



<Date>

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

Re: Rate Filing for Oxford New York Individual Grandfathered 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 filing a rate application with the New York State Insurance Department (NYSID) on July 19, 2011 seeking an increase to our Individual Grandfathered POS rates for individuals renewing in calendar year 2012. This notice is being sent to you as a certificate holder based on a requirement in the New York state prior approval law.

If approved, the proposed rate increase will be added to your current 2011 premium rate. The table below shows the expected impact of the requested trend increases over your 2011 premium.

| Renewal Date | Estimated Total Increase Over 2011 Premium (%) |
|---------------------|---|
| January 2012 | 17.0% |
| February 2012 | 17.3% |
| March 2012 | 17.5% |
| April 2012 | 17.7% |
| May 2012 | 18.0% |
| June 2012 | 18.2% |
| July 2012 | 19.6% |
| August 2012 | 19.6% |
| September 2012 | 19.6% |
| October 2012 | 19.6% |
| November 2012 | 19.6% |
| December 2012 | 19.6% |

Please be aware that your final renewal rate increase for 2012 may be different than the percentages listed above. The Superintendent of Insurance may approve (as requested), modify or deny the proposed rate adjustment. The final rate will include the rate adjustment approved by the NYSID as well as any changes resulting from the benefit plan design chosen.² After rates are approved, you will receive an

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

² In the event that other benefit changes (e.g., benefit mandate) are made to our Individual GF POS product prior to your 2012 renewal, those changes may also impact the final premium rate.

additional notice with the premium rate adjustment that is ultimately approved by the Superintendent. 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 the 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. Written comments should include the insurer and product name. Written comments submitted to the NYSID will be posted to the NYSID's website, with personal identifying information removed. You may submit written comments or requests for information to:

Health Bureau-Premium Rate Adjustments
New York State Insurance Department
25 Beaver Street
New York, NY 10004
<http://www.ins.state.ny.us>

By E-mail: *PremiumRateIncreases@ins.state.ny.us*

We have prepared a summary that provides more information about our rate application. This summary will be available on our website, www.oxfordhealth.com, within the Member Messages section and by means of written request for 30 days after the date of our filing. Written requests may be sent to: Oxford, P.O. Box 862, Monroe, CT 06468.

Thank you for your business.

Sincerely,
Oxford