



<Date>

<BA First Name> <BA Last Name>  
<Group Name>, <Group Code>  
<Address 1>  
<City>, <State> <Zip>

**Re: Rate Filing for New York Small Group Insurance products**

Dear <BA First Name> <BA Last Name>,

Thank you for allowing UnitedHealthcare to serve your health benefit plan needs with our Oxford<sup>1</sup> products. We are filing a rate application with the New York State Insurance Department (NYSID) on March 15, 2011 seeking a premium rate increase to be effective in the fourth quarter of 2011 for our small group insurance products renewing during this period. This notice is being sent to you and your group's employees who are certificate holders based on a new requirement in the New York State prior approval law.

We are requesting rate increases related to medical cost trends which, if approved, will be added to your group's current 2010 premium rate. The following chart shows the requested increases by product:

Product	Requested Medical Trend Increase Over 2010 Medical Premium (%)	Requested Pharmacy Trend Increase Over 2010 Pharmacy Premium (%)	Estimated Total Trend Increase Over 2010 Premium (%)
EPO	14.2%	10.6%	13.5%
Metro	18.1%	14.4%	17.4%
Direct	20.4%	16.6%	19.6%

Please be aware that the requested increases do not reflect the final renewal rate. Your final renewal rate will be different than the percentages listed above as we received approval for benefit changes which will be made to your plan on renewal.<sup>2</sup> Your final rate increase will be based on 1) the rates approved by the NYSID, 2) adjustments to the rate (increases or decreases) from benefit changes, 3) plan design change made at renewal and 4) your group census on renewal. After a rate decision is made, you will receive an additional notice providing information about the rate approved by the NYSID. This notice will be sent at least 60 days before the rate change effective date. Prior to your renewal, you will receive a renewal package with the renewal rates for your benefit plan. You will also be able to choose other plan options at that time.

You have 30 days from the date of our filing to contact the NYSID to request additional information or to submit written comments regarding our rate filing.

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

<sup>2</sup> We separately filed and received approval for member cost-share and federal health care reform benefit changes which will impact the final premium rate. For Metro and Direct plans, we also received approval for a change in the out-of-network reimbursement methodology which decreases the medical premium shown % in the chart. We will provide information about changes that will apply to your plan as part of the materials you will receive upon renewal.

**New York State Insurance Department (NYSID):**

**By Mail:**

Charles Lovejoy  
Health Bureau  
New York State Insurance Department  
25 Beaver Street  
New York, NY 10004

**By E-mail:**

[PremiumRateIncreases@ins.state.ny.us](mailto:PremiumRateIncreases@ins.state.ny.us)

**By Telephone:**

1-800-342-3736

We will also make information available on our website, [www.oxfordhealth.com](http://www.oxfordhealth.com), within the **Employer Messages** section, and in response to written requests for 30 days. Written requests may be sent to: Oxford, P.O. Box 862, Monroe, CT 06468.

Thank you for your business.

Sincerely,

Oxford