



<Date>

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

**Re: Rate Filing for Oxford New York Small Group HMO plans**

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 June 15, 2011 seeking an increase to our HMO rates for groups renewing in calendar year 2012. This notice is being sent to you and your group's employees who are certificate holders 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.

<b>Renewal Date</b>	<b>Estimated Medical Increase Over 2011 Medical Premium (%)</b>	<b>Estimated Pharmacy Increase Over 2011 Pharmacy Premium (%)</b>	<b>Estimated Total (Medical and Pharmacy) Increase Over 2011 Premium (%)</b>
January 2012 – March 2012	20.9%	20.5%	20.8%

Please be aware that the group's 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. Your final rate will include the rate adjustment approved by the NYSID as well as any changes resulting from the benefit plan design chosen and the group's census upon renewal.<sup>2</sup> After rates are approved, you will receive an 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 group's renewal, you will receive a renewal package with the renewal rates for your group's 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:

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

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](http://www.oxfordhealth.com), within the Employer 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