



<Date>

<Subscriber First Name> <Subscriber Last Name>

<Address 1>

<Address 2>

<City>, <State> <Zip>

Re: Rate Filing for Oxford New York Individual POS plans

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

Thank you for allowing UnitedHealthcare to serve your health benefit plan needs with our Oxford¹ products. We are writing as a follow-up to our rate application with the New York State Insurance Department (NYSID) on July 19, 2011. This letter is being sent to you as a certificate holder to notify you of the approved increases.

The NYSID approved the following rate increases related to medical cost trends which will be added to your current 2011 premium:

Renewal Date	Estimated Total Increase Over 2011 Medical and Pharmacy Premium (%)
January 2012	A%
February 2012	B%
March 2012	C%
April 2012	D%
May 2012	E%
June 2012	F%
July 2012	G%
August 2012	H%
September 2012	I%
October 2012	J%
November 2012	K%
December 2012	L%

Please be aware that the approved increases do not reflect the final renewal increase. Your final renewal rate will be based on the rate increases approved by the NYSID reflected in this notice.²

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

² We do not have any benefit changes on file with the NYSID. In the event that benefit changes (e.g., benefit mandate) are made to our POS product prior to your 2012 renewal, those changes may also impact your final premium rates.

Prior to your renewal, you will receive additional renewal materials which will reflect your actual renewal increase.

Thank you for your business.

Sincerely,

Oxford