

SERFF Tracking Number: XFRD-127211231 State: New York
Filing Company: Oxford Health Plans (NY), Inc. State Tracking Number: 2011060098
Company Tracking Number:
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
Expense
Product Name: Oxford Small HMO: CY2012
Project Name/Number: /

Filing at a Glance

Company: Oxford Health Plans (NY), Inc.
Product Name: Oxford Small HMO: CY2012
TOI: H15G Group Health -
Hospital/Surgical/Medical Expense
Sub-TOI: H15G.003 Small Group Only
Filing Type: Rate Adjustment pursuant to
Section 4308(c)

SERFF Tr Num: XFRD-127211231 State: New York
SERFF Status: Closed-APPR State Tr Num: 2011060098
Approved
Co Tr Num: State Status:

Reviewer(s): [REDACTED]
[REDACTED]
[REDACTED]

Authors: [REDACTED] Disposition Date: 09/27/2011

[REDACTED]

Date Submitted: 06/15/2011

Disposition Status: APPR Approved
Implementation Date: 01/01/2012

Implementation Date Requested: 01/01/2012
State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 10/17/2011
State Status Changed:
Created By: [REDACTED]
Corresponding Filing Tracking Number:
PPACA: Not PPACA-Related
PPACA Notes: null
Filing Description:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact: 22.7%

Deemer Date:
Submitted By: [REDACTED]

This rate filing addresses the development of the New York Small Group Liberty HMO rates for the effective dates from January 2012 to December 2012.

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Company and Contact

Filing Contact Information

[REDACTED]

Filing Company Information

Oxford Health Plans (NY), Inc. CoCode: 95479 State of Domicile: New York
 48 Monroe Turnpike Group Code: 1182 Company Type:
 Trumbull, CT 06614 Group Name: State ID Number: 06-1181200
 (203) 459-6000 ext. [Phone] FEIN 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.): No
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, "File and Use" Rate Adjustment, 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

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Filing Description field.: No

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

SERFF Tracking Number: XFRD-127211231 State: New York
 Filing Company: Oxford Health Plans (NY), Inc. State Tracking Number: 2011060098
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 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 3.000%
Effective Date of Last Rate Revision: 10/01/2011
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	13.400%	22.700%	\$57,214,185	17,268	\$251,736,914	13.400%	3.500%
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Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	112,707	0	0	0	0	0	0	0
Policy Holders:	17,268	0	0	0	0	0	0	0

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Project Name/Number: /

Rate Review Details

COMPANY:

Company Name: Oxford Health Plans (NY), Inc.
HHS Issuer Id: 26420
Product Names: HMO
Trend Factors: The requested increase for HMO is 13.4% from the 4th quarter 2011 to the 1st quarter 2012, followed by 3.5% quarterly increases in the 2nd, 3rd, and 4th quarters of 2012.

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: OHPNY SB HMO S 309, OHPNY GA HMO S 309

REQUESTED RATE CHANGE

INFORMATION:

Change Period: Quarterly
Member Months: 751,333
Benefit Change: None
Percent Change Requested: Min: 20.8 Max: 25.7 Avg: 22.7

PRIOR RATE:

Total Earned Premium: 251,736,914.00
Total Incurred Claims: 196,382,020.00
Annual \$: Min: 300.72 Max: 440.25 Avg: 335.03

REQUESTED RATE:

Projected Earned Premium: 365,773,918.00
Projected Incurred Claims: 277,247,710.00

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Annual \$: Min: 414.30 Max: 571.97 Avg: 486.83

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Checklist-Community Rated
 Medical Renewal Rate Review

Comments:
Attachment:
 NY SG HMO 2012 Checklist.pdf

Item Status: **Status**
Date:

Satisfied - Item: Medical Renewal Rate Filing
 Summary Template

Comments:
Attachment:
 Exhibit I - Summary Template HMO.pdf

Item Status: **Status**
Date:

Satisfied - Item: Actuarial Memorandum

Comments:
Attachment:
 SG HMO Actuarial Memorandum 2012.pdf

Item Status: **Status**
Date:

Satisfied - Item: Notice of Proposed Rate
 Adjustment

Comments:
Attachments:
 NY-11-489 Q2-12 Oxford NY Small HMO Subscriber - Initial Notice.pdf
 NY-11-493 Q3-12 Oxford NY Small HMO Association - Initial Notice.pdf
 NY-11-494 Q3-12 Oxford NY Small HMO Group - Initial Notice.pdf

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 Product Name: Oxford Small HMO: CY2012
 Project Name/Number: /

- NY-11-495 Q3-12 Oxford NY Small HMO Subscriber - Initial Notice.pdf
- NY-11-499 Q4-12 Oxford NY Small HMO Association - Initial Notice.pdf
- NY-11-481 Q1-12 Oxford NY Small HMO Association - Initial Notice.pdf
- NY-11-482 Q1-12 Oxford NY Small HMO Group - Initial Notice.pdf
- NY-11-483 Q1-12 Oxford NY Small HMO Subscriber - Initial Notice.pdf
- NY-11-487 Q2-12 Oxford NY Small HMO Association - Initial Notice.pdf
- NY-11-488 Q2-12 Oxford NY Small HMO Group - Initial Notice.pdf
- NY-11-500 Q4-12 Oxford NY Small HMO Group - Initial Notice.pdf
- NY-11-501 Q4-12 Oxford NY Small HMO Subscriber - Initial Notice.pdf
- Q1-12 Oxford NY Small HMO Association - Second Notice.pdf
- Q1-12 Oxford NY Small HMO Group - Second Notice.pdf
- Q1-12 Oxford NY Small HMO Subscriber - Second Notice.pdf
- Q2-12 Oxford NY Small HMO Association - Second Notice.pdf
- Q2-12 Oxford NY Small HMO Group - Second Notice.pdf
- Q4-12 Oxford NY Small HMO Group - Second Notice.pdf
- Q4-12 Oxford NY Small HMO Subscriber - Second Notice.pdf
- Q2-12 Oxford NY Small HMO Subscriber - Second Notice.pdf
- Q3-12 Oxford NY Small HMO Association - Second Notice.pdf
- Q3-12 Oxford NY Small HMO Group - Second Notice.pdf
- Q3-12 Oxford NY Small HMO Subscriber - Second Notice.pdf
- Q4-12 Oxford NY Small HMO Association - Second Notice.pdf

Item Status: **Status**
Date:

Satisfied - Item: Cover Letter

Comments:

Attachment:

Cover letter HMO 2012.pdf

Item Status: **Status**
Date:

Satisfied - Item: Actuarial Certification

Comments:

Attachment:

Certification 2012.pdf

SERFF Tracking Number: XFRD-127211231 State: New York
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 Expense
 Product Name: Oxford Small HMO: CY2012
 Project Name/Number: /

Item Status: **Status**
Date:

Satisfied - Item: Section I - Supporting Exhibits II - V

Comments:

Attachments:

- Exhibit II - NYSG 2012 Pricing Trend Development.pdf
- Exhibit III - HMO Rate Development.pdf
- Exhibit IV - HMO Migration.pdf
- Exhibit V - HMO Standardized Premium.pdf

Item Status: **Status**
Date:

Satisfied - Item: Section II - Rate Manual

Comments:

Attachments:

- NYSG_HMO_2012_rate_manual.pdf
- NYSG_HMO_2012_rate_manual REDACTED.pdf

Item Status: **Status**
Date:

Satisfied - Item: NY Exhibits 1-6

Comments:

Attachments:

- FOIL Statement of Necessity 20110615.pdf
- Supplemental Exhibits (1, 2, 3, 6) HMO 2012.pdf
- Q1-12 Oxford NY SG HMO Narrative Summary REDACTED.pdf
- Q2-12 Oxford NY SG HMO Narrative Summary REDACTED.pdf
- Q3-12 Oxford NY SG HMO Narrative Summary REDACTED.pdf
- Q4-12 Oxford NY SG HMO Narrative Summary REDACTED.pdf
- Supplemental Exhibits (1, 2, 3, 6) HMO 2012 REDACTED.pdf
- Supplemental Exhibits (4, 5) HMO 2012.xls
- Supplemental Exhibits (4, 5) HMO 2012 REDACTED.xls
- NY-11-575 Q1-12 Oxford NY SG HMO Narrative Summary.pdf
- NY-11-577 Q2-12 Oxford NY SG HMO Narrative Summary.pdf

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 Project Name/Number: /

NY-11-579 Q3-12 Oxford NY SG HMO Narrative Summary.pdf
 NY-11-581 Q4-12 Oxford NY SG HMO Narrative Summary.pdf

Item Status: **Status**
Date:

Satisfied - Item: OHP 2012 Objection Response

Comments:

Revised response letter with Exhibits 1-5

Attachment:

OHP 2012 Objection Response.pdf

Item Status: **Status**
Date:

Satisfied - Item: Approved Rate Documents

Comments:

Attachments:

Cover letter HMO 2012 Resubmit.pdf
 NYSG_HMO_2012_rate_manual Approved Rates.pdf
 Q1-12 Oxford NY Small HMO Association - Second Notice.pdf
 Q1-12 Oxford NY Small HMO Group - Second Notice.pdf
 Q1-12 Oxford NY Small HMO Subscriber - Second Notice.pdf
 Q2-12 Oxford NY Small HMO Association - Second Notice.pdf
 Q2-12 Oxford NY Small HMO Group - Second Notice.pdf
 Q2-12 Oxford NY Small HMO Subscriber - Second Notice.pdf
 Q3-12 Oxford NY Small HMO Association - Second Notice.pdf
 Q3-12 Oxford NY Small HMO Group - Second Notice.pdf
 Q3-12 Oxford NY Small HMO Subscriber - Second Notice.pdf
 Q4-12 Oxford NY Small HMO Association - Second Notice.pdf
 Q4-12 Oxford NY Small HMO Group - Second Notice.pdf
 Q4-12 Oxford NY Small HMO Subscriber - Second Notice.pdf

Item Status: **Status**
Date:

Satisfied - Item: Final Notification Letters with
 Approved Language

SERFF Tracking Number: XFRD-127211231 State: New York
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Expense
Product Name: Oxford Small HMO: CY2012
Project Name/Number: /

Comments:

Attachments:

Q1-12 Oxford NY Small HMO Association - Second Notice.pdf
Q1-12 Oxford NY Small HMO Group - Second Notice.pdf
Q1-12 Oxford NY Small HMO Subscriber - Second Notice.pdf
Q2-12 Oxford NY Small HMO Association - Second Notice.pdf
Q2-12 Oxford NY Small HMO Group - Second Notice.pdf
Q2-12 Oxford NY Small HMO Subscriber - Second Notice.pdf
Q3-12 Oxford NY Small HMO Association - Second Notice.pdf
Q3-12 Oxford NY Small HMO Group - Second Notice.pdf
Q3-12 Oxford NY Small HMO Subscriber - Second Notice.pdf
Q4-12 Oxford NY Small HMO Association - Second Notice.pdf
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NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

As of 7/26/2010

Use for all medical rate filings submitted pursuant to section 3231(e)(1) or section 4308(c) of the Insurance Law.

Do not use for (a) non-community rated business, (b) specified disease coverage as described in section 52.15 of Regulation 62 (11 NYCRR 52), or (c) for limited benefits health insurance as described in section 52.10 of Regulation 62.

Do not use for the following which are traditional prior approval rate filings (section 3231(d) or 4308(b) of the Insurance Law): (a) a new form or rider filing, (b) a contract language change filing, (c) an initial rate not currently in the rate manual but within the approved variable contract language, (d) a new or revised commission schedule filing, and (e) changes to the composition of an approved rating region.

Do not use for a new or revised experience rating formula filing.

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
REQUEST FOR FOIL EXEMPTION		Companies are reminded to clearly indicate any request that the actuarial memorandum and any supporting attachments are to be treated as confidential pursuant to article 6 of the New York Public Officers Law (FOIL).	Actuarial Memorandum and Relevant Exhibits
DEFINITIONS		<ul style="list-style-type: none"> a. Company refers to the licensed entity submitting the rate filing. b. A company’s commercial book of business includes all of the following: large group, small group, direct pay, Healthy New York, and Medicare Supplement. It excludes all government programs, such as, Medicare, Medicaid, Family Health Plus, and Child Health Plus. c. Loss ratio refers to incurred claims divided by earned premiums for a given period of time. The incurred claims includes 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. Earned premiums do not include any adjustment for assessments or taxes. d. Rate applicability period refers to the length of time the rates in a rate table are assumed to remain in effect. <ul style="list-style-type: none"> (i) Example 1: A non-rolling rate table is developed to be effective January 1, 2011 and is expected to be revised January 1, 2012. The rate applicability period for this table is January 1, 2011 – December 31, 2011. (ii) Example 2: A rolling rate table is developed for issues and renewals in January – March 2011 and incorporates a 12 month rate guarantee period. The rate applicability period for this table is February 15, 2011 (mid renewal date) 	

NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>through February 15, 2012. If all policyholders must have a first of the month effective date, then the rate applicability period can be considered as February 1, 2011 through February 1, 2012.</p> <p>e. Standardized earned premium 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. (Example: The rate filing is to implement quarterly rolling rate tables applicable to the 3rd and 4th quarter 2011 and 1st and 2nd quarter 2012. The 2nd quarter 2011 rates have already been approved. Therefore, the 2nd quarter 2011 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 2nd quarter 2011 rate tables.)</p>	
<p>ROLLING RATE STRUCTURE</p>		<p>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).</p> <p>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.</p> <p>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).</p>	<p>Section II - Rate Manual</p>
<p>CHANGES TO PREVIOUSLY APPROVED RATE TABLES</p>		<p>a. A company can revise a previously approved non-rolling rate table provided that:</p> <p>(i) The proposed effective date of the rate table is at least 12 months after the effective date of the current rate table; or</p> <p>(ii) The proposed effective date of the rate table is at least 6 months after the date of the current rate table, the contract language permits revising the rate table in accordance with such rate filing, and the financial results have deteriorated resulting in an underwriting loss on the company's entire New York State commercial book of insured business. Documentation of the underwriting loss on the company's entire New York State commercial book of insured business needs to be included in the rate submission.</p> <p>b. 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 rate tables included in the previously approved rate filing are not revised, and (iii) the financial results have deteriorated resulting in an underwriting loss on the company's entire New York State commercial book of insured business. Documentation of the underwriting loss on the company's entire New York State commercial book of insured business needs to be included in the rate submission. (Example: A rolling rate filing was submitted and approved that</p>	

NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		included quarterly rolling rate tables for 1 st , 2 nd , 3 rd and 4 th quarter of 2011. The company can not revise the 1 st and 2 nd quarter 2011 rate tables, but if the indicated criteria is met, can submit a new prior approval rate filing that includes rolling rates for 3 rd and 4 th quarter 2011 and 1 st and 2 nd quarter 2012.)	
ACTUARIAL MEMORANDUM	11NYCRR52.40(a)(1)	Actuarial qualifications: a. Member of the Society of Actuaries or member of the American Academy of Actuaries; and b. Meets the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries.	
Summary Template		Complete and submit as an attachment to the filing (in Excel format) the Department’s Excel summary template for each base medical policy form included in the rate filing. a. Indicate for each base medical policy form the other base medical policy forms this form is aggregated with for rate setting purposes. b. 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 first rolling rate period of a rolling rate structure. c. 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.) d. The weighted average rate change percentage requested (from the current rate charged the policyholder to the proposed rate to be charged that same cohort of policyholders) for the indicated base medical policy form including all associated riders. The weighting should be based on members. 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 1 st , 2 nd , 3 rd , and 4 th quarter of 2011. Rates are for a 12 month period. Indicate the average rate change percentage from the 1 st quarter of 2010 rate tables to the 1 st quarter 2011 rate tables.) e. For the number of policyholders affected and the number of covered lives affected, indicate the affect 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). f. The expected loss ratio for each base medical policy form 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, enter the result of the first rolling rate period of the rolling rate structure.	Exhibit I: Summary Template

NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>g. The experience entered for the two 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 can not 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, 2011. The recent experience period can not have an ending date earlier than June 30, 2010, i.e., 12 months prior to July 1, 2011.)</p> <p>(iii) The incurred claims for each of the two experience periods must be based on at least 3 months of claims run-out beyond the end of the experience period.</p> <p>(iv) The prior experience period is required only if the rate filing includes a rate table that is to become effective July 1, 2011 or later (e.g., includes: a rolling (or non-rolling) rate table for July 2011 or later or a rolling rate table for 3rd quarter 2011 issues/renewals or later).</p> <p>h. Enter the annual composite medical trend assumption used 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.</p> <p>i. For each base medical policy form (including the impact of associated riders), discuss the estimated increase in the incurred claims pmpm over the last 3 years and the estimated increase in the premium rate over the same 3 year period. (Example: Over the last 3 years the incurred claims pmpm has increased about 30% and the premium rates have increased about 32%.)</p>	
<p>Justification of Rates</p>	<p>§3231(e) §4308(c) 11NYCRR52.40 11NYCRR52.42 (HMOs) 11NYCRR52.45 11NYCRR59.5(b) 11NYCRR360.11</p>	<p>a. Description of proposed changes in rates, including the following:</p> <p>(i) The member weighted average proposed percentage change over the current rates charged to the policyholder for each base medical policy form, including the impact of all associated riders available to that policy form. This is to be shown for each non-rolling rate table and/or each rolling rate table included in the rate filing. Include comparable information for rate changes implemented during the prior 24 months.</p> <p>(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</p>	<p>Section II – Rate Manual, Actuarial Memorandum, & Exhibit III – Rate Development</p>

NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>rate filing includes four quarterly rolling rate tables beginning 3rd quarter 2011. The change from each of the 2nd quarter 2011 rolling rate tables to the corresponding 3rd quarter 2011 rolling rate table is to be indicated.)</p> <ul style="list-style-type: none"> (iii) The percentage change due to any change in the projected loss ratio from the prior rate filing for such base medical policy form or rider. Indicate the prior and proposed projected loss ratios used and the impact of the change. (iv) The percentage change due to any change to the tier structure relationships included in this rate filing. Include justification for such changes. (v) 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. Include justification for such changes. (vi) 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. <p>b. Include the following:</p> <ul style="list-style-type: none"> (i) For each non-rolling rate table: the current rate charged the policyholder, the proposed rate to be charged the policyholder, and the dollar and percentage change 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 filing. (ii) For each rolling rate table: the current rate charged the policyholder, the proposed rate to be charged the policyholder, 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 filing. (Example: The rate filing includes a new rate table for third quarter 2011 and rates are for 12 month periods. Show the rates for the third quarter 2010, the proposed rates for the third quarter 2011, and the dollar and percentage change from third quarter 2010 rates to the proposed third quarter 2011 rates.) <p>c. For each policy form included in the rate filing, indicate which other policy forms are aggregated with this form for premium rate setting purposes. This is to be indicated separately for the base medical policy forms and for each of the rider forms. Rate tables for all such aggregated forms must be included in the same rate filing. Refer to section 360.11(a)-(b) of Regulation 145 (11 NYCRR 360) for requirement to aggregate substantially similar policy forms for small group policy forms and for individual policy forms.</p>	
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NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>d. Indicate if the policy form aggregation has changed from the prior rate filing for any policy form or rider form included in this rate filing. If yes, explain 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>e. Provide New York State experience for the base medical policy form, and for the permitted aggregation this policy form belongs to. The experience information should be for the indicated base medical policy form and all associated riders. The following information is to be included:</p> <ul style="list-style-type: none"> (i) Applicable experience for a recent 12 month experience period and for the immediately prior 12 month experience period (or shorter period if a new form). <ul style="list-style-type: none"> 1. The ending date of the recent experience period can not be earlier than 12 months before the proposed effective date of the earliest rate table included in the rate filing. (Example: The rate filing includes rolling rate tables for 3rd and 4th quarter 2011 and 1st and 2nd quarter 2012. The recent experience period can not have an ending date earlier than June 30, 2010, i.e., 12 months prior to July 1, 2011). 2. The prior experience period is required only if the rate filing includes a rate table that is to become effective July 1, 2011 or later (e.g., includes: a rolling (or non-rolling) rate table for July 2011 or later or a rolling rate table for 3rd quarter 2011 issues/renewals or later). (ii) Member months for each of the two experience periods. (iii) Earned premiums for each of the two experience periods (in \$ and \$mpm). (iv) Standardized earned premium for each of the two experience periods (in \$ and \$mpm). Provide a description of how the earned premiums were converted to standardized earned premiums, and provide documentation and supporting exhibits showing how the standardized premiums were developed for each experience period. (v) Paid claims for each of the two experience periods (in \$ and \$mpm). (vi) Incurred claims for each of the two experience periods (in \$ and \$mpm). <ul style="list-style-type: none"> 1. The incurred claims for each of the two experience periods must be based on at least 3 months of claims run-out beyond the end of the experience period. 2. Provide a clear description of how the incurred claims were developed for the experience periods, and how many run-out months were reflected in the unpaid claim estimates. (vii) Administrative expenses (including commissions and premium taxes, but excluding federal and state income taxes) for each of the two experience 	
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NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>periods (in \$ and \$mpm).</p> <ul style="list-style-type: none"> (viii) Ratio of incurred claims to earned premiums for each of the two experience periods. (ix) Ratio of incurred claims to standardized earned premiums for each of the two experience periods. (x) Ratio of administrative expenses (including commissions and premium taxes but excluding state and federal income taxes) to earned premiums. (xi) Ratio of (administrative expenses + incurred claims) to earned premiums for each of the two experience periods. Administrative expenses include commissions and premium taxes but exclude state and federal income taxes. <p>On the Summary Template, include the New York statewide experience for each of the base medical policy forms, including associated riders.</p> <p>Include as part of the actuarial memorandum supplemental exhibits showing the New York State experience for each permitted aggregation of policy forms.</p> <p>If the rating differential between NY rating regions is being revised, the actuarial memorandum is to also include supplemental exhibits showing the NY statewide experience period results for the policy form aggregation(s) separately by each rating region and rating region aggregation.</p> <ul style="list-style-type: none"> f. Discuss the source data used to develop the claims projected for the renewal rate applicability period. <ul style="list-style-type: none"> (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. (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. (iii) Discuss the credibility of such source data. If the source is actual experience, discuss the credibility such data would have in this company's approved NY experience rating formula (or that of an affiliated company with an approved NY experience rating formula if this company does not have an approved NY experience rating formula). (iv) Include an exhibit showing the source data and indicate all adjustments made to this source data to develop the projected 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). Provide justification for each such adjustment. g. Indicate the assumed annualized claim trend projection factors used to project the 	
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NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>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).</p> <ul style="list-style-type: none"> (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 composite trend. (ii) Provide justification for the assumed composite annual trend factors and the associated utilization and unit cost components. Discuss the impact and provide justification for any case mix change, intensity of service change, population change, adverse selection, or deductible leveraging component incorporated into the utilization and/or unit cost trend factor components. (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. <p>h. Actuarial justification of the proposed rate changes for each base medical policy form and each rider form included in the rate filing.</p> <ul style="list-style-type: none"> (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 2nd quarter 2011 rate table to the proposed 3rd quarter 2011 rate table was developed for each rating element in the proposed rate table.) (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 3rd quarter 2011 rate table to the 4th quarter 2011 rate table). Provide justification for these changes between the rolling rate tables. (iii) Clearly show how the following were reflected in the proposed rate development, as applicable: <ol style="list-style-type: none"> 1. Standard Direct Pay and Healthy New York stop loss pools (Insurance Law sections 4321-a, 4322-a, and 4327); and 2. Regulation 146 (11 NYCRR 361) and Insurance Law section 3233 market stabilization pool. <p>i. 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</p>	
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NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>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 can not be based on differences due to age, sex, health status or industry among the members selecting the different benefit options.</p> <p>j. 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 can not 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>k. 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>l. Indicate for each permitted policy form aggregation, within each rating region aggregation, the non-claim expense components incorporated into the proposed premium rates as a percentage of gross premiums after the proposed changes are implemented. This is to be shown for the non-rolling rate tables and/or the first rate table of each rolling rate structure. Include the following components:</p> <ul style="list-style-type: none"> (i) Administrative expenses; (ii) Commissions; (iii) Premium taxes; (iv) Pre-tax profit/contribution to surplus; (v) State income taxes; (vi) Federal income taxes; and (vii) Total of the above. 	
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NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>Discuss how administrative expenses are allocated to the various market segments and product lines.</p> <p>m. Expected loss ratios are to be shown after the proposed rate changes. The expected loss ratio for each base medical policy form includes the impact of associated riders.</p> <p>(i) Indicate the expected loss ratio for each base medical policy form included in the rate filing for each rating region. For a rolling rate structure, this is to be shown for each rolling rate period included in the rate filing.</p> <p>(ii) Indicate the expected loss ratio for each permitted aggregation of base medical policy forms within each aggregation of rating regions. For a rolling rate structure, this is to be shown for each rolling rate period included in the rate filing.</p> <p>(iii) For a non-rolling rate table and/or the first rate table of a rolling rate structure, include a demonstration showing how these expected loss ratios were developed.</p>	
Minimum Loss Ratio Requirements	<p>§3231(e)(1)(B)</p> <p>§4308(c)(3)</p> <p>11NYCRR52.45(i)</p> <p>11NYCRR59.5(b)</p>	<p>a. The minimum loss ratio for community rated products, other than the official Medicare Supplement products, is as specified in section 3231(e)(1)(B) or 4308(c)(3)(A) of the Insurance Law (as amended June 8, 2010, chapter 107).</p> <p>b. The minimum loss ratio for the official Medicare Supplement products is:</p> <p>(i) Article 43 companies: as specified in section 4308(c)(3)(B) of the Insurance Law (as amended June 8, 2010, chapter 107); and</p> <p>(ii) Article 42 companies: as specified in section 52.45(i) of Regulation 62 (11 NYCRR 52).</p>	
Actuarial Certification	11NYCRR52.40(a)(1)	<p>a. The filing is in compliance with all applicable laws and regulations of the State of New York.</p> <p>b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans”.</p> <p>c. The expected loss ratio 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 for each permitted aggregation of policy forms within each permitted aggregation of rating regions.</p> <p>d. The benefits are reasonable in relation to the premiums charged.</p> <p>e. The rates are not unfairly discriminatory.</p>	Actuarial Certification
REVISED RATE MANUAL PAGES	<p>11NYCRR52.40(e)(2)</p> <p>11NYCRR52.45(f)</p> <p>11NYCRR59.5(b)</p>	<p>a. Table of contents*.</p> <p>b. Rate pages, including a page indicating the composition of each rating region*.</p> <p>c. Insurer/corporation name on each consecutively numbered rate page*.</p> <p>d. Identification by form number of each policy, rider, or endorsement to which the rates apply*.</p>	Section II – Rate Manual

NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<ul style="list-style-type: none"> e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits*. f. Description of revised rating classes, factors and discounts*. g. Examples of rate calculations*. h. Commission schedule(s) and fees*. i. Underwriting guidelines and/or underwriting manual*. j. A page with the expected loss ratio(s) for each permitted aggregation of policy forms within each permitted aggregation of rating regions. <p>* Can not request exemption from FOIL</p>	
NOTICE TO POLICYHOLDERS	§3231(e)(1)(A) §4308(c)(2)	<ul style="list-style-type: none"> a. A sample copy of the initial written notice sent to policyholders of the proposed rate adjustment submitted to the Insurance Department. b. A sample copy of the final written notice to be sent to policyholders after the proposed rates are finalized. 	Section III – Sample Notices
GUARANTEED RATES FOR HMO COVERAGE	11NYCRR52.42(b)	<ul style="list-style-type: none"> a. To guarantee rates, the HMO must obtain the superintendent’s approval for any contract provision, remitting agent agreement or rider which limits the HMO to adjustment of rates only on a policy anniversary. This requirement applies to both group contracts and group remittance arrangements. b. For policies and riders subject to rolling rates, submit a copy of the approved policy or rider form that allows the HMO to use rolling rates and limits the HMO to adjusting rates only on a policy anniversary. Indicate the date the policy or rider form was approved by the Department and the form filing number. 	
UNREASONABLE RATE INCREASES	PPACA	<p>For rate increases that HHS has defined to be an “unreasonable rate increase”, submit all documentation required to be submitted to HHS and posted on the insurance company’s website for such rate filing.</p> <p>[Deferred until HHS publishes the definition of an unreasonable rate increase and the data to be submitted to HHS and posted on the company’s website.]</p>	

Summary template for submitting certain identifying information per base medical policy form included in renewal medical rate filing				
Version: July 26, 2010				
Complete a separate response for each base medical policy form included in the medical renewal rate filing.				
Information requested applies to New York State business only.				
Include in each policy form response the associated riders that the policyholders with that policy form also have.				
Copy last column to right as often as needed to provide response for all base medical policy forms included in this rate filing.				
Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Driven 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.				
Put cursor in cell and select from drop down menu, or make an entry.				
NOTE: The prior experience period data is required if the rate filing includes rate tables to be effective January 1, 2012 or later.				
If members, covered lives or member months are not known, use reasonable estimates.				
Data Item for Rate Filing	Response			
A. Company Name	Oxford Health Plans, Inc			
B. Phone number of contact person	[REDACTED]			
C. Email address of contact person	[REDACTED]			
D. Type of insurer (for-profit, non-profit) [drop down menu]	For Profit			
Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
1. Base medical policy form number	OHPNY SB HMO S 309			
2. Aggregated for rate development with these base medical policy form numbers	NA			
3. Effective date of rate change (MM/DD/YYYY)	1/1/2012			
4. Market Segment (large group, small group, individual) [drop down menu]	Small Group			
5. Product type (see above for examples) [drop down menu]	HMO			
6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	Yes			
7. Has base medical policy form aggregation changed from previous filing? (Yes or No) [drop down menu]	No			
8. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	Open			
9. Rate guarantee period incorporated into rate tables - in months (e.g., 12 for a 12 month rate guarantee period)	12			

Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
10. Weighted average rate change % requested across base medical policy form from current rate charged policyholder (including all associated riders)	22.7%			
11. Number of policyholders affected by rate change	17,268			
12. Number of covered lives affected by rate change	112,707			
13. Expected NY statewide loss ratio for base medical policy form, including associated riders	82.0%			
Most recent experience period - NY statewide experience (base medical policy form + associated riders)				
14.1 Experience period from date (MM/DD/YYYY)	01/01/2010			
14.2 Experience period to date (MM/DD/YYYY)	12/31/2010			
14.3 Member months for experience period	751,333			
14.4 Earned premiums for experience period - in \$	251,736,914			
14.5 Standardized earned premiums for experience period - in \$	298,036,802			
14.6 Paid claims for experience period in \$	168,664,325			
14.7 Incurred claims for experience period - in \$	196,382,020			
14.8 Administration expenses for experience period - in \$ (including commissions and premium taxes, but excluding federal and state income taxes)	34,935,388			
14.9 Earned premiums for experience period - in \$mpm	335.05	0.00	0.00	0.00
14.10 Standardized premiums for experience period - in \$mpm	396.68	0.00	0.00	0.00
14.11 Paid claims for experience period - in \$mpm	224.49	0.00	0.00	0.00
14.12 Incurred claims for experience period - in \$mpm	261.38	0.00	0.00	0.00
14.13 Administration expenses for experience period - in \$mpm (including commissions and premium taxes, but excluding federal and state income taxes)	46.50	0.00	0.00	0.00
14.14 Ratio: Incurred Claims / Earned Premiums	0.780	0.000	0.000	0.000
14.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.659	0.000	0.000	0.000
14.16 Ratio: Administration Expenses / Earned Premiums	0.139	0.000	0.000	0.000
14.17 Ratio: (Incurred Claims + Admin) / Earned Premiums	0.919	0.000	0.000	0.000
Prior experience period - NY statewide experience (base medical policy form + associated riders)				
15.1 Experience period from date (MM/DD/YYYY)	1/1/2009			

Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
15.2 Experience period to date (MM/DD/YYYY)	12/31/2009			
15.3 Member months for experience period	58,938			
15.4 Earned premiums for experience period - in \$	17,381,952			
15.5 Standardized earned premiums for experience period - in \$	22,596,646			
15.6 Paid claims for experience period in \$	5,798,653			
15.7 Incurred claims for experience period - in \$	10,523,667			
15.8 Administration expenses for experience period - in \$ (including commissions and premium taxes, but excluding federal and state income taxes)	2,269,965			
15.9 Earned premiums for experience period - in \$mpm	294.92	0.00	0.00	0.00
15.10 Standardized premiums for experience period - in \$mpm	383.40	0.00	0.00	0.00
15.11 Paid claims for experience period - in \$mpm	98.39	0.00	0.00	0.00
15.12 Incurred claims for experience period - in \$mpm	178.55	0.00	0.00	0.00
15.13 Administration expenses for experience period - in \$mpm (including commissions and premium taxes, but excluding federal and state income taxes)	38.51	0.00	0.00	0.00
15.14 Ratio: Incurred Claims / Earned Premiums	0.605	0.000	0.000	0.000
15.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.466	0.000	0.000	0.000
15.16 Ratio: Administration Expenses / Earned Premiums	0.131	0.000	0.000	0.000
15.17 Ratio: (Incurred Claims + Admin) / Earned Premiums	0.736	0.000	0.000	0.000
Annualized Medical Trend Factors (%)				
16.1 All benefits combined, composite	15.2%			
16.2 * Due to utilization	6.8%			
16.3 * Due to unit cost	7.8%			
17. Discuss comparison of claims cost pmpm changes over last 3 years with rate changes over last 3 years	This product was new effective 7/1/2009. Forward projected claims trend is 15.2% per year.			
16.3 Note: 1.3% due to trend leveraging				



Oxford Health Plans (NY), Inc.
New York Small Group HMO Product
Rates Effective January 2012 – December 2012

ACTUARIAL MEMORANDUM

I. Introduction

This rate filing addresses development of the New York Small Group Liberty HMO rates for the effective dates from January 1, 2012 through December 31, 2012. This rate filing is being submitted pursuant to Prior Approval. Rates effective for the 3rd and 4th quarters of 2011 were filed with the Department on December 31, 2010 and modified on March 21, 2011 at the direction of the New York State Insurance Department (NYSID).

II. Requested Rate Adjustments

We are proposing that the medical and pharmacy rates for 1st quarter 2012 effective dates be increased by 13.4% over the rates for the 4th quarter 2011 effective dates. This proposed quarterly increase results in annual trend increases of 20.9% for medical, 20.5% for pharmacy, and 20.8% on a combined basis.

We are proposing quarterly medical and pharmacy rate increases of 3.5% for 2nd quarter 2012, 3rd quarter 2012, and 4th quarter 2012 effective dates. These proposed quarterly increases result in average annual trend increases of 20.9% for 2nd quarter 2012, 25.1% for 3rd quarter 2012, and 25.7% for 4th quarter 2012 for medical, pharmacy, and on a combined basis.

We also separately filed changes to the rates associated with the dependent to age 26 coverage extension. The SERFF number for this separate filing is UHLC-126878098. The filing was submitted on October 26, 2010 and approved/modified by NYSID on April 5, 2011. The originally requested rate effective date was April 1, 2011. However, this was amended to October 1, 2011 because there was insufficient time to implement sooner. These rate filings increase the annual rate increases for 1st, 2nd, and 3rd quarter 2012 renewals by about 0.1% based upon the current contract distribution. The combined impact of this separate filing and the requested annual trend increases described above result in total average annual increases of 20.9% for 1st quarter 2012, 21.0% for 2nd quarter 2012, and 25.2% for 3rd quarter 2012.

III. Source Data

In order to project future experience on the HMO product, we used claims incurred between January 1, 2010 and December 31, 2010 paid through March 31, 2011. Completion factors were applied by incurred month in order to calculate the fully incurred claims.

The filed large group credibility formula for Oxford Health Insurance is as follows:

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

The resulting credibility of this block of business and experience period exceeds 100% based upon this formula. While the data is credible in total, please note that the experience is likely immature since this product was new effective July 1, 2009. As of December 2009, there were only 20,000 members in the product; this has since grown to over 110,000. In addition, a significant number of new enrollees in this product have come from other Oxford plans. The cost differences between the existing HMO members and expected new members will be described in the Rate Development section of this memorandum.

IV. Trend

United/Oxford develops 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 trend factor is 15.2%. This breaks down into the following components: 6.4% unit cost, 6.8% utilization, and 1.3% trend leveraging. Please see attached Exhibit II with a development of the trend factor based upon the historical experience.

V. Rate Development

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

- **Trend:** The rate development assumes projected trend of 15.2% (6.4% unit cost, 6.8% utilization, 1.3% leveraging).
- **Regulation 146:** The projected liability for the rating period is a payment of \$7.17 PMPM; the experience period reflects an estimated payment of \$4.59 PMPM. The projected increase in the Regulation 146 liability is mainly due to the continued growth of the HMO product.
- **Benefit Change Adjustment:** The claim projection includes a 0.8% adjustment to reflect the expected average increase in benefits for the changes to the HMO product that were separately filed by Oxford Health Plans (NY), Inc. and approved by the New York State Insurance Department effective January 1, 2011. The changes associated with this approved filing include modification of the radiology cost sharing that will increase expected net claims. Note that the projected standardized premium projection also includes an adjustment for the corresponding premium impact of these changes. This adjustment changed slightly since the last rate application based upon an updated analysis of the impact of these changes.
- **Migration:** The rate development includes a +5.4% adjustment to experience period claims to account for migration from other products. We observe migration into the HMO product mainly from the EPO product. The allowed claim cost PMPM of

members migrating into the HMO product from the EPO product is higher than the allowed claim cost PMPM for existing HMO members. This is described in greater detail below.

- **Target Loss Ratio:** Rate development assumes an 82% target loss ratio

Please see Exhibit III for a detailed development of the requested rate increase. We are using claims incurred between January 1, 2010 and December 31, 2010 paid through March 31, 2011 as our base experience period for the projection. The loss ratio for this experience period is 78.0%. Note that this loss ratio is likely understated since this was a new product effective July 1, 2009 and significant membership growth occurred in 2010. This is demonstrated by the fact that the loss ratio for the experience period in the prior rate review was 71.7%, and there is a six month overlap between the two experience periods. We expect this deterioration to continue as the product continues to mature.

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

1. **Trend:** A trend factor of 1.326 is applied reflecting a 15.2% annual trend and 24 months between the endpoint of the experience period (December 1, 2010) and the endpoint of the rating period (December 1, 2012). Note that the Regulation 146 amounts from the experience period are removed before the claims are trended and prior to any of the following adjustments being made.
2. **Benefit Adjustment:** A benefit adjustment factor of 1.008 is applied to account for the average impact of the benefit changes filed effective January 1, 2011. This filing was approved by the New York State Insurance Department.
3. **Migration Adjustment:** An adjustment factor of 1.054 is applied to reflect the migration between Oxford products and its projected impact on HMO medical claims. For the HMO product, we observe migration into the HMO product mainly from the EPO product. The EPO members who migrate into the HMO product have higher allowed claim cost PMPMs on average than the existing HMO members. Please refer to Exhibit IV. We calculated the migration adjustment in Exhibit IV as described in the following steps:
 - a. We compiled the allowed (net paid by Oxford plus member cost sharing) and net paid (net paid by Oxford) claim cost PMPMs by product for the experience period between January 2010 and December 2010. Note that these amounts reflect fee for service medical and pharmacy claims but exclude Regulation 146, GME, and capitations.
 - b. Exhibit IV shows the projected migration percentages both into and out of the HMO product based upon the historical results. As aforementioned, the most significant impact on the HMO product is the migration from the EPO product. We project that, at each renewal month, an average of 8.4% of the EPO members will migrate to the HMO product. Note that all of these values are calculated as percentages of existing HMO business.
 - c. As you can see in Exhibit IV, we have modeled the impact of this monthly renewal migration on the allowed claim cost PMPMs. In this modeling, we start with the average allowed claim cost PMPMs for the members' pre-migration products.
 - d. We adjusted the average allowed claim cost PMPMs for the migrating members by the net to allowed ratio for the HMO product. This calculates the projected net claim cost PMPMs based upon the average HMO cost sharing.

- e. We decreased the POS, Metro, and Direct claim cost PMPMs by an additional 5% to reflect an expected utilization decrease due to the loss of the out-of-network benefit when moving to the HMO product.
- f. We have also enhanced the migration calculation by adding adjustments for differences in network (Freedom vs. Liberty) and access (gatekeeper vs. non-gatekeeper) between the pre-renewal and post-renewal products based upon the current member distribution.
- g. We calculated the expected post renewal net claim cost PMPM reflecting the projected migration both into and out of the HMO product. The resulting projected net claim cost PMPM is 2.7% higher than the pre-renewal net claim cost PMPM. This is the estimated annual impact of migration for the HMO product in addition to trend.
- h. Since there are 24 months between the midpoint of the experience period and the midpoint of the rating period, we have calculated the 5.4% adjustment by squaring the estimated annual impact.

As aforementioned, the projected Regulation 146 payment for the rating period is \$7.17 PMPM. This 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 V, we calculated the standardized premiums by bringing the earned premiums from the experience period to the 4th quarter 2011 rate level. Please see Exhibit V for this calculation.

The projected loss ratio of 93.0% for the rating period is calculated by dividing the projected claims by the standardized premium. The required 1st quarter 2012 rate increase over approved 4th quarter 2011 rates is 13.4% to target an 82% loss ratio. For each of the 2nd, 3rd, and 4th quarters of 2012, we are proposing an increase of 3.5% over the previous quarter's rate. The 3.5% is calculated by taking the projected pricing trend to the ¼ power.

VI. Expected Loss Ratio

The requested rate increase reflects an 82% target loss ratio.

VII. Commissions

Broker commissions are 3.5% of premium for business new and renewing in calendar year 2012.

VIII. Underwriting Guidelines

This product is guaranteed issue with no minimum participation requirement.

IX. Projected Expense Components

Historical reported expenses are allocated based upon membership and may not completely reflect differences between group sizes.

The non-claim expense components incorporated into the proposed premium rates as a percentage of gross premiums are as follows:

	HMO Plans
Administration	6.7%
Commission	3.5%
Premium Tax / Assessment	2.8%
Total	13.0%
Target Loss Ratio	82.0%
Pre-Tax Profit	5.0%
State Income Taxes	0.4%
Federal Income Taxes	1.7%
Projected Profit/Contribution to Surplus After Taxes	2.9%

This reflects an 82% target loss ratio. The projected profit amount of 2.9% assumes that the 82% target loss ratio is achieved.

X. FOIL Protection Requested

We are requesting FOIL protection for the following parts of this filing:

1. Actuarial Memorandum
2. Exhibit I: Summary Data Template
3. Exhibit II: Trend Factor Development
4. Exhibit III: Development of Required Rate Increase
5. Exhibit IV: Development of Migration Adjustment
6. Exhibit V: Calculation of Standardized Premium
7. Rate Exhibits & Rate Manual Pages Showing Rates/Factors (since rates will not be released until approximately 60 days prior to the effective dates)
8. Expected Loss Ratio Exhibit
9. New York State Exhibits 1-6

Each of the aforementioned pages includes the following note: “CONFIDENTIAL – FOIL PROTECTION REQUESTED”.



<Date>

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

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

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

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Oxford



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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.² 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:

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 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, 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



<Date>

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

Re: Rate Filing for Oxford New York Small Group HMO 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 June 15, 2011 seeking an increase to our HMO rates for groups 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 the group's current 2011 premium rate. The table below shows the expected impact of the requested trend increases over your 2011 premium.

Renewal Date	Estimated Medical Increase Over 2011 Medical Premium (%)	Estimated Pharmacy Increase Over 2011 Pharmacy Premium (%)	Estimated Total (Medical and Pharmacy) Increase Over 2011 Premium (%)
October 2012 – December 2012	25.7%	25.7%	25.7%

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. The 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.² 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, the group will receive a renewal package with the renewal rates for the group's benefit plan. The group will also be able to choose other plan options at that time.

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The NYSID approved the following rate increases related to medical cost trends which will be added to your group's current 2011 premium rate (if you do not have pharmacy benefits, you should review the medical increase only):

Renewal Dates	Approved Medical Increase Over 2011 Medical Premium (%)	Approved Pharmacy Increase Over 2011 Pharmacy Premium (%)	Estimated Total Increase Over 2011 Medical and Pharmacy Premium (%)
January 2012 – March 2012	X%	Y%	Z%

Please be aware that the approved increases do not reflect the final renewal increase. We also received approval from NYSID to increase the rates for dependent coverage (Age 26 mandate) effective October 1, 2011 by \$1.76 for the employee/children tier and by \$3.55 for the family tier. Your group's final renewal rate will be based on 1) increase for dependent age coverage (if applicable), 2) the rate increases approved by the NYSID reflected in this notice, 3) plan design changes your group makes at renewal, and 4) changes to your group's census at renewal.²

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<Address 1>

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June 15, 2011

[REDACTED]
Deputy Chief Actuary
New York State Insurance Department
Health Bureau
25 Beaver Street
New York, NY 10004

RE: Oxford Health Plans (NY), Inc.
NY Small Group HMO
Form #'s OHPNY SB HMO S 309, OHPNY GA HMO S 309.
Rate Filing for January 2012 – December 2012 Rate Effective Dates

Dear Mr. Laverdiere,

This rate filing addresses the development of the New York Small Group Liberty HMO rates for the effective dates from January 2012 to December 2012.

Included in this filing are

- Actuarial Certification
- Actuarial Memorandum
- Section I – Supporting Exhibits I – V
- Section II - Rate Manual Including Comparison to Current Rates
- Section III – Sample Notices

Should you have any questions or need any additional information, please contact me at [REDACTED]

[REDACTED]



Oxford Health Plans

New York Small Group HMO Product
Rate Effective January 2012 – December 2012

ACTUARIAL CERTIFICATION

I, , 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 meets 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.



June 15, 2011

Oxford Health Plans (NY), Inc.
Small Group HMO
Proposed Rates Effective January 1, 2012

	<u>Estimated Percent of Premium</u>	
Inpatient	18.0%	} Medical Costs 82.0%
Outpatient	11.8%	
Physician	29.0%	
Capitations / Other	7.3%	
Rx	9.0%	
HCRA *	2.7%	
GME **	2.6%	
Reg 146/Stop Loss	1.6%	
Premium & MTA Tax	2.1%	
Section 332 Assessments	0.8%	
Federal Income Tax	1.7%	} Expenses 15.1%
State Income Tax	0.4%	
Admin Costs	6.7%	
Broker Commissions	3.5%	
Post Tax Profit	2.9%	
Total	100.0%	
Direct Medical/Rx Costs	75.1%	
Taxes/Assessments	11.8%	
Admin Costs	6.7%	
Commissions	3.5%	
Post Tax Profit	2.9%	

* HCRA = Health Care Reform Act (Hospital Surcharge)

** GME = Graduate Medical Expense

Oxford Health Plans (NY), Inc.
New York Small Group HMO
Development of Required Q1-12 Rate Increase

Experience Period: Incurred 1/2010 - 12/2010 Paid Through 3/2011

Confidential & Privileged - The information contained herein is confidential & privileged and constitutes "trade secrets" as defined under NYS Freedom of Information Law ("FOIL") and consequently should be exempted from disclosure requirements under NYS FOIL.

Rate Filing Line Reference			HMO	
<u>Member Months</u>				
14.3	(a)	Member Months	751,333	
	(b) = (a) / 12	Average Members	62,611	
			<u>Dollars</u>	<u>PMPM</u>
<u>Experience Period Claims</u>				
	(c)	Total Medical/Rx Claims	\$ 186,650,077	\$ 248.43
	(d)	Regulation 146	\$ 3,450,698	\$ 4.59
	(e)	GME	\$ 6,281,244	\$ 8.36
14.7	(f) = sum(c):(e)	Total Incurred Claims	\$ 196,382,020	\$ 261.38
<u>Experience Period Premiums</u>				
14.9	(g)	Earned Premiums	\$ 251,736,914	\$ 335.05
	(h)	Timothy's Law \$ Received	\$ -	\$ -
	(i) = (g) + (h)	Total Premium	\$ 251,736,914	\$ 335.05
<u>Experience Period Loss Ratios</u>				
14.14	(j) = (f) / (i)	Experience Period Loss Ratio	78.0%	78.0%
	(k) = (f) / (g)	Experience Period Loss Ratio Net of TL	78.0%	78.0%
<u>Claim Projection</u>				
16.1	(l) = (f) - (d)	Incurred Claims Net of Reg 146	\$ 192,931,322	\$ 256.79
	(m)	Annualized Trend *	15.2%	15.2%
	(n)	Months of Trend	24	24
	(o) = [1+(m)] ⁿ /(n)/12	Trend Factor	1.326	1.326
	(p)	Impact of Sweeps Benefit Changes	1.008	1.008
	(q)	Impact of Migrating Business	1.054	1.054
	(r) = (l) * (o) * (p) * (q)	Projected Claims Net of Reg 146	\$ 271,860,923	\$ 361.84
	(s)	Projected Reg 146 for Rating Period	\$ 5,386,787	\$ 7.17
	(t) = (r) + (s)	Projected Claims Including Reg 146	\$ 277,247,710	\$ 369.01

**Oxford Health Plans (NY), Inc.
New York Small Group HMO
Development of Required Q1-12 Rate Increase**

Experience Period: Incurred 1/2010 - 12/2010 Paid Through 3/2011

Confidential & Privileged - The information contained herein is confidential & privileged and constitutes "trade secrets" as defined under NYS Freedom of Information Law ("FOIL") and consequently should be exempted from disclosure requirements under NYS FOIL.

Rate Filing Line Reference	HMO		
<u>Premium & Loss Ratio Projection</u>			
14.10 (u)	Standardized Premiums **	\$ 298,036,802	\$ 396.68
(v) = (t) / (u)	Projected Loss Ratio **	93.0%	93.0%
(w)	Target Loss Ratio	82.0%	82.0%
(x) = (v)/(w)-1	Required Q1-12 / Q4-11 Rate Change	13.4%	13.4%
(y)	Resulting Q1-12 / Q1-11 Rate Change	20.8%	20.8%
(z)	Proposed Q1-12 / Q4-11 Rate Change	13.4%	13.4%
(aa)	Resulting Q1-12 / Q1-11 Rate Change	20.8%	20.8%
(ab)	Implied Target Loss Ratio	82.0%	82.0%
(ac)	Proposed Quarterly Trend	3.5%	3.5%
(ad)	Resulting Q2-12 / Q2-11 Rate Change	20.9%	20.9%
(ae)	Resulting Q3-12 / Q3-11 Rate Change	25.1%	25.1%
(af)	Resulting Q4-12 / Q4-11 Rate Change	25.7%	25.7%

* Includes 1.3% for leveraging

** At Q4-11 rate level & developed using earned premiums excluding Timothy's Law receivables

**Oxford Health Plans (NY), Inc.
New York Small Group HMO**

Standardized Premium Calculation

Effective Month Year	Effective Quarter Year	Time Period for Premium Data in column (A)	Earned Premium 1/2009 - 12/2009 A	Filed Rate Increase to 4Q- 11 Level * B	1/2009 - 12/2009 Standardized Premium C = A x (1+B)
February 2008	1Q2008	1/2009	\$ -	NA	NA
March 2008	1Q2008	1/2009 - 2/2009	\$ -	NA	NA
April 2008	2Q2008	1/2009 - 3/2009	\$ -	NA	NA
May 2008	2Q2008	1/2009 - 4/2009	\$ -	NA	NA
June 2008	2Q2008	1/2009 - 5/2009	\$ -	NA	NA
July 2008	3Q2008	1/2009 - 6/2009	\$ -	NA	NA
August 2008	3Q2008	1/2009 - 7/2009	\$ -	NA	NA
September 2008	3Q2008	1/2009 - 8/2009	\$ -	NA	NA
October 2008	4Q2008	1/2009 - 9/2009	\$ -	NA	NA
November 2008	4Q2008	1/2009 - 10/2009	\$ -	NA	NA
December 2008	4Q2008	1/2009 - 11/2009	\$ -	NA	NA
January 2009	1Q2009	1/2009 - 12/2009	\$ -	NA	NA
February 2009	1Q2009	2/2009 - 12/2009	\$ -	NA	NA
March 2009	1Q2009	3/2009 - 12/2009	\$ -	NA	NA
April 2009	2Q2009	4/2009 - 12/2009	\$ -	NA	NA
May 2009	2Q2009	5/2009 - 12/2009	\$ -	NA	NA
June 2009	2Q2009	6/2009 - 12/2009	\$ -	NA	NA
July 2009	3Q2009	7/2009 - 12/2009	\$ 2,135,105	31.7%	\$ 2,811,115
August 2009	3Q2009	8/2009 - 12/2009	\$ 3,748,993	31.7%	\$ 4,935,986
September 2009	3Q2009	9/2009 - 12/2009	\$ 5,053,239	31.7%	\$ 6,653,177
October 2009	4Q2009	10/2009 - 12/2009	\$ 2,685,946	27.2%	\$ 3,416,031
November 2009	4Q2009	11/2009 - 12/2009	\$ 2,177,992	27.2%	\$ 2,770,006
December 2009	4Q2009	12/2009	\$ 1,580,677	27.2%	\$ 2,010,332
1/1/2009 - 12/31/2009 Total			\$ 17,381,952		\$ 22,596,646

Ratio to Convert Earned Premium to Standardized Premium

1.30

**Oxford Health Plans (NY), Inc.
New York Small Group HMO**

Standardized Premium Calculation

Effective Month Year	Effective Quarter Year	Time Period for Premium Data in column (A)	Earned Premium 1/2010 - 12/2010 A	Filed Rate Increase to 4Q- 11 Level * B	1/2010 - 12/2010 Standardized Premium C = A x (1+B)
February 2009	1Q2009	1/2010	\$ -	NA	NA
March 2009	1Q2009	1/2010 - 2/2010	\$ -	NA	NA
April 2009	2Q2009	1/2010 - 3/2010	\$ -	NA	NA
May 2009	2Q2009	1/2010 - 4/2010	\$ -	NA	NA
June 2009	2Q2009	1/2010 - 5/2010	\$ -	NA	NA
July 2009	3Q2009	1/2010 - 6/2010	\$ 2,084,470	31.7%	\$ 2,744,447
August 2009	3Q2009	1/2010 - 7/2010	\$ 5,310,639	31.7%	\$ 6,992,075
September 2009	3Q2009	1/2010 - 8/2010	\$ 10,392,320	31.7%	\$ 13,682,699
October 2009	4Q2009	1/2010 - 9/2010	\$ 8,159,085	27.2%	\$ 10,376,859
November 2009	4Q2009	1/2010 - 10/2010	\$ 11,533,039	27.2%	\$ 14,667,909
December 2009	4Q2009	1/2010 - 11/2010	\$ 19,506,984	27.2%	\$ 24,809,304
January 2010	1Q2010	1/2010 - 12/2010	\$ 22,969,347	20.9%	\$ 27,781,108
February 2010	1Q2010	2/2010 - 12/2010	\$ 17,855,943	20.9%	\$ 21,596,516
March 2010	1Q2010	3/2010 - 12/2010	\$ 23,804,014	20.9%	\$ 28,790,626
April 2010	2Q2010	4/2010 - 12/2010	\$ 23,499,566	16.9%	\$ 27,468,368
May 2010	2Q2010	5/2010 - 12/2010	\$ 23,066,458	16.9%	\$ 26,962,114
June 2010	2Q2010	6/2010 - 12/2010	\$ 30,296,278	16.9%	\$ 35,412,966
July 2010	3Q2010	7/2010 - 12/2010	\$ 13,307,745	7.9%	\$ 14,360,476
August 2010	3Q2010	8/2010 - 12/2010	\$ 11,363,629	7.9%	\$ 12,262,568
September 2010	3Q2010	9/2010 - 12/2010	\$ 12,575,665	7.9%	\$ 13,570,484
October 2010	4Q2010	10/2010 - 12/2010	\$ 6,412,907	3.4%	\$ 6,631,807
November 2010	4Q2010	11/2010 - 12/2010	\$ 5,539,692	3.4%	\$ 5,728,785
December 2010	4Q2010	12/2010	\$ 4,059,133	3.4%	\$ 4,197,689
1/1/2010 - 12/31/2010 Total			\$ 251,736,914		\$ 298,036,802

Ratio to Convert Earned Premium to Standardized Premium

1.18

Oxford Health Plans Inc.

NY Small Group Gated HMO Plan
Section I - Rate Manual

For Groups with 2-50 Employees

Rates Effective 2012

OXFORD HEALTH PLANS

***NY Small Group Gated HMO Plan
Rate Manual***

Table of Contents

	<u>PAGE(S)</u>
HMO Medical, Pharmacy, and Rider Rates	1 - 2
Rate Change Summary	3
Form Numbers	4
Benefit Descriptions	5
Medical Base Rates and Rating Factors	6
Pharmacy Base Rates and Rating Factors	7
Rate Calculation Example	8
Base Rate Adjustment Table	9

**Oxford Health Plans, Inc.
New York Small Group - Gated HMO Plan
Effective 2012**

**Manhattan, Richmond, Kings, Queens, Bronx, Rockland, Nassau, Suffolk,
Westchester, Dutchess, Orange, Putnam, Ulster, & Sullivan Counties.**

January 2012 to March 2012

April 2012 to June 2012

Medical:	January 2012 to March 2012				April 2012 to June 2012			
\$30 PCP/ \$50 Specialist Office Visit Copay, \$150 ER Copay, \$150 Ambulatory Surgery, \$500 per day up to \$1000 max per continuous	<u>2011</u>	<u>2012</u>	<u>\$ Adj</u>	<u>% Adj</u>	<u>2011</u>	<u>2012</u>	<u>\$ Adj</u>	<u>% Adj</u>
Four-Tier A								
Single	\$342.71	\$414.30	\$71.59	20.9%	\$354.70	\$428.80	\$74.10	20.9%
Parent/Child(ren)	\$634.01	\$766.46	\$132.45	20.9%	\$656.20	\$793.28	\$137.08	20.9%
Couple	\$753.96	\$911.46	\$157.50	20.9%	\$780.34	\$943.36	\$163.02	20.9%
Family	\$1,062.40	\$1,284.33	\$221.93	20.9%	\$1,099.57	\$1,329.28	\$229.71	20.9%
Pharmacy:								
\$15/\$35/\$75C with a \$100 Deductible	<u>2011</u>	<u>2012</u>	<u>\$ Adj</u>	<u>% Adj</u>	<u>2011</u>	<u>2012</u>	<u>\$ Adj</u>	<u>% Adj</u>
Four-Tier A								
Single	\$84.27	\$101.58	\$17.31	20.5%	\$86.97	\$105.14	\$18.17	20.9%
Parent/Child(ren)	\$155.90	\$187.92	\$32.02	20.5%	\$160.89	\$194.51	\$33.62	20.9%
Couple	\$185.39	\$223.48	\$38.09	20.5%	\$191.33	\$231.31	\$39.98	20.9%
Family	\$261.24	\$314.90	\$53.66	20.5%	\$269.61	\$325.93	\$56.32	20.9%
Bio-Based Mental Health Rider	<u>2011</u>	<u>2012</u>	<u>\$ Adj</u>	<u>% Adj</u>	<u>2011</u>	<u>2012</u>	<u>\$ Adj</u>	<u>% Adj</u>
Four-Tier A								
Single	\$2.94	\$3.56	\$0.62	21.1%	\$3.05	\$3.68	\$0.63	20.7%
Parent/Child(ren)	\$5.44	\$6.59	\$1.15	21.1%	\$5.64	\$6.81	\$1.17	20.7%
Couple	\$6.47	\$7.83	\$1.36	21.0%	\$6.71	\$8.10	\$1.39	20.7%
Family	\$9.11	\$11.04	\$1.93	21.2%	\$9.46	\$11.41	\$1.95	20.6%
Mental Health Parity Rider	<u>2011</u>	<u>2012</u>	<u>\$ Adj</u>	<u>% Adj</u>	<u>2011</u>	<u>2012</u>	<u>\$ Adj</u>	<u>% Adj</u>
Four-Tier A								
Single	\$9.93	\$11.18	\$1.25	12.6%	\$10.30	\$11.57	\$1.27	12.3%
Parent/Child(ren)	\$18.37	\$20.68	\$2.31	12.6%	\$19.06	\$21.40	\$2.34	12.3%
Couple	\$21.84	\$24.60	\$2.76	12.6%	\$22.66	\$25.45	\$2.79	12.3%
Family	\$30.77	\$34.66	\$3.89	12.6%	\$31.93	\$35.87	\$3.94	12.3%
Dependent to Age 26 (default)	<u>2011</u>	<u>2012</u>	<u>\$ Adj</u>	<u>% Adj</u>	<u>2011</u>	<u>2012</u>	<u>\$ Adj</u>	<u>% Adj</u>
Four-Tier A								
Single	\$0.00	\$0.00	\$0.00	n/a	\$0.00	\$0.00	\$0.00	n/a
Parent/Child(ren)	\$1.59	\$3.93	\$2.34	147.2%	\$1.66	\$4.07	\$2.41	145.2%
Couple	\$0.00	\$0.00	\$0.00	n/a	\$0.00	\$0.00	\$0.00	n/a
Family	\$2.11	\$6.60	\$4.49	212.8%	\$2.20	\$6.83	\$4.63	210.5%
Dependent to Age 29	<u>2011</u>	<u>2012</u>	<u>\$ Adj</u>	<u>% Adj</u>	<u>2011</u>	<u>2012</u>	<u>\$ Adj</u>	<u>% Adj</u>
Four-Tier A								
Single	\$0.00	\$0.00	\$0.00	n/a	\$0.00	\$0.00	\$0.00	n/a
Parent/Child(ren)	\$49.49	\$53.24	\$3.75	7.6%	\$45.58	\$55.10	\$9.52	20.9%
Couple	\$0.00	\$0.00	\$0.00	n/a	\$0.00	\$0.00	\$0.00	n/a
Family	\$52.55	\$56.53	\$3.98	7.6%	\$48.40	\$58.51	\$10.11	20.9%
Vision	<u>2011</u>	<u>2012</u>	<u>\$ Adj</u>	<u>% Adj</u>	<u>2011</u>	<u>2012</u>	<u>\$ Adj</u>	<u>% Adj</u>
Four-Tier A								
Single	\$4.64	\$4.64	\$0.00	0.0%	\$4.64	\$4.64	\$0.00	0.0%
Parent/Child(ren)	\$8.58	\$8.58	\$0.00	0.0%	\$8.58	\$8.58	\$0.00	0.0%
Couple	\$10.21	\$10.21	\$0.00	0.0%	\$10.21	\$10.21	\$0.00	0.0%
Family	\$14.38	\$14.38	\$0.00	0.0%	\$14.38	\$14.38	\$0.00	0.0%

Oxford Health Plans, Inc.
New York Small Group - Gated HMO Plan
Effective 2012

Manhattan, Richmond, Kings, Queens, Bronx, Rockland, Nassau, Suffolk,
Westchester, Dutchess, Orange, Putnam, Ulster, & Sullivan Counties.

	July 2012 to September 2012				October 2012 to December 2012			
	<u>2011</u>	<u>2012</u>	<u>\$ Adj</u>	<u>% Adj</u>	<u>2011</u>	<u>2012</u>	<u>\$ Adj</u>	<u>% Adj</u>
Medical:								
\$30 PCP/ \$50 Specialist Office Visit Copay, \$150 ER Copay, \$150 Ambulatory Surgery, \$500 per day up to \$1000 max per continuous confinement.								
Four-Tier A								
Single	\$354.70	\$443.81	\$89.11	25.1%	\$365.34	\$459.34	\$94.00	25.7%
Parent/Child(ren)	\$656.20	\$821.05	\$164.86	25.1%	\$675.88	\$849.78	\$173.90	25.7%
Couple	\$780.34	\$976.38	\$196.04	25.1%	\$803.75	\$1,010.55	\$206.80	25.7%
Family	\$1,099.57	\$1,375.81	\$276.24	25.1%	\$1,132.56	\$1,423.95	\$291.39	25.7%
Pharmacy:								
\$15/\$35/\$75C with a \$100 Deductible								
Four-Tier A								
Single	\$86.97	\$108.82	\$21.85	25.1%	\$89.58	\$112.63	\$23.05	25.7%
Parent/Child(ren)	\$160.89	\$201.32	\$40.43	25.1%	\$165.72	\$208.37	\$42.65	25.7%
Couple	\$191.33	\$239.40	\$48.07	25.1%	\$197.07	\$247.79	\$50.72	25.7%
Family	\$269.61	\$337.34	\$67.73	25.1%	\$277.70	\$349.15	\$71.45	25.7%
Bio-Based Mental Health Rider								
Four-Tier A								
Single	\$3.05	\$3.81	\$0.76	24.9%	\$3.14	\$3.94	\$0.80	25.5%
Parent/Child(ren)	\$5.64	\$7.05	\$1.41	24.9%	\$5.81	\$7.29	\$1.48	25.4%
Couple	\$6.71	\$8.38	\$1.67	24.9%	\$6.91	\$8.67	\$1.76	25.4%
Family	\$9.46	\$11.81	\$2.36	24.9%	\$9.74	\$12.21	\$2.47	25.4%
Mental Health Parity Rider								
Four-Tier A								
Single	\$9.58	\$11.97	\$2.39	24.9%	\$9.86	\$12.39	\$2.53	25.7%
Parent/Child(ren)	\$17.72	\$22.14	\$4.42	24.9%	\$18.24	\$22.92	\$4.68	25.7%
Couple	\$21.08	\$26.33	\$5.25	24.9%	\$21.69	\$27.26	\$5.57	25.7%
Family	\$29.70	\$37.11	\$7.41	24.9%	\$30.57	\$38.41	\$7.84	25.6%
Dependent to Age 26 (default)								
Four-Tier A								
Single	\$0.00	\$0.00	\$0.00	n/a	\$0.00	\$0.00	\$0.00	n/a
Parent/Child(ren)	\$1.66	\$4.21	\$2.55	153.6%	\$3.47	\$4.36	\$0.89	25.6%
Couple	\$0.00	\$0.00	\$0.00	n/a	\$0.00	\$0.00	\$0.00	n/a
Family	\$2.20	\$7.07	\$4.87	221.4%	\$5.82	\$7.32	\$1.50	25.8%
Dependent to Age 29								
Four-Tier A								
Single	\$0.00	\$0.00	\$0.00	n/a	\$0.00	\$0.00	\$0.00	n/a
Parent/Child(ren)	\$45.58	\$57.03	\$11.45	25.1%	\$46.95	\$59.03	\$12.08	25.7%
Couple	\$0.00	\$0.00	\$0.00	n/a	\$0.00	\$0.00	\$0.00	n/a
Family	\$48.40	\$60.56	\$12.16	25.1%	\$49.85	\$62.68	\$12.83	25.7%
Vision								
Four-Tier A								
Single	\$4.64	\$4.64	\$0.00	0.0%	\$4.64	\$4.64	\$0.00	0.0%
Parent/Child(ren)	\$8.58	\$8.58	\$0.00	0.0%	\$8.58	\$8.58	\$0.00	0.0%
Couple	\$10.21	\$10.21	\$0.00	0.0%	\$10.21	\$10.21	\$0.00	0.0%
Family	\$14.38	\$14.38	\$0.00	0.0%	\$14.38	\$14.38	\$0.00	0.0%

Oxford Health Plans, Inc.
New York Small Group - Gated HMO Plan

	1st Quarter 2012	2nd Quarter 2012	3rd Quarter 2012	4th Quarter 2012
Medical				
<i>Minimum rate change</i>	20.9%	20.9%	25.1%	25.7%
<i>Maximum rate change</i>	20.9%	20.9%	25.1%	25.7%
<i>Member weighted average rate change</i>	20.9%	20.9%	25.1%	25.7%
Pharmacy				
<i>Minimum rate change</i>	20.5%	20.9%	25.1%	25.7%
<i>Maximum rate change</i>	20.5%	20.9%	25.1%	25.7%
<i>Member weighted average rate change</i>	20.5%	20.9%	25.1%	25.7%

**Oxford Health Plans Inc.
New York Small Group HMO
Rate Manual - Forms**

Form # OHPNY SB HMO S 309

Form # OHPNY GA HMO S 309

New York Small Group HMO Plan

Benefit	Plan
Network	Liberty
Out-of-Area Access	Emergency only
Gatekeeper	Gated only
Out-of-network Benefit	None
Office Visit Copay PCP	\$30
Office Visit Copay Specialist	\$50
Preventive Care	100%
Outpatient Copay	\$150
Inpatient Copay	\$500 (2 days)
ER Copay	\$150
Radiology (MRI, CT, PT)	20% coinsurance to \$100, \$500 Max per year
Pediatric Dental	N/A
Gym Benefit	\$200 every 6 months
DME	
PT	Included
Optional Rx:	
Deductible	\$100 (brand only)
Generic	\$15
Preferred Brand	\$35
Brand	\$75
Annual Max	None
Optional Riders:	
Vision	\$50 per exam reimbursement every 12 month, \$70 per appliance reimbursement every 24 mos
Dependent to Age 29	
Bio-Based Mental Health	

**Oxford Health Plans Inc.
New York Small Group HMO**

Rate Manual - Medical Base Rate & Rating Factors

1. Single Base Rate		274.74
2. Forward Trends	<u>Date</u>	<u>Adjustment</u>
	7/1/2009 through 9/30/2009	1.000
	10/1/2009 through 12/31/2009	1.036
	1/1/2010 through 3/31/2010	1.073
	4/1/2010 through 6/30/2010	1.111
	7/1/2010 through 9/30/2010	1.242
	10/1/2010 through 12/31/2010	1.299
	1/1/2011 through 3/31/2011	1.231
	4/1/2011 through 6/30/2011	1.274
	7/1/2011 through 9/30/2011	1.274
	10/1/2011 through 12/31/2011	1.313
	1/1/2012 through 3/31/2012	1.489
	4/1/2012 through 6/30/2012	1.541
	7/1/2012 through 9/30/2012	1.595
	10/1/2012 through 12/31/2012	1.650
3. Region	<u>County</u>	<u>Adjustment</u>
	Manhattan/ Richmond/ Bronx	1.000
	Kings/Queens	1.000
	Rockland	1.000
	Nassau	1.000
	Suffolk	1.000
	Westchester	1.000
	Dutchess/ Orange/ Putnam	1.000
	Ulster/ Sullivan	1.000
4. Tier Relativities	<u>Tier</u>	<u>Adjustment</u>
	Single rate	1.000
	Parent / Child(ren) rate	1.850
	Husband / Wife rate	2.200
	Family rate	3.100

**Oxford Health Plans Inc.
New York Small Group HMO**

Rate Manual - Pharmacy Base Rate & Rating Factors

1. Single Base Rate		69.50
2. Forward Trends	<u>Date</u>	<u>Adjustment</u>
	7/1/2009 through 9/30/2009	1.000
	10/1/2009 through 12/31/2009	1.032
	1/1/2010 through 3/31/2010	1.065
	4/1/2010 through 6/30/2010	1.099
	7/1/2010 through 9/30/2010	1.134
	10/1/2010 through 12/31/2010	1.170
	1/1/2011 through 3/31/2011	1.198
	4/1/2011 through 6/30/2011	1.236
	7/1/2011 through 9/30/2011	1.236
	10/1/2011 through 12/31/2011	1.274
	1/1/2012 through 3/31/2012	1.444
	4/1/2012 through 6/30/2012	1.495
	7/1/2012 through 9/30/2012	1.547
	10/1/2012 through 12/31/2012	1.601
3. Region	<u>County</u>	<u>Adjustment</u>
	Manhattan/ Richmond/ Bronx	1.000
	Kings/Queens	1.000
	Rockland	1.000
	Nassau	1.000
	Suffolk	1.000
	Westchester	1.000
	Duchess/ Orange/ Putnam	1.000
	Ulster/ Sullivan	1.000
4. Tier Relativities	<u>Tier</u>	<u>Adjustment</u>
	Single rate	1.000
	Parent / Child(ren) rate	1.850
	Husband / Wife rate	2.200
	Family rate	3.100

**Oxford Health Plans Inc.
New York Small Group HMO**

Rate Calculation Example

Medical Plan: Gated HMO Plan
Pharmacy Plan: \$15/\$35/\$75C with a \$100 Deductible
Effective Date: 1/1/2012
Region: Manhattan/ Richmond/ Bronx

	Medical	Pharmacy	Dependent Age 26 (default)	Total	
1. Single Base Rate	\$ 274.74	\$ 69.50			
2. x Base Rate Adjustment	1.013	1.012			
3. x Forward Trend	1.489	1.444			
4. x Region Adjustment	1.000	1.000			
5. x Tier Relativities					
<i>Single</i>	1.00	\$ 414.30	\$ 101.58	\$ -	\$ 515.88
<i>Parent / Child(ren)</i>	1.85	\$ 766.46	\$ 187.92	\$ 3.93	\$ 958.31
<i>Husband / Wife</i>	2.20	\$ 911.46	\$ 223.48	\$ -	\$1,134.94
<i>Family</i>	3.10	\$ 1,284.33	\$ 314.90	\$ 6.60	\$1,605.83

BASE RATE ADJUSTMENT TABLE

<u>Adjustment Reason</u>	<u>Adjustment Effective Date</u>	<u>Base Medical</u>	<u>Base Non-Rx Riders</u>	<u>Base Rx Riders</u>
100% Preventive Coverage	Jan-11	1.0030	1.0000	1.0000
Medical Sweeps	Jan-11	1.0100	1.0000	1.0000
Rx Sweeps	Jan-11	1.0000	1.0000	1.0120
Cumulative Adjustment				
January 1, 2011 to Date		1.0130	1.0000	1.0120

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A.	Insurer Information: <u>Oxford Health Plans (NY), Inc.</u> <small>Company submitting the rate adjustment request</small> <u>48 Monroe Turnpike, Trumbull, CT 06614</u> <small>Company mailing address</small>	<input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non Profit	<u>HMO</u> <small>Type of insurer</small> <u>95479</u> <small>Company NAIC Code</small>
B.	Contact Person: <u>[REDACTED]</u> <small>Rate filing contact person name, title</small>	<u>[REDACTED]</u> <small>Contact phone number</small>	<u>[REDACTED]</u> <small>Contact Email address</small>
C.	Actuarial Contact (If different from above): _____ <small>Actuary name, title</small>	_____ <small>Actuary phone number</small>	_____ <small>Actuary Email address</small>
D.	New Rate Information (See Note #1): <u>February 15, 2012 through November 14, 2013</u> <small>New rate applicability period</small>	_____ <small>New rate effective date</small>	<u>1/1/2012</u> _____ <small>SERFF Tracking Number</small>
E.	Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement):	<u>Small Group</u>	
F.	Provide responses for the following questions:	Response	
	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>No</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, small group HMO policyholders and contract holders with renewal dates in 1st, 2nd, 3rd, and 4th quarters of 2012</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</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. The Department reserves the right to reject any rate submission that has not been submitted at least 120 days prior to the proposed effective date.

(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: FOIL EXEMPTION REQUEST

Instructions:

1. A request that the New York State Insurance Department ("Department") exempt from public disclosure any information included in this submission, pursuant to New York Public Officers Law § 87(2)(d) (the "Trade Secret/Competitive Injury Exemption"), must be made by completing this exhibit.
2. A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information contained in this submission that is not included in this exhibit may not be honored by the Department.
3. A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information included in this submission must be accompanied by a written statement of necessity that:
 - (a) identifies the specific parts of the submission for which the Company believes the Trade Secret/Competitive Injury Exemption should be applied;
 - (b) specifies the reasons why the submission, or parts thereof, should be exempt from disclosure pursuant to the Trade Secret/Competitive Injury Exemption; and
 - (c) where applicable, indicates where redactions would suffice to protect the exempt information.
4. In light of the open government purpose underlying FOIL, the Department favors redacting portions of documents, and disclosing the balance of such documents, as opposed to withholding documents in their entirety, where such redactions will suffice to protect the exempt information. Therefore, the Company should submit to the Department both the original document and a redacted version of the original document, which omits or blocks the information it wishes to exempt from disclosure. (The Department will accept the redacted version of the original document within one week after original filing was submitted.)

A. Insurer Information: Oxford Health Plans (NY), Inc. 95479 XFRD-127211231
Company submitting the rate adjustment request Company NAIC Code SERFF tracking number

B. FOIL Contact Person: [REDACTED] [REDACTED] [REDACTED]
Name, title Phone number Email address
48 Monroe Turnpike, Trumbull, CT 06614 [REDACTED]
Mailing address Fax number

C. List all documents, exhibits, and attachments separately, including the file names of computer files that are included with the application. Please indicate with an asterisk (*) those documents that you believe contain information subject to the Trade Secret/Competitive Injury Exemption. Any document without an asterisk will be deemed to be a public document.

- 1 Checklist-Community Rated Medical Renewal Rate Review (NY SG HMO 2012 Checklist.pdf)
- 2 * Statement of Necessity (FOIL Statement of Necessity 20110615.pdf *)
- 3 * Actuarial Memorandum (SG HMO Actuarial Memorandum 2012.pdf *)
- 4 Notice of Proposed Rate Adjustment (NY-11-481 Q1-12 Oxford NY Small HMO Association - Initial Notice.pdf, NY-11-482 Q1-12 Oxford NY Small HMO Group - Initial Notice.pdf, NY-11-483 Q1-12 Oxford NY Small HMO Subscriber - Initial Notice.pdf, NY-11-487 Q2-12 Oxford NY Small HMO Association - Initial Notice.pdf, NY-11-488 Q2-12 Oxford NY Small HMO Group - Initial Notice.pdf, NY-11-489 Q2-12 Oxford NY Small HMO Subscriber - Initial Notice.pdf, NY-11-493 Q3-12 Oxford NY Small HMO Association - Initial Notice.pdf, NY-11-494 Q3-12 Oxford NY Small HMO Group - Initial Notice.pdf, NY-11-495 Q3-12 Oxford NY Small HMO Subscriber - Initial Notice.pdf, NY-11-499 Q4-12 Oxford NY Small HMO Association - Initial Notice.pdf, NY-11-500 Q4-12 Oxford NY Small HMO Group - Initial Notice.pdf, NY-11-501 Q4-12 Oxford NY Small HMO Subscriber - Initial Notice.pdf, Q1-12 Oxford NY Small HMO Association - Second Notice.pdf, Q1-12 Oxford NY Small HMO Group - Second Notice.pdf, Q1-12 Oxford NY Small HMO Subscriber - Second Notice.pdf, Q2-12 Oxford NY Small HMO Association - Second Notice.pdf, Q2-12 Oxford NY Small HMO Group - Second Notice.pdf, Q2-12 Oxford NY Small HMO Subscriber - Second Notice.pdf, Q3-12 Oxford NY Small HMO Association - Second Notice.pdf, Q3-12 Oxford NY Small HMO Group - Second Notice.pdf, Q3-12 Oxford NY Small HMO Subscriber - Second Notice.pdf, Q4-12 Oxford NY Small HMO Association - Second Notice.pdf, Q4-12 Oxford NY Small HMO Group - Second Notice.pdf, Q4-12 Oxford NY Small HMO Subscriber - Second Notice.pdf)
- 5 Cover Letter (Cover Letter HMO 2012.pdf)
- 6 Certification (Certification 2012.pdf)
- 7 * Section I - Supporting Exhibits (Exhibit I - Summary Template HMO.pdf *, Exhibit II - NYSG 2012 Pricing Trend Development.pdf *, Exhibit III - HMO Rate Development.pdf *, Exhibit IV - HMO Migration.pdf *, Exhibit V - HMO Standardized Premium.pdf *)
- 8 * Section II - Rate Manual (NYSG_HMO_2012_rate_manual.pdf *)
- 9 * Supplemental Exhibits 1-6 (Supplemental Exhibits (1, 2, 3, 6) HMO 2012.pdf *, Supplemental Exhibits (4, 5) HMO 2012.xls *)
- 10 * Narrative Summary (NY-11-575 Q1-12 Oxford NY SG HMO Narrative Summary.pdf *, NY-11-577 Q2-12 Oxford NY SG HMO Narrative Summary.pdf *, NY-11-579 Q3-12 Oxford NY SG HMO Narrative Summary.pdf *, NY-11-581 Q4-12 Oxford NY SG HMO Narrative Summary.pdf *)

D. Provide a separate list of all documents, exhibits, and attachments, of which a portion has been redacted, including the file names of computer files that are included with the application. The unredacted portion(s) of the redacted documents may be deemed to be public.

- 1 * Section II - Rate Manual (NYSG_HMO_2012_rate_manual REDACTED.pdf *)
- 2 * Supplemental Exhibits 1-6 (Supplemental Exhibits (1, 2, 3, 6) HMO 2012 REDACTED.pdf *, Supplemental Exhibits (4, 5) HMO 2012 REDACTED.xls *)
- 3 * Narrative Summary (Q1-12 Oxford NY SG HMO Narrative Summary REDACTED.pdf *, Q2-12 Oxford NY SG HMO Narrative Summary REDACTED.pdf *, Q3-12 Oxford NY SG HMO Narrative Summary REDACTED.pdf *, Q4-12 Oxford NY SG HMO Narrative Summary REDACTED.pdf *)

E. Statement of necessity as discussed in Instructions # 3, above.
Please see attached document: FOIL Statement of Necessity

EXHIBIT 3: NARRATIVE SUMMARY

Company Oxford Health Plans (NY), Inc.
NAIC Code: 95479
SERFF Tracking #: XFRD-127211231

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.
- 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 suggested that once reviewed by the Department, the company post the Narrative Summary on its website. Any changes made to the Narrative Summary subsequent to the posting are required to be submitted to the Department.
- 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, which can be a range as long as the range is consistent with the range stated in the initial notice to policyholders for the various products, and rating region.
 - 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 6: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

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

NAIC Code: 95479

SERFF Number: XFRD-127211231

Instructions:

- This Exhibit summarizes all benefit/rate changes filed with the Health Bureau's Albany office 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).
- Extend the worksheet to add more rows as needed.

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

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Approval Date
UHLC-126878098	2010100141	10/26/2010	OHPNY SB HMO S 309 OHPNY GA HMO S 309	Small Group HMO	Dependent Coverage to Age 26	4/5/2011

B. List of the rate filings that are currently pending with the Department, which impact the rate tables in this filing.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change

C. List of remnants of the "file and use" submissions, which impact the rate tables in this filing.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Benefit/Rate Change Effective Date

**Oxford Health Plans (NY), Inc.
New York Small Group HMO Plans
Requested Rate Changes – Effective 1st quarter 2012**

Rate Component Overview

* The main components of a premium rate are medical costs and administrative expenses. A small portion of the premium rate is also projected to be profit. The costs of medical services are usually the main portion of a rate. Medical costs are accounted for in the minimum loss ratio (MLR). MLR is the percentage (%) of the premiums paid towards medical costs. Under New York state law, the MLR must be at least 82% of the premium charged. This means that at least 82 cents of each premium dollar is to be paid towards medical costs.

Administrative expenses include, among other things,

- taxes and other fees,
- maintenance and upgrading of systems to comply with legal requirements (e.g., HIPAA, federal healthcare 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.

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

Current Rate Increase Components

We are requesting rate increases related to medical cost trends for the products that appear in Chart 1. If approved, the increases will be added to the 2011 premium rate. Chart 1 shows the requested increases by product. The new rates will apply to all groups that renew or enroll during the 1st quarter of 2012.

CHART 1: Impact of Rate Request

Product	Renewal Date	Requested Medical Trend Increase Over 2011 Medical Premium (%)	Requested Pharmacy Trend Increase Over 2011 Pharmacy Premium (%)	Estimated Total Trend Increase (Medical and Pharmacy) Over 2011 Premium (%)
HMO	January 2012 - March 2012	20.9%	20.5%	20.8%

- The rate filing is seeking an increase related to increasing medical costs. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. Reasons for rising costs include advancements in procedures, development of new pharmaceuticals and medical devices, increasing medical costs of a population that is aging and increasingly living with chronic conditions such as obesity and diabetes and increased negotiated unit cost rates with our network providers (driven in part by insufficient reimbursement to those providers for those covered under Government health insurance programs and by providing uncompensated care) as well as increased charges for services by non-network providers.
- The medical cost component may also be impacted by changes to the population covered under the product. A part of the medical costs include a pooling mechanism established under NY Insurance Regulation 146 which attempts to equalize risk within the New York small group and individual markets. This

- The requested rate changes result in a projected loss ratio greater than or equal to the minimum allowed under state law.

Additional Benefit Changes for 2012 Plans

We do not have any benefit changes on file with the New York State Insurance Department (NYSID). In the event that 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 rates.

Final Rate Increase

Please be aware that the group's final renewal rate increase for 2012 may be different than the percentages listed in Chart 1. The Superintendent of Insurance may approve (as requested), modify or deny the proposed rate adjustment. We received approval from NYSID to increase the rates for dependent coverage (Age 26 mandate) effective October 1, 2011 by \$1.76 for the employee/children tier and by \$3.55 for the family tier. Your final rate will include the increase for dependent age coverage (if applicable) and apply 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.

**Oxford Health Plans (NY), Inc.
New York Small Group HMO Plans
Requested Rate Changes – Effective 2nd quarter 2012**

Rate Component Overview

* The main components of a premium rate are medical costs and administrative expenses. A small portion of the premium rate is also projected to be profit. The costs of medical services are usually the main portion of a rate. Medical costs are accounted for in the minimum loss ratio (MLR). MLR is the percentage (%) of the premiums paid towards medical costs. Under New York state law, the MLR must be at least 82% of the premium charged. This means that at least 82 cents of each premium dollar is to be paid towards medical costs.

Administrative expenses include, among other things,

- taxes and other fees,
- maintenance and upgrading of systems to comply with legal requirements (e.g., HIPAA, federal healthcare 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.

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

Current Rate Increase Components

We are requesting rate increases related to medical cost trends for the products that appear in Chart 1. If approved, the increases will be added to the 2011 premium rate. Chart 1 shows the requested increases by product. The new rates will apply to all groups that renew or enroll during the 2nd quarter of 2012.

CHART 1: Impact of Rate Request

Product	Renewal Date	Requested Medical Trend Increase Over 2011 Medical Premium (%)	Requested Pharmacy Trend Increase Over 2011 Pharmacy Premium (%)	Estimated Total Trend Increase (Medical and Pharmacy) Over 2011 Premium (%)
HMO	April 2012 - June 2012	20.9%	20.9%	20.9%

- The rate filing is seeking an increase related to increasing medical costs. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. Reasons for rising costs include advancements in procedures, development of new pharmaceuticals and medical devices, increasing medical costs of a population that is aging and increasingly living with chronic conditions such as obesity and diabetes and increased negotiated unit cost rates with our network providers (driven in part by insufficient reimbursement to those providers for those covered under Government health insurance programs and by providing uncompensated care) as well as increased charges for services by non-network providers.
- The medical cost component may also be impacted by changes to the population covered under the product. A part of the medical costs include a pooling mechanism established under NY Insurance Regulation 146 which attempts to equalize risk within the New York small group and individual markets. This

- The requested rate changes result in a projected loss ratio greater than or equal to the minimum allowed under state law.

Additional Benefit Changes for 2012 Plans

We do not have any benefit changes on file with the New York State Insurance Department (NYSID). In the event that 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 rates.

Final Rate Increase

Please be aware that the group's final renewal rate increase for 2012 may be different than the percentages listed in Chart 1. The Superintendent of Insurance may approve (as requested), modify or deny the proposed rate adjustment. We received approval from NYSID to increase the rates for dependent coverage (Age 26 mandate) effective October 1, 2011 by \$1.76 for the employee/children tier and by \$3.55 for the family tier. Your final rate will include the increase for dependent age coverage (if applicable) and apply 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.

**Oxford Health Plans (NY), Inc.
New York Small Group HMO Plans
Requested Rate Changes – Effective 3rd quarter 2012**

Rate Component Overview

* The main components of a premium rate are medical costs and administrative expenses. A small portion of the premium rate is also projected to be profit. The costs of medical services are usually the main portion of a rate. Medical costs are accounted for in the minimum loss ratio (MLR). MLR is the percentage (%) of the premiums paid towards medical costs. Under New York state law, the MLR must be at least 82% of the premium charged. This means that at least 82 cents of each premium dollar is to be paid towards medical costs.

Administrative expenses include, among other things,

- taxes and other fees,
- maintenance and upgrading of systems to comply with legal requirements (e.g., HIPAA, federal healthcare 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.

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

Current Rate Increase Components

We are requesting rate increases related to medical cost trends for the products that appear in Chart 1. If approved, the increases will be added to the 2011 premium rate. Chart 1 shows the requested increases by product. The new rates will apply to all groups that renew or enroll during the 3rd quarter of 2012.

CHART 1: Impact of Rate Request

Product	Renewal Date	Requested Medical Trend Increase Over 2011 Medical Premium (%)	Requested Pharmacy Trend Increase Over 2011 Pharmacy Premium (%)	Estimated Total Trend Increase (Medical and Pharmacy) Over 2011 Premium (%)
HMO	July 2012 - September 2012	25.1%	25.1%	25.1%

- The rate filing is seeking an increase related to increasing medical costs. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. Reasons for rising costs include advancements in procedures, development of new pharmaceuticals and medical devices, increasing medical costs of a population that is aging and increasingly living with chronic conditions such as obesity and diabetes and increased negotiated unit cost rates with our network providers (driven in part by insufficient reimbursement to those providers for those covered under Government health insurance programs and by providing uncompensated care) as well as increased charges for services by non-network providers.
- The medical cost component may also be impacted by changes to the population covered under the product. A part of the medical costs include a pooling mechanism established under NY Insurance Regulation 146 which attempts to equalize risk within the New York small group and individual markets. This

- The requested rate changes result in a projected loss ratio greater than or equal to the minimum allowed under state law.

Additional Benefit Changes for 2012 Plans

We do not have any benefit changes on file with the New York State Insurance Department (NYSID). In the event that 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 rates.

Final Rate Increase

Please be aware that the group's final renewal rate increase for 2012 may be different than the percentages listed in Chart 1. The Superintendent of Insurance may approve (as requested), modify or deny the proposed rate adjustment. We received approval from NYSID to increase the rates for dependent coverage (Age 26 mandate) effective October 1, 2011 by \$1.76 for the employee/children tier and by \$3.55 for the family tier. Your final rate will include the increase for dependent age coverage (if applicable) and apply 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.

**Oxford Health Plans (NY), Inc.
New York Small Group HMO Plans
Requested Rate Changes – Effective 4th quarter 2012**

Rate Component Overview

* The main components of a premium rate are medical costs and administrative expenses. A small portion of the premium rate is also projected to be profit. The costs of medical services are usually the main portion of a rate. Medical costs are accounted for in the minimum loss ratio (MLR). MLR is the percentage (%) of the premiums paid towards medical costs. Under New York state law, the MLR must be at least 82% of the premium charged. This means that at least 82 cents of each premium dollar is to be paid towards medical costs.

Administrative expenses include, among other things,

- taxes and other fees,
- maintenance and upgrading of systems to comply with legal requirements (e.g., HIPAA, federal healthcare 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.

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

Current Rate Increase Components

We are requesting rate increases related to medical cost trends for the products that appear in Chart 1. If approved, the increases will be added to the 2011 premium rate. Chart 1 shows the requested increases by product. The new rates will apply to all groups that renew or enroll during the 4th quarter of 2012.

CHART 1: Impact of Rate Request

Product	Renewal Date	Requested Medical Trend Increase Over 2011 Medical Premium (%)	Requested Pharmacy Trend Increase Over 2011 Pharmacy Premium (%)	Estimated Total Trend Increase (Medical and Pharmacy) Over 2011 Premium (%)
HMO	October 2012 - December 2012	25.7%	25.7%	25.7%

- The rate filing is seeking an increase related to increasing medical costs. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. Reasons for rising costs include advancements in procedures, development of new pharmaceuticals and medical devices, increasing medical costs of a population that is aging and increasingly living with chronic conditions such as obesity and diabetes and increased negotiated unit cost rates with our network providers (driven in part by insufficient reimbursement to those providers for those covered under Government health insurance programs and by providing uncompensated care) as well as increased charges for services by non-network providers.
- The medical cost component may also be impacted by changes to the population covered under the product. A part of the medical costs include a pooling mechanism established under NY Insurance Regulation 146 which attempts to equalize risk within the New York small group and individual markets. This

- The requested rate changes result in a projected loss ratio greater than or equal to the minimum allowed under state law.

Additional Benefit Changes for 2012 Plans

We do not have any benefit changes on file with the New York State Insurance Department (NYSID). In the event that 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 rates.

Final Rate Increase

Please be aware that the group's final renewal rate increase for 2012 may be different than the percentages listed in Chart 1. 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.

EXHIBIT 3: NARRATIVE SUMMARY

Company Oxford Health Plans (NY), Inc.
NAIC Code: 95479
SERFF Tracking #: XFRD-127211231

 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.
- 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 suggested that once reviewed by the Department, the company post the Narrative Summary on its website. Any changes made to the Narrative Summary subsequent to the posting are required to be submitted to the Department.
- 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, which can be a range as long as the range is consistent with the range stated in the initial notice to policyholders for the various products, and rating region.
 - 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]).

**Oxford Health Plans (NY), Inc.
New York Small Group HMO Plans
Requested Rate Changes – Effective 1st quarter 2012**

Rate Component Overview

* The main components of a premium rate are medical costs and administrative expenses. A small portion of the premium rate is also projected to be profit. The costs of medical services are usually the main portion of a rate. Medical costs are accounted for in the minimum loss ratio (MLR). MLR is the percentage (%) of the premiums paid towards medical costs. Under New York state law, the MLR must be at least 82% of the premium charged. This means that at least 82 cents of each premium dollar is to be paid towards medical costs.

Administrative expenses include, among other things,

- taxes and other fees,
- maintenance and upgrading of systems to comply with legal requirements (e.g., HIPAA, federal healthcare 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.

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

Current Rate Increase Components

We are requesting rate increases related to medical cost trends for the products that appear in Chart 1. If approved, the increases will be added to the 2011 premium rate. Chart 1 shows the requested increases by product. The new rates will apply to all groups that renew or enroll during the 1st quarter of 2012.

CHART 1: Impact of Rate Request

Product	Renewal Date	Number of Impacted Subscribers	Requested Medical Trend Increase Over 2011 Medical Premium (%)	Requested Pharmacy Trend Increase Over 2011 Pharmacy Premium (%)	Estimated Total Trend Increase (Medical and Pharmacy) Over 2011 Premium (%)
HMO	January 2012 - March 2012	22,020	20.9%	20.5%	20.8%

- The rate filing is seeking an increase related to increasing medical costs. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. Reasons for rising costs include advancements in procedures, development of new pharmaceuticals and medical devices, increasing medical costs of a population that is aging and increasingly living with chronic conditions such as obesity and diabetes and increased negotiated unit cost rates with our network providers (driven in part by insufficient reimbursement to those providers for those covered under Government health insurance programs and by providing uncompensated care) as well as increased charges for services by non-network providers.
- The medical cost component may also be impacted by changes to the population covered under the product. A part of the medical costs include a pooling mechanism established under NY Insurance Regulation 146 which attempts to equalize risk within the New York small group and individual markets. This

- The requested rate changes result in a projected loss ratio greater than or equal to the minimum allowed under state law.

Additional Benefit Changes for 2012 Plans

We do not have any benefit changes on file with the New York State Insurance Department (NYSID). In the event that 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 rates.

Final Rate Increase

Please be aware that the group's final renewal rate increase for 2012 may be different than the percentages listed in Chart 1. The Superintendent of Insurance may approve (as requested), modify or deny the proposed rate adjustment. We received approval from NYSID to increase the rates for dependent coverage (Age 26 mandate) effective October 1, 2011 by \$1.76 for the employee/children tier and by \$3.55 for the family tier. Your final rate will include the increase for dependent age coverage (if applicable) and apply 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.

**Oxford Health Plans (NY), Inc.
New York Small Group HMO Plans
Requested Rate Changes – Effective 2nd quarter 2012**

Rate Component Overview

* The main components of a premium rate are medical costs and administrative expenses. A small portion of the premium rate is also projected to be profit. The costs of medical services are usually the main portion of a rate. Medical costs are accounted for in the minimum loss ratio (MLR). MLR is the percentage (%) of the premiums paid towards medical costs. Under New York state law, the MLR must be at least 82% of the premium charged. This means that at least 82 cents of each premium dollar is to be paid towards medical costs.

Administrative expenses include, among other things,

- taxes and other fees,
- maintenance and upgrading of systems to comply with legal requirements (e.g., HIPAA, federal healthcare 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.

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

Current Rate Increase Components

We are requesting rate increases related to medical cost trends for the products that appear in Chart 1. If approved, the increases will be added to the 2011 premium rate. Chart 1 shows the requested increases by product. The new rates will apply to all groups that renew or enroll during the 2nd quarter of 2012.

CHART 1: Impact of Rate Request

Product	Renewal Date	Number of Impacted Subscribers	Requested Medical Trend Increase Over 2011 Medical Premium (%)	Requested Pharmacy Trend Increase Over 2011 Pharmacy Premium (%)	Estimated Total Trend Increase (Medical and Pharmacy) Over 2011 Premium (%)
HMO	April 2012 - June 2012	19,647	20.9%	20.9%	20.9%

- The rate filing is seeking an increase related to increasing medical costs. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. Reasons for rising costs include advancements in procedures, development of new pharmaceuticals and medical devices, increasing medical costs of a population that is aging and increasingly living with chronic conditions such as obesity and diabetes and increased negotiated unit cost rates with our network providers (driven in part by insufficient reimbursement to those providers for those covered under Government health insurance programs and by providing uncompensated care) as well as increased charges for services by non-network providers.
- The medical cost component may also be impacted by changes to the population covered under the product. A part of the medical costs include a pooling mechanism established under NY Insurance Regulation 146 which attempts to equalize risk within the New York small group and individual markets. This

- The requested rate changes result in a projected loss ratio greater than or equal to the minimum allowed under state law.

Additional Benefit Changes for 2012 Plans

We do not have any benefit changes on file with the New York State Insurance Department (NYSID). In the event that 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 rates.

Final Rate Increase

Please be aware that the group's final renewal rate increase for 2012 may be different than the percentages listed in Chart 1. The Superintendent of Insurance may approve (as requested), modify or deny the proposed rate adjustment. We received approval from NYSID to increase the rates for dependent coverage (Age 26 mandate) effective October 1, 2011 by \$1.76 for the employee/children tier and by \$3.55 for the family tier. Your final rate will include the increase for dependent age coverage (if applicable) and apply 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.

**Oxford Health Plans (NY), Inc.
New York Small Group HMO Plans
Requested Rate Changes – Effective 3rd quarter 2012**

Rate Component Overview

* The main components of a premium rate are medical costs and administrative expenses. A small portion of the premium rate is also projected to be profit. The costs of medical services are usually the main portion of a rate. Medical costs are accounted for in the minimum loss ratio (MLR). MLR is the percentage (%) of the premiums paid towards medical costs. Under New York state law, the MLR must be at least 82% of the premium charged. This means that at least 82 cents of each premium dollar is to be paid towards medical costs.

Administrative expenses include, among other things,

- taxes and other fees,
- maintenance and upgrading of systems to comply with legal requirements (e.g., HIPAA, federal healthcare 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.

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

Current Rate Increase Components

We are requesting rate increases related to medical cost trends for the products that appear in Chart 1. If approved, the increases will be added to the 2011 premium rate. Chart 1 shows the requested increases by product. The new rates will apply to all groups that renew or enroll during the 3rd quarter of 2012.

CHART 1: Impact of Rate Request

Product	Renewal Date	Number of Impacted Subscribers	Requested Medical Trend Increase Over 2011 Medical Premium (%)	Requested Pharmacy Trend Increase Over 2011 Pharmacy Premium (%)	Estimated Total Trend Increase (Medical and Pharmacy) Over 2011 Premium (%)
HMO	July 2012 - September 2012	12,367	25.1%	25.1%	25.1%

- The rate filing is seeking an increase related to increasing medical costs. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. Reasons for rising costs include advancements in procedures, development of new pharmaceuticals and medical devices, increasing medical costs of a population that is aging and increasingly living with chronic conditions such as obesity and diabetes and increased negotiated unit cost rates with our network providers (driven in part by insufficient reimbursement to those providers for those covered under Government health insurance programs and by providing uncompensated care) as well as increased charges for services by non-network providers.
- The medical cost component may also be impacted by changes to the population covered under the product. A part of the medical costs include a pooling mechanism established under NY Insurance Regulation 146 which attempts to equalize risk within the New York small group and individual markets. This

- The requested rate changes result in a projected loss ratio greater than or equal to the minimum allowed under state law.

Additional Benefit Changes for 2012 Plans

We do not have any benefit changes on file with the New York State Insurance Department (NYSID). In the event that 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 rates.

Final Rate Increase

Please be aware that the group's final renewal rate increase for 2012 may be different than the percentages listed in Chart 1. The Superintendent of Insurance may approve (as requested), modify or deny the proposed rate adjustment. We received approval from NYSID to increase the rates for dependent coverage (Age 26 mandate) effective October 1, 2011 by \$1.76 for the employee/children tier and by \$3.55 for the family tier. Your final rate will include the increase for dependent age coverage (if applicable) and apply 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.

**Oxford Health Plans (NY), Inc.
New York Small Group HMO Plans
Requested Rate Changes – Effective 4th quarter 2012**

Rate Component Overview

* The main components of a premium rate are medical costs and administrative expenses. A small portion of the premium rate is also projected to be profit. The costs of medical services are usually the main portion of a rate. Medical costs are accounted for in the minimum loss ratio (MLR). MLR is the percentage (%) of the premiums paid towards medical costs. Under New York state law, the MLR must be at least 82% of the premium charged. This means that at least 82 cents of each premium dollar is to be paid towards medical costs.

Administrative expenses include, among other things,

- taxes and other fees,
- maintenance and upgrading of systems to comply with legal requirements (e.g., HIPAA, federal healthcare 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.

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

Current Rate Increase Components

We are requesting rate increases related to medical cost trends for the products that appear in Chart 1. If approved, the increases will be added to the 2011 premium rate. Chart 1 shows the requested increases by product. The new rates will apply to all groups that renew or enroll during the 4th quarter of 2012.

CHART 1: Impact of Rate Request

Product	Renewal Date	Number of Impacted Subscribers	Requested Medical Trend Increase Over 2011 Medical Premium (%)	Requested Pharmacy Trend Increase Over 2011 Pharmacy Premium (%)	Estimated Total Trend Increase (Medical and Pharmacy) Over 2011 Premium (%)
HMO	October 2012 - December 2012	13,445	25.7%	25.7%	25.7%

- The rate filing is seeking an increase related to increasing medical costs. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. Reasons for rising costs include advancements in procedures, development of new pharmaceuticals and medical devices, increasing medical costs of a population that is aging and increasingly living with chronic conditions such as obesity and diabetes and increased negotiated unit cost rates with our network providers (driven in part by insufficient reimbursement to those providers for those covered under Government health insurance programs and by providing uncompensated care) as well as increased charges for services by non-network providers.
- The medical cost component may also be impacted by changes to the population covered under the product. A part of the medical costs include a pooling mechanism established under NY Insurance Regulation 146 which attempts to equalize risk within the New York small group and individual markets. This

- The requested rate changes result in a projected loss ratio greater than or equal to the minimum allowed under state law.

Additional Benefit Changes for 2012 Plans

We do not have any benefit changes on file with the New York State Insurance Department (NYSID). In the event that 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 rates.

Final Rate Increase

Please be aware that the group's final renewal rate increase for 2012 may be different than the percentages listed in Chart 1. 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.

EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

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

95479

Company NAIC Code

XFRD-127211231
SERFF tracking number

- => Use this Exhibit for the policy forms/products included in the rate adjustment submission.
- => Submit separate exhibits by market segment such as Large Group, Small Group, Sole Proprietor, Individual, etc. If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported.
- Submit separate exhibits by rating region if the rate changes differ by rating region.
- Submit separate exhibits for each rolling rate table of a rolling rate structure.
- => This form must be submitted as an Excel file, even if a version is submitted as a PDF file.
- => 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).
- => If one policy form is used for more than one products, then a separate row should be entered for each policy form/product name/product street name combination.
- => The format of this exhibit is discussed below and should be tailored to the specific rate filing submission. Extend the worksheet to add more rows or tabs as needed.

A. BASE MEDICAL PLAN

Market Segment: Small Group => Provide a list of proposed rate changes for each base medical plan type, by product name/street name.

Rating Region: All => 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.

Non Rolling Rate Product

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

Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
OHPNY SB HMO S 309 OHPNY GA HMO S 309	Small Group HMO	Small Group HMO	January - March 2012	20.9%	21.3%	21.0%
OHPNY SB HMO S 309 OHPNY GA HMO S 309	Small Group HMO	Small Group HMO	April - June 2012	20.9%	21.3%	21.0%
OHPNY SB HMO S 309 OHPNY GA HMO S 309	Small Group HMO	Small Group HMO	July - September 2012	25.1%	25.5%	25.3%
OHPNY SB HMO S 309 OHPNY GA HMO S 309	Small Group HMO	Small Group HMO	October - December 2012	25.7%	25.7%	25.7%

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "January - March 2012" for a quarterly rolling rate structure.)

B. DRUG RIDERS

Market Segment: Small Group => Provide a list of proposed rate changes for drug riders available with base medical products.

Rating Region: All => 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

=> This is for the traditional drug riders, but not for minor drug related riders such as, the inclusion of oral contraceptives.

Non Rolling Rate Product

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

Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
All	OHPNY SB HMO S 309 OHPNY GA HMO S 309	Small Group HMO	January - March 2012	20.5%	20.5%	20.5%
All	OHPNY SB HMO S 309 OHPNY GA HMO S 309	Small Group HMO	April - June 2012	20.9%	20.9%	20.9%
All	OHPNY SB HMO S 309 OHPNY GA HMO S 309	Small Group HMO	July - September 2012	25.1%	25.1%	25.1%
All	OHPNY SB HMO S 309 OHPNY GA HMO S 309	Small Group HMO	October - December 2012	25.7%	25.7%	25.7%

EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS

Company Name: Oxford Health Plans (NY), Inc.
 NAIC Code: 95479
 SERFF Tracking #: XFRD-127211231

Instructions:

- 1) The percentage rate change reported in Sections A and B reflect 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 contracts or number of members. The Company should indicate which basis, either number of contracts or number of members, is used in this Exhibit.
- 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) The distribution table should be grouped by market segment (e.g., Large Group, Small Group, Individual, Sole Proprietor, Healthy NY). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported. Use the drop down list for entries of Market Segment or make your own entry.
- 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) In Section A, provide the distribution of contracts or members affected by proposed rate change for all non-rolling rate contracts by market segment/product.
- 7) In Section B, provide distribution information for each rolling rate cohort of a rolling rate structure contract affected by this rate submission (e.g., by quarter of renewal for a quarterly rolling rate structure).
- 8) Edit the worksheet to add more rows as needed.
- 9) This exhibit must be submitted as an Excel file, even if a version is submitted as a PDF file.

A. FOR A NON-ROLLING RATE STRUCTURE -- Distribution of Non Rolling Rate Contracts by Proposed Rate Adjustment

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of (*) as of mm/dd/yyyy	Number of (*) with Proposed Percentage Rate Change at Renewal											
						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%	50.0% or higher	
Market Segment Total:																	

B. FOR A ROLLING RATE STRUCTURE - Distribution of Rolling Rate Contracts by Proposed Rate Adjustment by Each Rolling Rate Cohort

Effective Period of New Rolling Rate*: 1/1/2012 - 3/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 4/30/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal											
						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%	50.0% or higher	
Small Group	All		HMO	20.9%	22,020	0	0	0	0	0	0	22,020	0	0	0	0	0
Market Segment Total:						0	0	0	0	0	0	22,020	0	0	0	0	0

Effective Period of New Rolling Rate*: 4/1/2012 - 6/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 4/30/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal											
						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%	50.0% or higher	
Small Group	All		HMO	21.0%	19,647	0	0	0	0	0	0	19,647	0	0	0	0	0
Market Segment Total:						0	0	0	0	0	0	19,647	0	0	0	0	0

Effective Period of New Rolling Rate*: 7/1/2012 - 9/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 4/30/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal											
						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%	50.0% or higher	
Small Group	All		HMO	25.2%	12,367	0	0	0	0	0	0	0	12,367	0	0	0	0
Market Segment Total:						0	0	0	0	0	0	0	12,367	0	0	0	0

Effective Period of New Rolling Rate*: 10/1/2012 - 12/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 4/30/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal											
						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%	50.0% or higher	
Small Group	All		HMO	25.7%	13,445	0	0	0	0	0	0	0	13,445	0	0	0	0
Market Segment Total:						0	0	0	0	0	0	0	13,445	0	0	0	0

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "01/01/2012 - 03/31/2012" for a quarterly rolling rate structure.)
 Use the same format to provide the same information for each rolling rate cohort under each market segment.

(*) Indicate weighted average base used: Contracts or Members