare Supplement, etc.).
- 6) Provide the distribution of contracts or members affected by proposed rate change for all non-rolling rate contracts by effective date/market segment/product.
- 7) Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
- 8) After each market segment there should be a market segment total row. Enter Total in the "Product" column, the sum of the counts in the various columns, and the market segment weighted avg %.
- 9) This exhibit must be submitted as an Excel file and a PDF file.

**FOR NON-ROLLING RATE STRUCTURE PRODUCTS -- Distribution of Non Rolling Rate Contracts by Proposed Rate Adjustment** SERFF#: XFRD-128363086

Effective Date	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Members as of	Total # of Contracts as of	Number of Members with Proposed Percentage Rate Change at Renewal										
							4/30/2012	Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%
<b>Market Segment Total:</b>																	







## EXHIBIT 6: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

**Company Name:** Oxford Health Plans (NY), Inc.

**NAIC Code:** 95479

**SERFF Number:** XFRD-128363086

**Instructions:**

- This Exhibit summarizes all benefit/rate changes filed under sections other than §3231(e)(1)/4308(c) that impact the rate tables in this filing.
- The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- Enter filing status (approved or pending) using the drop down list. For pending files leave the approval date blank.
- Extend the worksheet to add more rows as needed. Only use the first tab for data entry.

**List of rate filings that have been approved since the prior §3231(e)(1) or §4308(c) rate filing or are currently pending with the Department, which impact the rate tables in this filing.**

Filing Status	SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Approval Date
Pending	TBD	TBD	TBD	OHP HNY GR APP (04/03)	Healthy NY	Federally mandated women's preventive coverage	





**EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING**

Company Name: Oxford Health Plans (NY), Inc.  
 NAIC Code: 95479  
 SERFF Number: XFRD-128363086

- A. Complete a separate ROW for each base medical policy form included in the rate adjustment filing, even if no rate adjustment is proposed for that base medical policy form.
  - Information requested applies to New York State business only.
  - Include riders that may be available with that policy form in each policy form response.
  - Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
  - Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 1a. Skip a row between the different rating pools.
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.
- C. Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-IND), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans, Hospital Only, Medical Only, Base+Supplemental, Supplementary Major Medical, Other Limited Benefit, Medicare Supplement (A, B, C, D, E, F Basic, F High, G, H, I, J Basic, J High, K, L, M, N, or Other - indicate appropriate designation for policy form), etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department). Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

		Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)																					
1a. Base medical policy form number	1b. Product Name as in Rate Manual	14.1 Beginning Date of the experience period (MM/DD/YY)	14.2 Ending Date of the experience period (MM/DD/YY)	14.3 Member months for experience period	14.4 Earned premiums for experience period (\$)	14.5 Standardized earned premiums for experience period (\$)	14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter payments to the pool as a positive value) (\$)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	14.11 Earned premiums for experience period (\$pmpm)	14.12 Standardized premiums for experience period (\$pmpm)	14.13 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$pmpm)	14.14 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$pmpm)	14.15 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$pmpm)	14.16 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$pmpm)	14.17 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$pmpm)	14.18 Ratio: Col 14.7/ Col 14.4 (Incurred Claims / Earned Premiums)	14.19 Ratio: Col 14.7/ Col 14.5 (Incurred Claims / Standardized Earned Premiums)	14.20 Ratio: Col 14.4 (Administration Expenses / Earned Premiums)	14.21 Ratio: (Col 14.8 + Col 14.9 + Col 14.10) / Col 14.4	
OHP HNY GR APP (04/03)	Healthy NY	XX	01/01/2011	12/31/2011	442,656	131,570,427	162,453,654	160,921,088	178,239,620	(29,313,749)	0	17,892,138	297.23	367.00	363.54	402.66	(66.22)	0.00	40.42	1.355	1.097	0.136	1.268
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	

**EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING**

Company Name: Oxford Health Plans (NY), Inc.  
 NAIC Code: 95479  
 SERFF Number: XFRD-128363086

- A. Complete a separate ROW for each base medical policy form included in the rate adjustment filing, even if no rate adjustment is proposed for that base medical policy form.
  - Information requested applies to New York State business only.
  - Include riders that may be available with that policy form in each policy form response.
  - Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
  - Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 1a. Skip a row between the different rating pools.
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.
- C. Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-IND), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans, Hospital Only, Medical Only, Base+Supplemental, Supplementary Major Medical, Other Limited Benefit, Medicare Supplement (A, B, C, D, E, F Basic, F High, G, H, I, J Basic, J High, K, L, M, N, or Other - indicate appropriate designation for policy form), etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department). Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

		First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)																					
1a. Base medical policy form number	1b. Product Name as in Rate Manual	15.1 Beginning date of the experience period (MM/DD/YY)	15.2 Ending Date of the experience period (MM/DD/YY)	15.3 Member months for experience period	15.4 Earned premiums for experience period (\$)	15.5 Standardized earned premiums for experience period (\$)	15.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	15.11 Earned premiums for experience period (\$mpm)	15.12 Standardized premiums for experience period (\$mpm)	15.13 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$mpm)	15.14 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$mpm)	15.15 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$mpm)	15.16 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$mpm)	15.17 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$mpm)	15.18 Ratio: Col 15.4 / Col 15.7 / Col 15.8	15.19 Ratio: Col 15.7 / Col 15.5	15.20 Ratio: Col 15.10 / Col 15.4	15.21 Ratio: Col 15.7 + Col 15.8 + Col 15.9 / Col 15.4	
OHP HNY GR APP (04/03)	Healthy NY	XX	01/01/2010	12/31/2010	323,175	86,233,282	114,377,669	101,984,166	96,521,830	26,127,498	0	11,774,277	266.83	353.92	315.57	298.67	80.85	0.00	36.43	1.119	0.844	0.137	1.559
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000

**EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING**

Company Name: Oxford Health Plans (NY), Inc.  
 NAIC Code: 95479  
 SERFF Number: XFRD-128363086

- A. Complete a separate ROW for each base medical policy form included in the rate adjustment filing, even if no rate adjustment is proposed for that base medical policy form.
  - Information requested applies to New York State business only.
  - Include riders that may be available with that policy form in each policy form response.
  - Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
  - Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 1a. Skip a row between the different rating pools.
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.
- C. Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-IND), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans, Hospital Only, Medical Only, Base+Supplemental, Supplementary Major Medical, Other Limited Benefit, Medicare Supplement (A, B, C, D, E, F Basic, F High, G, H, I, J Basic, J High, K, L, M, N, or Other - indicate appropriate designation for policy form), etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department). Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

		Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)																					
1a. Base medical policy form number	1b. Product Name as in Rate Manual	16.1 Beginning date of the experience period (MM/DD/YYYY)	16.2 Ending Date of the experience period (MM/DD/YYYY)	16.3 Member months for experience period	16.4 Earned premiums for experience period (\$)	16.5 Standardized earned premiums for experience period (\$)	16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	16.11 Earned premiums for experience period (\$mpm)	16.12 Standardized premiums for experience period (\$mpm)	16.13 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$mpm)	16.14 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$mpm)	16.15 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$mpm)	16.16 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$mpm)	16.17 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$mpm)	16.18 Ratio: Col 16.7/ Col 16.4 (Incurred Claims / Earned Premiums)	16.19 Ratio: Col 16.7/ Col 16.5 (Incurred Claims / Standardized Earned Premiums)	16.20 Ratio: Col 16.10/ Col 16.4 (Administration Expense / Earned Premiums)	16.21 Ratio: (Col 16.7 + Col 16.10) / Col 16.4	
OHP HNY GR APP (04/03)	Healthy NY	XX	01/01/2009	12/31/2009	226,362	62,086,147	86,990,658	71,681,396	80,911,517	22,859,641	0	8,886,645	274.28	384.30	316.67	357.44	100.99	0.00	39.26	1.303	0.930	0.143	1.815
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000
		XX										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.000

**EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING**

Company Name: Oxford Health Plans (NY), Inc.  
 NAIC Code: 95479  
 SERFF Number: XFRD-128363086

- A. Complete a separate ROW for each base medical policy form included in the rate adjustment filing, even if no rate adjustment is proposed for that base medical policy form.
  - Information requested applies to New York State business only.
  - Include riders that may be available with that policy form in each policy form response.
  - Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
  - Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 1a. Skip a row between the different rating pools.
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.
- C. Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-IND), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans, Hospital Only, Medical Only, Base+Supplemental, Supplementary Major Medical, Other Limited Benefit, Medicare Supplement (A, B, C, D, E, F Basic, F High, G, H, I, J Basic, J High, K, L, M, N, or Other - indicate appropriate designation for policy form), etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department). Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

1a. Base medical policy form number	1b. Product Name as in Rate Manual	Annualized Medical Trend Factors Assumed in Rate Development (%)					Ratios: Most Recent Experience Period to First Prior Period						Ratios: First Prior Period to Second Prior Period						Ratio: Standard Premium to Earned Premium					
		17.1 All benefits combined, composite	17.2 Due to utilization	17.3 Due to unit cost	17.4 Due to case mix/intensi- ty/other	17.4 Due to case mix/intensi- ty/other	18.1 Member months	18.2 Earned premiums (\$pmpm)	18.3 Standardiz- ed premiums (\$pmpm)	18.4 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$pmpm)	18.5 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$pmpm)	18.6 Administra- tive expenses (including commisso- ns and premium taxes, but excluding federal and state income taxes)	19.1 Member months	19.2 Earned premiums (\$pmpm)	19.3 Standardiz- ed premiums (\$pmpm)	19.4 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$pmpm)	19.5 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$pmpm)	19.6 Administra- tive expenses (including commisso- ns and premium taxes, but excluding federal and state income taxes)	20.1 Most Recent Experience Period	20.2 First Prior Experienc e Period	20.3 Second Prior Experience Period			
OHP HNY GR APP (04/03)	Healthy NY	XX	12.5%	5.5%	5.6%	1.1%	XX	1,370	1,114	1,037	1,152	1,348	1,109	XX	1,428	0,973	0,921	0,997	0,836	0,928	XX	1,235	1,326	1,401
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000





June 15, 2012

Mr. Michel Laverdiere, FSA, MAAA  
Deputy Chief Actuary  
New York State Department of Financial Services  
Health Bureau  
25 Beaver Street  
New York, NY 10004

**Re: Oxford Health Plans (NY), Inc.  
Rate Adjustment Filing for Healthy New York- Effective January 1, 2013**

**Forms: OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY no Rx (04/03), OHPNY R HNY S BU 1006, OHPNY R HNY IND BU 1006, OHPNY R IND BU 1006**

Dear Mr. Laverdiere:

Enclosed please find Oxford Health Plans (NY), Inc.'s rate filing application for January through December 2013 for the above referenced form numbers. This filing addresses Healthy NY rates for Individual, Small Group, and Sole Proprietor contracts and both High Deductible and non-High Deductible plans already on file. We are submitting this rate filing subject to Prior Approval, pursuant to Section 4308(c) of the Insurance Law.

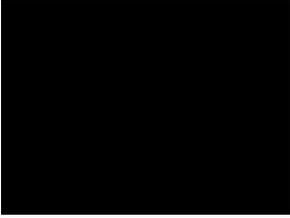
Included in the filing are:

- Summary Template
- Actuarial Certification
- Actuarial Memorandum
- Rate Manual
- Sample Notification Letters
- Supporting Exhibits

If you have any questions, please do not hesitate to contact me at [REDACTED]

Sincerely,  
  
[REDACTED]

*June 15, 2012*



**Oxford Health Plans (NY), Inc.  
Prior Approval Rate Application  
Healthy New York  
January – December 2013**

**Actuarial Certification**

I, [REDACTED], am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries.

To the best of my knowledge and based upon the information and data available to me, I certify that:

- (a) The filing is in compliance with all applicable laws and regulations of the State of New York.
- (b) The filing is in compliance with Actuarial Standard of Practice No. 8.
- (c) The expected loss ratio of 84% exceeds the minimum requirement of the State of New York.
- (d) The benefits are reasonable in relation to the premiums charged.
- (e) The rates are not unfairly discriminatory.

[REDACTED]  
[REDACTED]

June 15, 2012

## EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A.	Insurer Information: <u>Oxford Health Plans (NY), Inc.</u> Company submitting the rate adjustment request  48 Monroe Turnpike, Trumbull, CT 06611  Company mailing address	<u>HMO - 44</u> Company Type	<u>For Profit</u> Org. Type	<u>95479</u> Company NAIC Code
B.	Contact Person: <u>REDACTED</u> Rate filing contact person name, title	<u>REDACTED</u> Contact phone number	<u>REDACTED</u> Contact Email address	
C.	Actuarial Contact (If different from above): _____ Actuary name, title	_____ Actuary phone number	_____ Actuary Email address	
D.	New Rate Information (See Note #1): <u>February 15, 2013 through November 14, 2014</u> New rate applicability period	_____ New rate effective date	<u>1/1/2013</u>	<u>XFRD-128363086</u> SERFF Tracking Number
E.	Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement): <u>Healthy NY</u>			
F.	Provide responses for the following questions: <span style="float: right;"><b>Response</b></span>			
1.	Does this filing include any revision to contract language that is not yet approved? See note (2).	<u>No</u>		
2.	Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	<u>Yes, please see Exhibit 6 for the filing that would affect the rate tables included in this rate filing.</u>		
3.	Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (3).	<u>Yes, Healthy New York policyholders and contract holders with renewal dates in calendar year 2013</u>		
4.	Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	<u>Yes, all the required exhibits have been submitted with this rate application</u>		
5.	Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the pre-filing.	<u>Yes. XFRD-128432536</u>		

Notes:

- (1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date. It is recommended that a rate adjustment application not be submitted more than 180 days prior to the proposed effective date. It is recommended that a rate adjustment application not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing.
- (2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should **not** include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing.
- Use the following SERFF filing types for rate adjustment filings:
- \* For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
  - \* For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
  - \* For all other prior approval filings: Normal Pre-Approval
- (3) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment application is submitted to the Insurance Department.





June 15, 2012

Mr. Michel Laverdiere, FSA, MAAA  
Deputy Chief Actuary  
New York State Department of Financial Services  
Health Bureau  
25 Beaver Street  
New York, NY 10004

**Re: Oxford Health Plans (NY), Inc.  
Rate Adjustment Filing for Healthy New York- Effective January 1, 2013**

**Forms: OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY no Rx (04/03), OHPNY R HNY S BU 1006, OHPNY R HNY IND BU 1006, OHPNY R IND BU 1006**

Dear Mr. Laverdiere:

Enclosed please find Oxford Health Plans (NY), Inc.'s rate filing application for January through December 2013 for the above referenced form numbers. This filing addresses Healthy NY rates for Individual, Small Group, and Sole Proprietor contracts and both High Deductible and non-High Deductible plans already on file. We are submitting this rate filing subject to Prior Approval, pursuant to Section 4308(c) of the Insurance Law.

Included in the filing are:

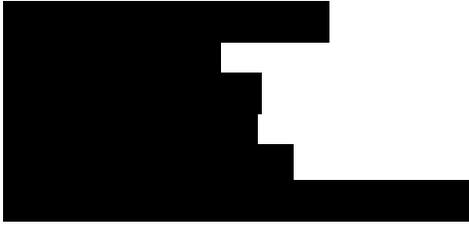
- Summary Template
- Actuarial Certification
- Actuarial Memorandum
- Rate Manual
- Sample Notification Letters
- Supporting Exhibits

If you have any questions, please do not hesitate to contact me at [REDACTED]

Sincerely,

[REDACTED]  
[REDACTED]  
[REDACTED]

*June 15, 2012*



**Oxford Health Plans (NY), Inc.**  
**Healthy New York**  
**Development of Required 2013 Rate Increase**

Exhibit I

Experience Period: Incurred 1/2011 - 12/2011 Paid Through 3/2012

		Total	
<b><u>Member Months</u></b>			
(a)	Member Months	442,656	
(b) = (a) / 12	Average Members	36,888	
		<b><u>Dollars</u></b>	<b><u>PMPM</u></b>
<b><u>Experience Period Claims</u></b>			
(c)	Fully Incurred Lag Medical + Rx Claims	\$ 173,960,265	\$ 392.99
(d)	Stop Loss*	\$ (29,313,749)	\$ (66.22)
(e)	GME	\$ 4,279,356	\$ 9.67
(f) = sum(c):(e)	Total Incurred Claims	\$ 148,925,871	\$ 336.44
<b><u>Experience Period Premiums</u></b>			
(g)	Earned Premiums	\$ 131,570,427	\$ 297.23
<b><u>Experience Period Loss Ratios</u></b>			
(h) = (f) / (g)	Experience Period Loss Ratio	113.2%	113.2%
<b><u>Claim Projection</u></b>			
(i) = (f) - (e)	Incurred Claims Net of Stop Loss	\$ 178,239,620	\$ 402.66
(j)	Annualized Trend	12.5%	12.5%
(k)	Months of Trend	24	24
(l) = [1+(j)] <sup>k</sup> /12	Trend Factor	1.266	1.266
(m) = (i) * (l)	Projected Claims Net of Stop Loss	\$ 225,723,460	\$ 509.93
(n)	Projected Stop Loss for Rating Period	\$ (29,313,749)	\$ (66.22)
(o) = (m) + (n)	Projected Claims Including Stop Loss	\$ 196,409,711	\$ 443.71
<b><u>Premium &amp; Loss Ratio Projection</u></b>			
(p)	Standardized Premiums **	\$ 162,453,654	\$ 367.00
(q) = (o) / (p)	Projected Loss Ratio **	120.9%	120.9%
(r)	Target Loss Ratio	84.0%	84.0%
<b>(s) = (q)/(r)-1</b>	<b>Required 2013 / 2012 Rate Change</b>	<b>43.9%</b>	<b>43.9%</b>
<b>(t)</b>	<b>Proposed 2013 / 2012 Rate Change</b>	<b>43.9%</b>	<b>43.9%</b>
<b><u>PPACA Insurer Fee and Reinsurance Assessment ***</u></b>			
	Additional 2013 Over 2012 Rate Change	<b>1.8%</b>	<b>1.8%</b>
	<b>Requesting 2013 Over 2012 Rate Change</b>	<b>46.5%</b>	<b>46.5%</b>

\* 2011 estimated Stop Loss

\*\* At 2012 rate level

\*\*\* Full Projected impacts are 2.2% and \$5.85 PMPM for Insurer Fee and Reinsurance Assessment, respectively. 2013 impacts are based upon number of months in CY 2014

**United HealthCare Northeast - Oxford  
Small Group Healthy New York**

**Standardized Premium Calculation**

Effective Month Year	Time Period for Premium Data in column (A)	Earned Premium 1/2009 - 12/2009 A	Filed Rate Increase to 2012 Level * B	1/2009 - 12/2009 Standardized Premium C = A x (1+B)
February 2008	1/2009	\$ 737,790	47.2%	\$ 1,086,231
March 2008	1/2009 - 2/2009	\$ 1,164,926	47.2%	\$ 1,715,092
April 2008	1/2009 - 3/2009	\$ 1,594,810	47.2%	\$ 2,348,001
May 2008	1/2009 - 4/2009	\$ 2,015,070	47.2%	\$ 2,966,739
June 2008	1/2009 - 5/2009	\$ 2,423,939	47.2%	\$ 3,568,707
July 2008	1/2009 - 6/2009	\$ 2,915,351	47.2%	\$ 4,292,203
August 2008	1/2009 - 7/2009	\$ 3,307,117	47.2%	\$ 4,868,989
September 2008	1/2009 - 8/2009	\$ 3,706,793	47.2%	\$ 5,457,423
October 2008	1/2009 - 9/2009	\$ 4,119,105	47.2%	\$ 6,064,460
November 2008	1/2009 - 10/2009	\$ 4,699,474	47.2%	\$ 6,918,923
December 2008	1/2009 - 11/2009	\$ 5,125,801	47.2%	\$ 7,546,595
January 2009	1/2009 - 12/2009	\$ 4,683,344	32.6%	\$ 6,211,870
February 2009	2/2009-12/2009	\$ 3,997,553	32.6%	\$ 5,302,254
March 2009	3/2009-12/2009	\$ 3,649,560	32.6%	\$ 4,840,685
April 2009	4/2009-12/2009	\$ 3,312,177	32.6%	\$ 4,393,188
May 2009	5/2009-12/2009	\$ 3,007,353	32.6%	\$ 3,988,878
June 2009	6/2009-12/2009	\$ 2,702,999	32.6%	\$ 3,585,191
July 2009	7/2009-12/2009	\$ 2,317,474	32.6%	\$ 3,073,840
August 2009	8/2009-12/2009	\$ 1,983,177	32.6%	\$ 2,630,436
September 2009	9/2009-12/2009	\$ 1,718,922	32.6%	\$ 2,279,935
October 2009	10/2009-12/2009	\$ 1,360,368	32.6%	\$ 1,804,358
November 2009	11/2009-12/2009	\$ 909,689	32.6%	\$ 1,206,589
December 2009	12/1/2009	\$ 633,356	32.6%	\$ 840,067
<b>Total</b>		<b>\$ 62,086,147</b>		<b>\$ 86,990,658</b>

\* Rate increases, excluding reform impacts, are as follows:  
 2009 / 2008 11.0%  
 2010 / 2009 0.0%  
 2011 / 2010 12.5%  
 2012 / 2011 17.9%

**United HealthCare Northeast - Oxford  
Small Group Healthy New York**

**Standardized Premium Calculation**

Effective Month Year	Time Period for Premium Data in column (A)	Earned Premium 1/2010 - 12/2010 A	Filed Rate Increase to 2012 Level * B	1/2010 - 12/2010 Standardized Premium C = A x (1+B)
February 2009	1/2010	\$ 359,088	32.6%	\$ 476,285
March 2009	1/2010 - 2/2010	\$ 754,708	32.6%	\$ 1,001,026
April 2009	1/2010 - 3/2010	\$ 1,118,772	32.6%	\$ 1,483,911
May 2009	1/2010 - 4/2010	\$ 1,595,538	32.6%	\$ 2,116,282
June 2009	1/2010 - 5/2010	\$ 2,261,074	32.6%	\$ 2,999,032
July 2009	1/2010 - 6/2010	\$ 2,423,886	32.6%	\$ 3,214,982
August 2009	1/2010 - 7/2010	\$ 2,641,695	32.6%	\$ 3,503,878
September 2009	1/2010 - 8/2010	\$ 3,796,091	32.6%	\$ 5,035,041
October 2009	1/2010 - 9/2010	\$ 5,286,099	32.6%	\$ 7,011,349
November 2009	1/2010 - 10/2010	\$ 4,622,732	32.6%	\$ 6,131,476
December 2009	1/2010 - 11/2010	\$ 6,380,074	32.6%	\$ 8,462,371
January 2010	1/2010 - 12/2010	\$ 9,688,930	32.6%	\$ 12,851,155
February 2010	2/2010-12/2010	\$ 6,073,101	32.6%	\$ 8,055,209
March 2010	3/2010-12/2010	\$ 6,087,324	32.6%	\$ 8,074,075
April 2010	4/2010-12/2010	\$ 7,251,251	32.6%	\$ 9,617,878
May 2010	5/2010-12/2010	\$ 4,870,570	32.6%	\$ 6,460,202
June 2010	6/2010-12/2010	\$ 5,154,287	32.6%	\$ 6,836,517
July 2010	7/2010-12/2010	\$ 4,061,302	32.6%	\$ 5,386,809
August 2010	8/2010-12/2010	\$ 3,225,986	32.6%	\$ 4,278,868
September 2010	9/2010-12/2010	\$ 3,232,855	32.6%	\$ 4,287,978
October 2010	10/2010-12/2010	\$ 2,606,898	32.6%	\$ 3,457,724
November 2010	11/2010-12/2010	\$ 1,712,806	32.6%	\$ 2,271,823
December 2010	12/1/2010	\$ 1,028,216	32.6%	\$ 1,363,800
<b>Total</b>		<b>\$ 86,233,282</b>		<b>\$ 114,377,669</b>

\* Rate increases, excluding reform impacts, are as follows:  
 2010 / 2009 0.0%  
 2011 / 2010 12.5%  
 2012 / 2011 17.9%

**United HealthCare Northeast - Oxford  
Small Group Healthy New York**

**Standardized Premium Calculation**

Effective Month Year	Time Period for Premium Data in column (A)	Earned Premium 1/2011 - 12/2011 A	Filed Rate Increase to 2012 Level * B	1/2011 - 12/2011 Standardized Premium C = A x (1+B)
February 2010	1/2011	\$ 494,225	32.6%	\$ 655,527
March 2010	1/2011 - 2/2011	\$ 1,085,540	32.6%	\$ 1,439,834
April 2010	1/2011 - 3/2011	\$ 2,379,818	32.6%	\$ 3,156,531
May 2010	1/2011 - 4/2011	\$ 2,249,522	32.6%	\$ 2,983,709
June 2010	1/2011 - 5/2011	\$ 3,490,569	32.6%	\$ 4,629,803
July 2010	1/2011 - 6/2011	\$ 3,824,376	32.6%	\$ 5,072,557
August 2010	1/2011 - 7/2011	\$ 4,328,905	32.6%	\$ 5,741,751
September 2010	1/2011 - 8/2011	\$ 5,771,832	32.6%	\$ 7,655,614
October 2010	1/2011 - 9/2011	\$ 7,294,777	32.6%	\$ 9,675,610
November 2010	1/2011 - 10/2011	\$ 8,057,568	32.6%	\$ 10,687,357
December 2010	1/2011 - 11/2011	\$ 10,774,326	32.6%	\$ 14,290,796
January 2011	1/2011 - 12/2011	\$ 14,830,737	17.9%	\$ 17,485,439
February 2011	2/2011-12/2011	\$ 9,027,340	17.9%	\$ 10,643,234
March 2011	3/2011-12/2011	\$ 8,797,812	17.9%	\$ 10,372,621
April 2011	4/2011-12/2011	\$ 10,456,357	17.9%	\$ 12,328,044
May 2011	5/2011-12/2011	\$ 7,315,803	17.9%	\$ 8,625,332
June 2011	6/2011-12/2011	\$ 7,540,242	17.9%	\$ 8,889,946
July 2011	7/2011-12/2011	\$ 6,307,968	17.9%	\$ 7,437,095
August 2011	8/2011-12/2011	\$ 5,071,766	17.9%	\$ 5,979,613
September 2011	9/2011-12/2011	\$ 4,476,047	17.9%	\$ 5,277,260
October 2011	10/2011-12/2011	\$ 3,671,916	17.9%	\$ 4,329,189
November 2011	11/2011-12/2011	\$ 2,440,045	17.9%	\$ 2,876,814
December 2011	12/1/2011	\$ 1,882,934	17.9%	\$ 2,219,979
<b>Total</b>		<b>\$ 131,570,427</b>		<b>\$ 162,453,654</b>

\* Rate increases, excluding reform impacts, are as follows:  
 2010 / 2009 0.0%  
 2011 / 2010 12.5%  
 2012 / 2011 17.9%

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK SMALL GROUPS  
CURRENT (NON HIGH DEDUCTIBLE) PLAN  
100% Preventive Coverage  
All Counties**

**PROPOSED PREMIUM RATES- rates will apply in each respective month to all groups, regardless of effective date of the group**

<b>Rates applicable to:</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
<b>With Rx</b>												
Individual	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83
Parent/Child(ren)	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47
Couple	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63
Family	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70
<b>Without Rx</b>												
Individual	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11
Parent/Child(ren)	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98
Couple	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44
Family	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK SMALL GROUPS  
CURRENT (NON HIGH DEDUCTIBLE) PLAN  
100% Preventive Coverage  
All Counties**

**2012 APPROVED PREMIUM RATES**

<b>With Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85
Parent/Child(ren)	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19
Couple	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27
Family	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76
<b>Without Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47
Parent/Child(ren)	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12
Couple	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03
Family	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60
<i>without Rx</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK SMALL GROUPS  
CURRENT (NON HIGH DEDUCTIBLE) PLAN  
100% Preventive Coverage  
All Counties**

**PREMIUM INCREASE (YEAR OVER YEAR)**

<b>With Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98
Parent/Child(ren)	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28
Couple	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36
Family	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94
<b>Without Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64
Parent/Child(ren)	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86
Couple	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41
Family	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK SMALL GROUPS  
CURRENT (NON HIGH DEDUCTIBLE) PLAN  
100% Preventive Coverage  
All Counties**

**PERCENT PREMIUM INCREASE (YEAR OVER YEAR)**

<b>With Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<b>Without Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK INDIVIDUALS**

**CURRENT (NON HIGH DEDUCTIBLE) PLAN  
100% Preventive Coverage  
All Counties**

**PROPOSED PREMIUM RATES- rates will apply in each respective month to all groups, regardless of effective date of the group**

<b>Rates applicable to:</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
<b>With Rx</b>												
Individual	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83	\$ 604.83
Parent/Child(ren)	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47	\$ 1,185.47
Couple	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63	\$ 1,330.63
Family	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70	\$ 1,965.70
<b>No Rx</b>												
Individual	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11	\$ 506.11
Parent/Child(ren)	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98	\$ 991.98
Couple	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44	\$ 1,113.44
Family	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86	\$ 1,644.86
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14	\$ 181.14
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94	\$ 186.94
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57	\$ 151.57
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43	\$ 156.43

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK INDIVIDUALS**

**CURRENT (NON HIGH DEDUCTIBLE) PLAN  
100% Preventive Coverage  
All Counties**

**2012 APPROVED PREMIUM RATES**

<b>With Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85	\$ 412.85
Parent/Child(ren)	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19	\$ 809.19
Husband/Wife	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27	\$ 908.27
Family	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76	\$ 1,341.76
<b>No Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47	\$ 345.47
Parent/Child(ren)	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12	\$ 677.12
Husband/Wife	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03	\$ 760.03
Family	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78	\$ 1,122.78
<b>Rider: Dependent Coverage to Age 29</b>												
<b>with Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64	\$ 123.64
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60	\$ 127.60
<b>without Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46	\$ 103.46
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78	\$ 106.78

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK INDIVIDUALS  
CURRENT (NON HIGH DEDUCTIBLE) PLAN  
100% Preventive Coverage  
All Counties**

**PREMIUM INCREASE (YEAR OVER YEAR)**

<b>With Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98	\$ 191.98
Parent/Child(ren)	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28	\$ 376.28
Couple	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36	\$ 422.36
Family	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94	\$ 623.94
<b>Without Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64	\$ 160.64
Parent/Child(ren)	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86	\$ 314.86
Couple	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41	\$ 353.41
Family	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08	\$ 522.08
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50	\$ 57.50
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34	\$ 59.34
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11	\$ 48.11
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65	\$ 49.65

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK INDIVIDUALS**

**CURRENT (NON HIGH DEDUCTIBLE) PLAN  
100% Preventive Coverage  
All Counties**

**PERCENT PREMIUM INCREASE (YEAR OVER YEAR)**

<b>With Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<b>Without Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK SMALL GROUPS  
CURRENT (NON HIGH DEDUCTIBLE) PLAN  
Preventive Cost share (renewal only)  
All Counties**

**PROPOSED PREMIUM RATES- rates will apply in each respective month to all groups, regardless of effective date of the group**

<b>Rates applicable to:</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
<b>With Rx</b>												
Individual	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81
Parent/Child(ren)	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55
Couple	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98
Family	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88
<b>Without Rx</b>												
Individual	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10
Parent/Child(ren)	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08
Couple	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82
Family	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK SMALL GROUPS**

**CURRENT (NON HIGH DEDUCTIBLE) PLAN  
Preventive Cost share (renewal only)  
All Counties**

**2012 APPROVED PREMIUM RATES**

<b>With Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79
Parent/Child(ren)	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15
Couple	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74
Family	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07
<b>Without Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41
Parent/Child(ren)	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08
Couple	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50
Family	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97
<i>without Rx</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK SMALL GROUPS  
CURRENT (NON HIGH DEDUCTIBLE) PLAN  
Preventive Cost share (renewal only)  
All Counties**

**PREMIUM INCREASE (YEAR OVER YEAR)**

<b>With Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02
Parent/Child(ren)	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40
Couple	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24
Family	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81

<b>Without Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69
Parent/Child(ren)	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00
Couple	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32
Family	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00

**Rider: Dependent Coverage to Age 29**

<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03

<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK SMALL GROUPS  
CURRENT (NON HIGH DEDUCTIBLE) PLAN  
Preventive Cost share (renewal only)  
All Counties**

**PERCENT PREMIUM INCREASE (YEAR OVER YEAR)**

<b>With Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<b>Without Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK INDIVIDUALS**

**CURRENT (NON HIGH DEDUCTIBLE) PLAN  
Preventive Cost Share (renewal only)  
All Counties**

**PROPOSED PREMIUM RATES- rates will apply in each respective month to all groups, regardless of effective date of the group**

<b>Rates applicable to:</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
<b>With Rx</b>												
Individual	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81	\$ 601.81
Parent/Child(ren)	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55	\$ 1,179.55
Couple	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98	\$ 1,323.98
Family	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88	\$ 1,955.88
<b>No Rx</b>												
Individual	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10	\$ 503.10
Parent/Child(ren)	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08	\$ 986.08
Couple	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82	\$ 1,106.82
Family	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08	\$ 1,635.08
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24	\$ 180.24
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00	\$ 186.00
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67	\$ 150.67
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50	\$ 155.50

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK INDIVIDUALS  
CURRENT (NON HIGH DEDUCTIBLE) PLAN  
Preventive Cost Share (renewal only)  
All Counties**

**2012 APPROVED PREMIUM RATES**

<b>With Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79	\$ 410.79
Parent/Child(ren)	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15	\$ 805.15
Husband/Wife	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74	\$ 903.74
Family	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07	\$ 1,335.07
<b>No Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41	\$ 343.41
Parent/Child(ren)	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08	\$ 673.08
Husband/Wife	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50	\$ 755.50
Family	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08	\$ 1,116.08
<b>Rider: Dependent Coverage to Age 29</b>												
<b>with Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03	\$ 123.03
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97	\$ 126.97
<b>without Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85	\$ 102.85
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14	\$ 106.14

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK INDIVIDUALS**

**CURRENT (NON HIGH DEDUCTIBLE) PLAN  
Preventive Cost Share (renewal only)  
All Counties**

**PREMIUM INCREASE (YEAR OVER YEAR)**

<b>With Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02	\$ 191.02
Parent/Child(ren)	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40	\$ 374.40
Couple	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24	\$ 420.24
Family	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81	\$ 620.81
<b>Without Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69	\$ 159.69
Parent/Child(ren)	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00
Couple	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32	\$ 351.32
Family	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00	\$ 519.00
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21	\$ 57.21
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03	\$ 59.03
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82	\$ 47.82
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36	\$ 49.36

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK INDIVIDUALS**

**CURRENT (NON HIGH DEDUCTIBLE) PLAN  
Preventive Cost Share (renewal only)  
All Counties**

**PERCENT PREMIUM INCREASE (YEAR OVER YEAR)**

<b>With Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<b>Without Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK SMALL GROUPS**

**HIGH DEDUCTIBLE PLAN  
100% Preventive Coverage  
All Counties**

**PROPOSED PREMIUM RATES- rates will apply in each respective month to all groups, regardless of effective date of the group**

<b>Rates applicable to:</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
<b>With Rx</b>												
Individual	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21
Parent/Child(ren)	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65
Couple	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26
Family	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93
<b>No Rx</b>												
Individual	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04
Parent/Child(ren)	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32
Couple	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89
Family	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK SMALL GROUPS**

**HIGH DEDUCTIBLE PLAN  
100% Preventive Coverage  
All Counties**

**2012 APPROVED PREMIUM RATES**

<b>With Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28
Parent/Child(ren)	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75
Husband/Wife	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62
Family	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91
<b>No Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97
Parent/Child(ren)	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18
Husband/Wife	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73
Family	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15
<b>Rider: Dependent Coverage to Age 29</b>												
with Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99
without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK SMALL GROUPS**

**HIGH DEDUCTIBLE PLAN  
100% Preventive Coverage  
All Counties**

**PREMIUM INCREASE (YEAR OVER YEAR)**

<b>With Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93
Parent/Child(ren)	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90
Couple	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64
Family	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02
<b>Without Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07
Parent/Child(ren)	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14
Couple	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16
Family	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66

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**PERCENT PREMIUM INCREASE (YEAR OVER YEAR)**

<b>With Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<b>Without Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK INDIVIDUALS**

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All Counties**

**PROPOSED PREMIUM RATES- rates will apply in each respective month to all groups, regardless of effective date of the group**

<b>Rates applicable to:</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
<b>With Rx</b>												
Individual	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21	\$ 469.21
Parent/Child(ren)	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65	\$ 919.65
Couple	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26	\$ 1,032.26
Family	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93	\$ 1,524.93
<b>No Rx</b>												
Individual	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04	\$ 394.04
Parent/Child(ren)	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32	\$ 772.32
Couple	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89	\$ 866.89
Family	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63	\$ 1,280.63
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52	\$ 140.52
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02	\$ 145.02
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01	\$ 118.01
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79	\$ 121.79

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

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**2012 APPROVED PREMIUM RATES**

<b>With Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28	\$ 320.28
Parent/Child(ren)	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75	\$ 627.75
Husband/Wife	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62	\$ 704.62
Family	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91	\$ 1,040.91
<b>No Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97	\$ 268.97
Parent/Child(ren)	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18	\$ 527.18
Husband/Wife	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73	\$ 591.73
Family	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15	\$ 874.15
<b>Rider: Dependent Coverage to Age 29</b>												
with Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92	\$ 95.92
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99	\$ 98.99
without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55	\$ 80.55
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13	\$ 83.13

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK INDIVIDUALS**

**HIGH DEDUCTIBLE PLAN  
100% Preventive Coverage  
All Counties**

**PREMIUM INCREASE (YEAR OVER YEAR)**

<b>With Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93	\$ 148.93
Parent/Child(ren)	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90	\$ 291.90
Couple	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64	\$ 327.64
Family	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02	\$ 484.02
<b>Without Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07	\$ 125.07
Parent/Child(ren)	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14	\$ 245.14
Couple	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16	\$ 275.16
Family	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48	\$ 406.48
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60	\$ 44.60
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03	\$ 46.03
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66	\$ 38.66

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK INDIVIDUALS**

**HIGH DEDUCTIBLE PLAN  
100% Preventive Coverage  
All Counties**

**PERCENT PREMIUM INCREASE (YEAR OVER YEAR)**

<b>With Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<b>Without Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK SMALL GROUPS**

**HIGH DEDUCTIBLE PLAN  
100% Preventive Coverage  
All Counties**

**PROPOSED PREMIUM RATES- rates will apply in each respective month to all groups, regardless of effective date of the group**

<b>Rates applicable to:</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
<b>With Rx</b>												
Individual	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85
Parent/Child(ren)	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03
Couple	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07
Family	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26
<b>No Rx</b>												
Individual	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68
Parent/Child(ren)	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69
Couple	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70
Family	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK SMALL GROUPS**

**HIGH DEDUCTIBLE PLAN  
100% Preventive Coverage  
All Counties**

**2012 APPROVED PREMIUM RATES**

<b>With Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67
Parent/Child(ren)	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59
Husband/Wife	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07
Family	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68
<b>No Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36
Parent/Child(ren)	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03
Husband/Wife	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19
Family	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92
<b>Rider: Dependent Coverage to Age 29</b>												
<b>with Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49
<b>without Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK SMALL GROUPS**

**HIGH DEDUCTIBLE PLAN  
100% Preventive Coverage  
All Counties**

**PREMIUM INCREASE (YEAR OVER YEAR)**

<b>With Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18
Parent/Child(ren)	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44
Couple	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00
Family	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58
<b>Without Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32
Parent/Child(ren)	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66
Couple	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51
Family	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK SMALL GROUPS**

**HIGH DEDUCTIBLE PLAN  
100% Preventive Coverage  
All Counties**

**PERCENT PREMIUM INCREASE (YEAR OVER YEAR)**

<b>With Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<b>Without Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK INDIVIDUALS**

**HIGH DEDUCTIBLE PLAN  
100% Preventive Coverage  
All Counties**

**PROPOSED PREMIUM RATES- rates will apply in each respective month to all groups, regardless of effective date of the group**

<b>Rates applicable to:</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
<b>With Rx</b>												
Individual	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85	\$ 466.85
Parent/Child(ren)	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03	\$ 915.03
Couple	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07	\$ 1,027.07
Family	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26	\$ 1,517.26
<b>No Rx</b>												
Individual	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68	\$ 391.68
Parent/Child(ren)	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69	\$ 767.69
Couple	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70	\$ 861.70
Family	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96	\$ 1,272.96
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82	\$ 139.82
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29	\$ 144.29
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30	\$ 117.30
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06	\$ 121.06

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK INDIVIDUALS**

**HIGH DEDUCTIBLE PLAN  
100% Preventive Coverage  
All Counties**

**2012 APPROVED PREMIUM RATES**

<b>With Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67	\$ 318.67
Parent/Child(ren)	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59	\$ 624.59
Husband/Wife	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07	\$ 701.07
Family	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68	\$ 1,035.68
<b>No Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36	\$ 267.36
Parent/Child(ren)	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03	\$ 524.03
Husband/Wife	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19	\$ 588.19
Family	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92	\$ 868.92
<b>Rider: Dependent Coverage to Age 29</b>												
<b>with Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44	\$ 95.44
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49	\$ 98.49
<b>without Rx</b>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07	\$ 80.07
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63	\$ 82.63

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK INDIVIDUALS**

**HIGH DEDUCTIBLE PLAN  
100% Preventive Coverage  
All Counties**

**PREMIUM INCREASE (YEAR OVER YEAR)**

<b>With Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18
Parent/Child(ren)	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44	\$ 290.44
Couple	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00
Family	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58	\$ 481.58
<b>Without Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32	\$ 124.32
Parent/Child(ren)	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66	\$ 243.66
Couple	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51	\$ 273.51
Family	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04	\$ 404.04
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38	\$ 44.38
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80	\$ 45.80
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23	\$ 37.23
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43	\$ 38.43

**OXFORD HEALTH PLANS (NY), INC.  
HEALTHY NEW YORK INDIVIDUALS**

**HIGH DEDUCTIBLE PLAN  
100% Preventive Coverage  
All Counties**

**PERCENT PREMIUM INCREASE (YEAR OVER YEAR)**

<b>With Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<b>Without Rx</b>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<b>Rider: Dependent Coverage to Age 29</b>												
<i>with Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
<i>without Rx</i>	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%	46.5%

**Oxford Health Plans (NY), Inc.**  
**HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**  
**OHPNY GrpAge29 LS 1109**  
**Dependent to Age 29 Rider**

If this rider is purchased, then any dependents who satisfy the "dependent through 29" definition as described in the legal filing will be covered like any other dependent child under the parents' policy.

The rate for this optional "make available" rider is calculated as a percentage of the medical & pharmacy rate on tiers which include dependents. There is no charge for the rider on non-dependent tiers.

<u>Tier</u>	<u>Percent of medical &amp; pharmacy rate</u>
Individual	0.00%
Parent/Child(ren)	15.28%
Couple	0.00%
Family	9.51%

**Oxford Health Plans (NY), Inc.**  
**HEALTHY NEW YORK SMALL GROUP AND INDIVIDUAL**

**Rate Calculation & Example**

*Example: Current plan with Rx, effective 1/1/13*

<b>2012 Individual Rate</b>		\$ 412.85
<b>x Trend Adjustment</b>	x	<u>1.465</u>
<b>= 2013 Individual Rate</b>		\$ 604.83

**x Tier Factors**  
**= Final Rates**

Individual	x	1.00	\$ 604.83
Parent/Child(ren)	x	1.96	\$1,185.47
Couple	x	2.20	\$1,330.63
Family	x	3.25	\$1,965.70

**Oxford Health Plans (NY), Inc.**  
**HEALTHY NEW YORK SMALL GROUP AND INDIVIDUAL**

	<b>Small Group All Counties</b>	<b>Individual All Counties</b>
<i>Minimum rate change</i>	46.5%	46.5%
<i>Maximum rate change</i>	46.5%	46.5%
<i>Member weighted average rate change</i>	46.5%	46.5%

**Oxford Health Plans (NY), Inc.**  
**HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

Exhibit III

**BENEFIT DESCRIPTIONS**

Product Name	Healthy New York HMO Plan	Healthy New York HSA Plan
<b>Healthy New York Standard Product Information Comparison</b>		
Product Code	NYIH-Individual NYPH-Sole Proprietor NYSH-Small Group	NYHT-Individual NYSP-Sole Proprietor NYSW-Small Group
Network	Liberty - Available in all in-area NY counties except Sullivan and Ulster Freedom - Available in Sullivan and Ulster counties only	Liberty - Available in all in-area NY counties except Sullivan and Ulster Freedom - Available in Sullivan and Ulster counties only
Gatekeeper?	Yes	Yes
UCR	N/A	N/A
Plan Type	HMO	HMO
<b>Healthy New York Plan Design Comparison</b>		
Plan Copay	\$20	Deductible then \$20
Inpatient Hospital Copay	\$500	Deductible then \$500
Outpatient Hospital Copay	N/A	N/A
In-network Single Contract Year Deductible	N/A	\$1,200
Family Deductible Multiplier	N/A	2x
In-network Coinsurance	N/A	N/A
In-network Single/Family Coinsurance Maximum	N/A	N/A
In-network Single/Family Maximum Out-of-Pocket	N/A	\$5,250/ \$10,500
Out-of-network Single Deductible	N/A	N/A
Out-of-network Coinsurance	N/A	N/A
Out-of-network Single/Family Coinsurance Maximum	N/A	N/A
Out-of-network Single/Family Maximum Out-of-Pocket	N/A	N/A
Lifetime Maximum	None	None
<b>Healthy New York Benefit Comparison</b>		
<b>Adult Preventive Care</b>		
Limit	1 visit every 3 years	1 visit every 3 years
In-network Cost Share	\$20 copayment per visit	\$20 copayment per visit
Out-of Network Cost Share	N/A	N/A
<b>Pediatric Preventive Care</b>		
Limit	Unlimited to age 19	Unlimited to age 19
In-network Cost Share	No Charge	No Charge
Out-of Network Cost Share	N/A	N/A
<b>Infant Preventive Care</b>		
Limit	None	None
In-network Cost Share	No Charge	No Charge
Out-of Network Cost Share	N/A	N/A
<b>Immunizations</b>		
Limit	Medically Necessary	Medically Necessary
In-network Cost Share	Children 0-19 - No Charge Adult - \$20 copayment per visit	Children 0-19 - No Charge Adult - \$20 copayment per visit
Out-of Network Cost Share	N/A	N/A

**Oxford Health Plans (NY), Inc.  
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

Exhibit III

**BENEFIT DESCRIPTIONS**

<b>Outpatient Care</b>		
<b>Limit</b>	None	None
<b>In-network Cost Share</b>	\$20 Copay per visit for:  PCP & Specialist office visit Surgery in physician's office MRI, CT scan & other radiology services	Deductible then \$20 copay per visit for:  PCP & Specialist office visit Surgery in physician's office MRI, CT scan & other radiology services
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Elective Termination of Pregnancy</b>		
<b>Limit</b>	Not Covered	Not Covered
<b>In-network Cost Share</b>	N/A	N/A
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Allergy Testing and Treatment</b>		
<b>Limit</b>	None	None
<b>In-network Cost Share</b>	\$20 Copay	Deductible then \$20 copay per visit
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Surgery - in physician's office</b>		
<b>Limit</b>	None	None
<b>In-network Cost Share</b>	\$20 Copay	Deductible then \$20 Copay
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Ambulatory Surgical Center</b>		
<b>Limit</b>	None	None
<b>In-network Cost Share</b>	\$75 Copay	Deductible then \$75 Copay.
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Inpatient Detoxification</b>		
<b>Limit</b>	Not Covered	Not Covered
<b>In-network Cost Share</b>	N/A	N/A
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Inpatient Rehabilitation: Alcoholism/Substance Abuse</b>		
<b>Limit</b>	Not Covered	Not Covered
<b>In-network Cost Share</b>	N/A	N/A
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Office/Outpatient Rehabilitation: Alcoholism/Substance Abuse</b>		
<b>Limit</b>	Not Covered	Not Covered
<b>In-network Cost Share</b>	N/A	N/A
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Physical Therapy</b>		
<b>Limit</b>	Up to 30 post-hospital or post-surgical physical therapy visits per calendar year	Up to 30 post-hospital or post-surgical physical therapy visits per calendar year
<b>In-network Cost Share</b>	\$20 Copay	Deductible then \$20 copayment per visit
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Durable Medical Equipment</b>		
<b>Limit</b>	Not Covered	Not Covered
<b>In-network Cost Share</b>	N/A	N/A
<b>Out-of Network Cost Share</b>	N/A	N/A

**Oxford Health Plans (NY), Inc.  
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

Exhibit III

**BENEFIT DESCRIPTIONS**

<b>Emergency Room</b>		
<b>Limit</b>	None	None
<b>In-network Cost Share</b>	\$50 Copay per visit (waived if admitted)	Deductible then \$50 Copay per visit (waived if admitted)
<b>Out-of Network Cost Share</b>	\$50 Copay per visit (waived if admitted)	Deductible then \$50 Copay per visit (waived if admitted)
<b>Ambulance</b>		
<b>Limit</b>	Not Covered	Not Covered
<b>In-network Cost Share</b>	N/A	N/A
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Urgent Care</b>		
<b>Limit</b>	None	None
<b>In-network Cost Share</b>	\$20 copay (waived if admitted)	Deductible then \$20 copay (waived if admitted)
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Maternity Care</b>		
<b>Limit</b>	No limit for pre/postnatal care	No limit for pre/postnatal care
<b>In-network Cost Share</b>	Prenatal & Postnatal care - \$10 copay Hospital services for mother & child - Lesser of 20% of the cost or \$200	Prenatal & Postnatal care - \$10 copay Hospital services for mother & child - Deductible then lesser of 20% of the cost or \$200
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Home Health Care</b>		
<b>Limit</b>	Up to 40 post-hospital/surgical visits per calendar year - otherwise not covered	Up to 40 post-hospital/surgical visits per calendar year - otherwise not covered
<b>In-network Cost Share</b>	\$20 Copay	Deductible then \$20 copay
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Hospital Care</b>		
<b>Limit</b>	None	None
<b>In-network Cost Share</b>	Physician services (non-surgical) - \$20 copay Pre-admission testing - \$20 copay Surgeon's services - Lesser of \$200 or 20% Physician's anesthetic services - \$20 copay Blood and blood products - \$20 copay Semi-private room and board - \$500 per continuous confinement All drugs and medications - No Charge	Physician services (non-surgical) - Deductible then \$20 copay Pre-admission testing - Deductible then \$20 copay Surgeon's services - Deductible then lesser of \$200 or 20% Physician's anesthetic services - Deductible then \$20 copay Blood and blood products - Deductible then \$20 copay Semi-private room and board - Deductible then \$500 per continuous confinement All drugs and medications - No Charge
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Inpatient/Outpatient Hospice</b>		
<b>Limit</b>	Not Covered	Not Covered
<b>In-network Cost Share</b>	N/A	N/A
<b>Out-of Network Cost Share</b>	N/A	N/A

**Oxford Health Plans (NY), Inc.**  
**HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

Exhibit III

**BENEFIT DESCRIPTIONS**

<b>Laboratory Services</b>		
<b>Limit</b>	None	None
<b>In-network Cost Share</b>	\$20 Copay	Deductible then \$20 copay per visit
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Preventive Mammography</b>		
<b>Limit</b>	According to our well-woman schedule	According to our well-woman schedule
<b>Diagnostic Screening for Prostate Cancer</b>		
<b>Limit</b>	Standard diagnostic testing including, but not limited to, a digital rectal exam (DRE) and prostate-specific antigen (PSA) test at any age for men having a prior history of prostate cancer; and  an annual standard diagnostic exam including, but not limited to, a DRE and a PSA test for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other risk factors.	Standard diagnostic testing including, but not limited to, a digital rectal exam (DRE) and prostate-specific antigen (PSA) test at any age for men having a prior history of prostate cancer; and  an annual standard diagnostic exam including, but not limited to, a DRE and a PSA test for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other risk factors.
<b>In-network Cost Share</b>	\$20 Copay	\$20 Copay per visit
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Inpatient Mental Health</b>		
<b>Limit</b>	Not Covered	Not Covered
<b>In-network Cost Share</b>	N/A	N/A
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Office Visit/Outpatient Mental Health</b>		
<b>Limit</b>	Not Covered	Not Covered
<b>In-network Cost Share</b>	N/A	N/A
<b>Out-of Network Cost Share</b>	N/A	N/A
<b>Healthy New York Pharmacy Benefit Comparison</b>		
<b>Pharmacy Benefits</b>	\$10 generic, \$20 brand after \$100 ded. per calendar year  \$3,000 cap per member per calendar year paid by Oxford  Mail Order: 90-day supply of maintenance medications through Medco Health Home Delivery for two applicable copays.	\$10 generic, \$20 brand after \$1,200 ded. per contract year  \$3,000 cap per member per contract year paid by Oxford  Mail Order: 90-day supply of maintenance medications through Medco Health Home Delivery for two applicable copays.
<b>Healthy New York Supplemental Benefit Comparison</b>		
<b>Domestic Partner</b>	Available	Available
<b>Student Age Cut-off</b>	19/23 (Standard)	19/23 (Standard)
<b>Healthy New York Rider Comparison</b>		
Riders are not available for the two Healthy New York product offerings.		