

SERFF Tracking Number: XFRD-127318574 State: New York
 Filing Company: Oxford Health Plans (NY), Inc. State Tracking Number: 2011070124
 Company Tracking Number:
 TOI: H15I Individual Health - Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical
 Hospital/Surgical/Medical Expense Expense
 Product Name: Oxford Healthy NY CY 2012
 Project Name/Number: /

Filing at a Glance

Company: Oxford Health Plans (NY), Inc.
 Product Name: Oxford Healthy NY CY 2012
 TOI: H15I Individual Health -
 Hospital/Surgical/Medical Expense
 Sub-TOI: H15I.001 Health -
 Hospital/Surgical/Medical Expense
 Filing Type: Rate Adjustment pursuant to
 Section 4308(c)

SERFF Tr Num: XFRD-127318574 State: New York
 SERFF Status: Closed-APPR State Tr Num: 2011070124
 Approved
 Co Tr Num: State Status:

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

Authors: [REDACTED] Disposition Date: 10/14/2011
 [REDACTED]

Date Submitted: 07/19/2011 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
 Overall Rate Impact: 32.6%

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 10/20/2011

State Status Changed:

Created By: [REDACTED]

Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: [REDACTED]
 PPACA: Not PPACA-Related
 PPACA Notes: null

Filing Description:

Enclosed please find Oxford Health Plans (NY), Inc.'s rate filing application for January through December 2012 for the above referenced form numbers. This filing addresses Healthy NY rates for Individual and Small Group contracts, both High Deductible and non-High Deductible plans already on file. We are submitting this rate filing subject to Prior Approval.

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Company and Contact

Filing Contact Information

[REDACTED] [REDACTED]
 [REDACTED] [REDACTED]
 [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.): Yes - Healthy New York
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

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 Product Name: Oxford Healthy NY CY 2012
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Rate Information

Rate data applies to filing.

Filing Method: Propr Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision: 01/01/2011
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	32.600%	32.600%	\$29,153,189	0	\$89,426,961	32.600%	32.600%
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Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	33,972	0	0	0	1,968	0	0	0
Policy Holders:	0	0	0	0	0	0	0	0

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Product Name: Oxford Healthy NY CY 2012
Project Name/Number: /

Rate Review Details

COMPANY:

Company Name: Oxford Health Plans (NY), Inc.
HHS Issuer Id: 26420
Product Names: Oxford Healthy New York
Trend Factors: We are requesting an increase of 32.6% versus the 2011 rates.

FORMS:

New Policy Forms:

Affected Forms:

Other Affected Forms: OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY no Rx (04/03), OHPNY R HNY S BU 1006, OHPNY R HNY IND BU 1006, OHPNY R IND BU 1006

REQUESTED RATE CHANGE

INFORMATION:

Change Period: Annual
Member Months: 335,049
Benefit Change: None
Percent Change Requested: Min: 32.6 Max: 32.6 Avg: 32.6

PRIOR RATE:

Total Earned Premium: 89,426,961.00
Total Incurred Claims: 85,287,422.00
Annual \$: Min: 201.57 Max: 294.19 Avg: 266.91

REQUESTED RATE:

Projected Earned Premium: 133,181,339.00

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Product Name: Oxford Healthy NY CY 2012
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Projected Incurred Claims: 119,819,193.00
Annual \$: Min: 300.70 Max: 464.33 Avg: 397.50

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Checklist-Rate Adj Filings per 3231(e)(1) or 4308(c)		
Comments:		
Attachment: HNY 2012 Checklist.pdf		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Memorandum/Actuarial Certification		
Comments:		
Attachments: Certification_HNY_2012.pdf Oxford HNY Actuarial Memorandum 2012.pdf		

	Item Status:	Status Date:
Satisfied - Item: Standard Exhibit 1 - General Information		
Comments:		
Attachments: Supplemental Exhibit 1 Oxford HNY 2012.pdf Supplemental Exhibit 1 Oxford HNY 2012 REDACTED.pdf		

	Item Status:	Status Date:
Satisfied - Item: Standard Exhibit 2 - FOIL Exemption Request		
Comments:		
Attachments:		

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 Project Name/Number: /

Supplemental Exhibit 2 Oxford HNY 2012.pdf
 Supplemental Exhibit 2 Oxford HNY 2012 REDACTED.pdf
 FOIL Statement of Necessity.pdf

Item Status: **Status**
Date:

Satisfied - Item: Standard Exhibit 3 - Narrative
 Summary

Comments:

Attachments:

Supplemental Exhibit 3 Oxford HNY 2012.pdf
 2012 Oxford HNY Narrative Summary.pdf
 2012 Oxford HNY Narrative Summary REDACTED.pdf

Item Status: **Status**
Date:

Satisfied - Item: Standard Exhibit 4 - Summary of
 Proposed Percentage Rate
 Changes

Comments:

Attachments:

Supplemental Exhibit 4 Oxford HNY 2012.pdf
 Supplemental Exhibit 4 Oxford HNY 2012.xls
 Supplemental Exhibit 4 Oxford HNY 2012 REDACTED.pdf
 Supplemental Exhibit 4 Oxford HNY 2012 REDACTED.xls

Item Status: **Status**
Date:

Satisfied - Item: Standard Exhibit 5 - Distribution of
 Contracts Affected by Proposed
 Rate Adjustments

Comments:

Attachments:

Supplemental Exhibit 5 Oxford HNY 2012.pdf
 Supplemental Exhibit 5 Oxford HNY 2012.xls

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 Hospital/Surgical/Medical Expense Expense
 Product Name: Oxford Healthy NY CY 2012
 Project Name/Number: /

Supplemental Exhibit 5 Oxford HNY 2012 REDACTED.pdf
 Supplemental Exhibit 5 Oxford HNY 2012 REDACTED.xls

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 6 - Summary of Policy Form and Product Changes

Comments:

Attachment:

Supplemental Exhibit 6 Oxford HNY 2012.pdf

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 7 - Historical Data

Comments:

Attachments:

Supplemental Exhibit 7 Oxford HNY 2012.pdf
 Supplemental Exhibit 7 Oxford HNY 2012.xls
 Supplemental Exhibit 7 Oxford HNY 2012 REDACTED.pdf
 Supplemental Exhibit 7 Oxford HNY 2012 REDACTED.xls

Item Status: **Status Date:**

Satisfied - Item: Initial Notice of Proposed Rate Adjustment

Comments:

Attachments:

2012 Oxford Healthy NY Small Group - Initial Notice.pdf
 2012 Oxford Healthy NY Small Subscriber - Initial Notice.pdf
 2012 Oxford Healthy NY SoleP & Individual Subscriber - Initial Notice.pdf

Item Status: **Status Date:**

Satisfied - Item: Final Notice of Proposed Rate

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 TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense
 Product Name: Oxford Healthy NY CY 2012
 Project Name/Number: / Adjustment

Comments:

Attachments:

2012 Oxford Healthy NY Small Group - Second Notice.pdf
 2012 Oxford Healthy NY Small Subscriber - Second Notice.pdf
 2012 Oxford Healthy NY SoleP & Individual Subscriber - Second Notice.pdf

Item Status: **Status Date:**

Satisfied - Item: Cover Letter

Comments:

Attachment:

Cover Letter_HNY_2012.pdf

Item Status: **Status Date:**

Satisfied - Item: TOC

Comments:

Attachment:

Table of Contents.pdf

Item Status: **Status Date:**

Satisfied - Item: Exhibits IV-V

Comments:

Attachments:

Exhibit IV - Oxford HNY Rate Development 2012.pdf
 Exhibit V - HNY Standardized Premium.pdf

Item Status: **Status Date:**

Satisfied - Item: Rate Manual

Comments:

Attachments:

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 Hospital/Surgical/Medical Expense Expense
 Product Name: Oxford Healthy NY CY 2012
 Project Name/Number: /
 Oxford HNY Rate Manual 2012.pdf
 Oxford HNY Rate Manual 2012 REDACTED.pdf

Item Status: **Status Date:**

Satisfied - Item: Objection Letter Response

Comments:

Attachment:

OHP HNY 2012 Objection Response final.pdf

Item Status: **Status Date:**

Satisfied - Item: Commission Amendment

Comments:

Attachments:

2 Cover Letter_HNY_2012 Commissions.pdf

5 Oxford HNY Actuarial Memorandum 2012 UPDATE.pdf

Item Status: **Status Date:**

Satisfied - Item: Approved Rate Documents

Comments:

Attachments:

6 Oxford HNY Rate Manual 2012 Approved.pdf

Cover letter Oxford HNY 2012 Resubmit.pdf

2012 Oxford Healthy NY Small Group - Second Notice.pdf

2012 Oxford Healthy NY Small Subscriber - Second Notice.pdf

2012 Oxford Healthy NY SoleP & Individual Subscriber - Second Notice.pdf

NEW YORK INSURANCE DEPARTMENT

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

As of 5/24/2011

Use this Checklist for all rate adjustment filings submitted pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law. One of the following two SERFF filing type codes must be used to properly denote such a filing. A rate submission with the wrong filing type code will be rejected and will need to be resubmitted with the correct filing type code.

Rate Adjustment Pursuant to Section 3231(e)(1): This filing type is used for Article 42 insurers that are submitting a rate adjustment only filing for a hospital and/or medical coverage (including Medicare Supplemental insurance) for small groups and individuals under the Section 3231(e)(1) prior approval process. This filing type cannot be used for form filings, initial rate filings, or by Article 43 Corporations or Health Maintenance Organizations (HMOs).

Rate Adjustment Pursuant to Section 4308(c): This filing type is used for Article 43 Corporations and HMOs that are submitting a rate adjustment only filing for any policy form that uses a community rating structure as described in Section 4317(a) of the Insurance Law. This includes hospital and/or medical policy forms, or separate stand-alone dental policy forms, that are not required to be community rated but for which the corporation voluntarily community rates as described in Section 4317(a) of the Insurance Law. This also includes the HMO portion of large group Point of Service business where an approved experience rating formula is not used. This filing code cannot be used for form filings, initial rate filings, or by commercial insurers.

A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) can include an expansion of an existing rate table to include new benefit options (such as rates for additional copays or deductibles) provided that: (a) the already approved contract language includes the new benefit options being added, (b) the actuarial memorandum clearly identifies the new benefit options being added and provides appropriate actuarial support for the new rates, and (c) approved contract language pages and the Department's approval letter are included with the rate filing documenting that the benefit options being added are included in the already approved contract language. No Section 3231(e)(1) or Section 4308(c) rate adjustment filing can include rates that require contract language approval where such approval has not already been received.

A change to existing rating region differentials is a rate adjustment filing pursuant to Section 3231(e)(1) or Section 4308(c). A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) cannot reflect an expansion to a new service area. A service area expansion, and the rate applicable to that new service area, must be submitted as a separate rate filing using the "Normal Pre-Approval" SERFF filing type code. A Section 3231(e)(1) or Section 4308(c) filing cannot be used to withdraw from a service area.

If a company wishes to eliminate some of its approved benefit options included in the current rate manual, this cannot be done pursuant to a Section 3231(e)(1) or Section 4308(c) rate adjustment application. Such elimination is to be implemented by submitting a form and rate filing using the "Normal Pre-Approval" SERFF filing type code and the filing is to include a revised statement of variables for the benefit options that are available along with revised rate manual pages reflecting the revised benefit options.

A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) cannot 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. Once a new rate has been approved (for a new policy form or for a revision to an existing policy form), such new rate can be incorporated into the next Section 3231(e)(1) or Section 4308(c) rate adjustment filing.

The "Normal Pre-Approval" SERFF filing type code triggers the traditional Department review (generally by the Albany Health Bureau unit) and would be used for all form and rate filings, form only filings, experience rating formula filings, or commercial insurer rate only filings other than filings submitted pursuant to Section 3231(e)(1), or Article 43 Corporation and HMO rate only filings other than filings submitted pursuant to Section 4308(c). The "Normal Pre-Approval" SERFF filing type

NEW YORK INSURANCE DEPARTMENT

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

code would also be used for old individual medical policy forms that are not community rated. Rate revisions for products subject to Section 3231(e)(1) or 4308(c) incorporated into a form and rate filing that adjusts an existing policy form for a change in benefit language can only reflect rate changes due to the benefit revision and can not reflect any adjustment for experience or trend. A “Normal Pre-Approval” SERFF type filing for a product subject to Section 3231(e)(1) or 4308(c) can not include rolling rate tables that extend beyond the period included in the most recent approved or pending Section 3231(e)(1) or Section 4308(c) rate adjustment submission (for example, the last rate adjustment submission included quarterly rolling rate tables for each calendar quarter of 2011; a benefit revision is submitted January 2011 to be effective July 1, 2011; this form and rate filing can include rolling rate tables for third and fourth quarter 2011, but not beyond fourth quarter 2011).

New or revised commission schedules or broker fee schedules must first be placed on file using a rate filing with a “Normal Pre-Approval” SERFF filing type code. Once the new or revised schedule has been placed on file, any rate impact can be included with the next Section 3231(e)(1) or Section 4308(c) rate adjustment filing and the change and its impact on the premium rates is to be discussed in the actuarial memorandum.

It is recommended that a Section 3231(e)(1) or Section 4308(c) rate filing application be submitted at least 150 days before the proposed effective date, however, in determining how far in advance to submit such a rate filing, the company should consider: the time needed to load final rates into its computer system; produce the final rate notice, which is to be sent at least 60 days before the scheduled rate change effective date of the renewal cohort; the 60 days the Department has to review the material; and the time the clock may be stopped while the company responds to issues raised by the Department about the rate filing.

It is recommended that a rate adjustment submission not be submitted more than 180 days prior to the proposed rate effective date. It is recommended that a rate adjustment submission not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing. If a company can not send the required final notice at least 60 days in advance of the rate change date for a particular renewal cohort, then the rate change implementation date for such renewal cohort will need to be deferred. Contract terms will dictate whether the rate change can be deferred to a later implementation date for that renewal cohort (e.g., for the July 2012 renewal cohort, deferring the rate change to August 2012, while retaining the next rate change date as July 2013), or deferring implementation of the newly approved rates to a later renewal cohort (e.g., assuming quarterly rolling rates are used: renewing the July 2012 renewal cohort using the previously approved second quarter 2012 rate tables, and implementing the newly approved rates with the August 2012 renewal cohort).

Each attachment to the rate adjustment application must be compatible with the following software: Microsoft Word 2003, Microsoft Excel 2003, or Adobe Acrobat 9.

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
DEFINITIONS		<ul style="list-style-type: none"> a. Company refers to the licensed entity providing the insurance coverage reflected in the rate adjustment 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 Supplemental. 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. Incurred claims <u>includes</u> the impact of the Standard Direct Pay and Healthy New York stop loss pools, Regulation 146 (11 NYCRR 361), covered 	

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		<p>lives assessments, and the HCRA surcharge. Incurred claims do not include any administrative expenses. Earned premiums <u>do not include</u> any adjustment for assessments or taxes.</p> <p>d. Market segment refers to large group, small group, sole proprietor, direct pay, Healthy New York, Medicare Supplemental, etc.</p> <p>e. Product street name refers to the product name as advertised to consumers, and the product name which consumers are most likely to use when communicating with the Department.</p> <p>f. Rate applicability period refers to the length of time in which the rates in a rate table are assumed to remain in effect.</p> <p>(i) Example 1: A non-rolling rate table is developed to be effective January 1, 2012 and is expected to be revised January 1, 2013. The rate applicability period for this table is January 1, 2012 through December 31, 2012.</p> <p>(ii) Example 2: A quarterly rolling rate table is developed for issues and renewals in January – March 2012 and incorporates a 12 month rate guarantee period. The rate applicability period for this table is February 15, 2012 (mid renewal date) through February 14, 2013. If all policyholders must have a first of the month effective date, then the rate applicability period would be considered as February 1, 2012 through January 31, 2013.</p> <p>g. 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, reflecting rate increases exclusive of rate changes due to contract language changes (i.e., excluding rate changes due to benefit revisions or members migrating to different plan designs since the impact of such changes would be automatically reflected in the earned premiums and incurred claims once such a change becomes effective).</p> <p>(i) Example: The rate filing is to implement quarterly rolling rate tables applicable to the 3rd and 4th quarters 2011 and 1st and 2nd quarters 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 level. If the 2nd quarter 2011 rate table included a 2% increase due to the addition of a new benefit that is being added to all policyholders at renewal, the standardization for periods prior to April 1, 2011 would not reflect this 2% increase since the incurred claims for this earlier period did not reflect this additional benefit.</p> <p>(ii) Example: An insurance company uses a quarterly rolling rate structure and has been raising rates 4% each quarter as of the beginning of a new quarter. The first quarter 2010 rate for plan design A is \$100, the first quarter 2011 rate is \$116.99, and the second quarter 2011 rate is \$121.67. These increases reflect</p>	
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Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

		<p>no revision to the underlying covered benefits. The second quarter 2011 rate table is the standard rate level. Contract X was paying \$100 per month for January-December 2010. At renewal January 1, 2011, the premium was scheduled to increase to \$116.99 but a change to plan design B occurred that reduced the premium by 5% to \$111.14 for January 2011 and later. The second quarter 2011 rate for plan design A is \$121.67 and the second quarter 2011 rate for plan design B is \$115.58 (\$121.67 x 0.95). The earned premium for this contract for each month from January through December 2010 is standardized to the second quarter 2011 level by adjusting by 121.67/100.00, and the January 2011 earned premium is standardized to the second quarter 2011 level by adjusting by 115.58/111.14.</p>	
<p>ROLLING RATE STRUCTURE</p>		<ul style="list-style-type: none"> 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). 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. 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>CHANGES TO PREVIOUSLY APPROVED RATE TABLES</p>		<ul style="list-style-type: none"> a. Beginning with rate adjustment filings that include rate tables to be effective January 1, 2012 or later, the rate adjustment filing must include all community rated policy forms within a given market segment (such as all small group products) whether or not a premium rate adjustment is requested for a particular product or rider in that market segment. All entities within the same holding company system are to submit filings for a given market segment at the same time; the filings can be submitted under different SERFF filings, but all the applicable filings must be submitted within a total of seven calendar days. b. A company can revise a previously approved non-rolling rate table provided that: <ul style="list-style-type: none"> (i) The proposed effective date of the rate table is at least 12 months after the effective date of the current rate table; or (ii) The proposed effective date of the rate table is at least 6 months after the effective date of the current rate table, the contract language permits revising the rate table in accordance with such rate filing, and all policyholders that received a final 60 day notice about the approved rates from the previously approved rate adjustment filing have also received the rate change approved from the previously approved rate adjustment filing. c. 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) 	

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		<p>the first two quarterly rate tables, or the first six monthly rate tables, included in the previously approved rate adjustment filing are not revised, and (iii) policyholders in the renewal cohort(s) affected by the change to the previously approved rate tables did not receive a final 60 day notice informing them of the approved rates from the previously approved rate adjustment filing. The revised rate adjustment filing must include a year’s worth of rates as discussed in the “Rolling Rate Structure” section above. (Example: A rolling rate filing was submitted and approved that included quarterly rolling rate tables for 1st, 2nd, 3rd and 4th quarter of 2011. The company can not revise the 1st and 2nd quarter 2011 rate tables, but if the indicated criteria is met, can submit a new prior approval rate filing that includes rolling rates for 3rd and 4th quarter 2011 and 1st and 2nd quarter 2012.) The Department may waive these requirements if the company can demonstrate to the Superintendent’s satisfaction that the solvency of the corporation is threatened.</p>	
<p>STANDARD EXHIBITS 1 - 7</p>	<p>Introduction</p>	<p>Exhibits 1 through 7 must be submitted as part of each rate adjustment application. For some of the exhibits the format is defined, while for other exhibits the format is illustrative and the company will need to tailor the material included for the specific rate submission.</p>	
<p>Exhibit 1</p>		<p>General information about the rate adjustment submission.</p> <ol style="list-style-type: none"> a. The format for this exhibit is fixed. Fill in the various information fields; the information being requested is indicated on the exhibit. b. For Type of Insurer, select from the drop down list (HMO, Article 42, Article 43) or make an entry. c. For “For Profit” or “Non Profit” click on the applicable box and a check mark will appear. d. Item D – the “new rate effective date” must be a realistic implementation date given the review time allowed the Department and the requirement of the 60 day final rate notice. This date would usually be the first date the proposed rates would affect renewing policyholders. So a 1/1/2012 effective date would imply that the first renewal cohort affected by the rate submission would be January 2012. e. Item F.1 – a rate adjustment filing that also includes rate adjustments for unapproved contract language changes will be rejected. f. This exhibit may be submitted as an Adobe PDF file or as an Excel file. 	<p>Standard Exhibit 1</p>
<p>Exhibit 2</p>		<p>FOIL Exemption Request.</p> <ol style="list-style-type: none"> a. A request that the Department exempt from public disclosure any information included in this rate submission, pursuant to New York Public Officers Law Section 87(2)(d) (the “Trade Secret/Competitive Injury Exemption”), must be made by completing this exhibit. b. A request that the Department apply the Trade Secret/Competitive Injury 	<p>Standard Exhibit 2</p>

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		<p>Exemption to any information contained in this submission that is not included in this exhibit may not be honored by the Department.</p> <p>c. 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 the original rate filing was submitted.</p> <p>d. The exhibit format is illustrative but the company must include the information indicated in sections A, B, C, D and E. The exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file.</p> <p>e. Enter in section A the insurer information requested.</p> <p>f. Enter in section B the information requested regarding the FOIL contact person at the company.</p> <p>g. Enter in section C the list of documents, exhibits and attachments separately, including the file names of the computer files that are included with the application. Indicate with an asterisk (*) those documents that the company believes contains information subject to the Trade Secret/Competitive Injury Exemption. Any document without an asterisk will be deemed to be a public document.</p> <p>h. Enter in section D the 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.</p> <p>i. Enter in section E the statement of necessity. 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:</p> <ul style="list-style-type: none"> (i) identifies the specific parts of the submission for which the Company believes the Trade Secret/Competitive Injury Exemption should be applied; (ii) specifies the reasons why the submission, or parts thereof, should be exempt from disclosure pursuant to the Trade Secret/Competitive Injury Exemption; and (iii) where applicable, indicates where redactions would suffice to protect the exempt information. 	
Exhibit 3		<p>Narrative Summary.</p> <p>a. The format of the exhibit is illustrative, but must include the required material. The</p>	Standard Exhibit 3

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		<p>exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file.</p> <ul style="list-style-type: none">b. The narrative summary is to explain the reason(s) for the proposed rate adjustment. The purpose of the narrative summary is to provide a written explanation to the company’s policyholders and subscribers to help them understand why a rate increase is needed.c. The narrative summary will be a public document.d. It is suggested that once reviewed by the Department, the company post the narrative summary on its website. Any changes to the narrative summary subsequent to the posting are to be submitted to the Department.e. The narrative summary should include, but not be limited to, the following information:<ul style="list-style-type: none">(i) The name of the company submitting the rate adjustment request, the NAIC code number for the company, and the SERFF number for the rate application.(ii) A summary of the proposed rate adjustments. This can be a range as long as the range is consistent with the range(s) stated in the initial notice to policyholders for the various products and rating regions. A range can be no wider than five percentage points.(iii) A description of which policyholders are affected by this rate adjustment application. The rate adjustment may only affect policyholders in a certain 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 from period mm/dd/yyyy – mm/dd/yyyy).(iv) The effective date of the proposed rate adjustments and an indication of when the rate change would affect policyholders. Examples:<ul style="list-style-type: none">(a) Non guaranteed rate structure: all policyholders will receive the rate adjustment on mm/dd/yyyy.(b) 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.(v) The number of policyholders and members affected by the proposed rate adjustments. This can be aggregated across all market segments and products included in the rate adjustment submission.(vi) An explanation, in plan language, as to why it is necessary to request such rate change(s). 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. <p>Each page of the narrative summary should be numbered (i.e., [page] of [pages]).</p>	
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<p>Exhibit 4</p>		<p>Summary of Proposed Percentage Rate Change to Existing Rate.</p> <ul style="list-style-type: none"> a. The information to be shown in this exhibit pertains to the market segments and products included in the rate adjustment submission. b. This exhibit must be submitted as an Excel file even if it is also submitted as an Adobe PDF file. The format of the exhibit is essentially fixed, but additional rows can be inserted as needed or additional tabs for several such exhibits can be added to the workbook. c. This exhibit is to summarize the proposed percentage rate changes. The percentage rate change is the percentage change from the rate the subscriber is currently paying (or currently scheduled to be paying at the next rate change date for changes already approved or deemed approved by a prior rate application and which are not being revised by the current rate application) to the proposed rate that this subscriber would be paying at the subscriber’s next rate change date according to the new rate application. Example 1: the rate structure is quarterly rolling rates, has a 12 month rate guarantee period, and the rate adjustment application is for second quarter 2012 issues and renewals. The rate change would be the percentage change from the second quarter 2011 rates to proposed second quarter 2012 rates. Example 2: the rate application includes quarterly rolling rates for each quarter of calendar year 2012. The prior rate application included quarterly rolling rates for each quarter of 2011. Rates include a 12 month rate guarantee period. The current rate application is submitted July 2011 before all the third and fourth quarter 2011 renewals have taken place. The proposed percentage change for fourth quarter 2012 would be the change from the fourth quarter 2011 rates to the proposed fourth quarter 2012 rates. d. If the subscriber will need to change to a different plan design at renewal (i.e., a required change from the current plan design whether mandated by a government entity or not, but not due to the discontinuation of the current policy form or discontinuation of a particular plan design), a supplement to Exhibit 4 is to be included. The supplemental exhibit is to indicate (i) a high level summary of the difference in covered benefits and cost sharing between the current and replacement plan, and (ii) the estimated pricing percentage change due solely to the difference in the plan designs between the replacement plan and the existing plan. This supplemental exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file. e. The weighted averages may be based on membership instead of premium volume. f. The values entered in Sections A and B should follow the organization of the rate manual. If the drug rate is included with the rates in the medical rate table, the combined result is entered in Section A. If the drug rate is a separate rate table associated with a drug rider, then the medical changes are shown in Section A and 	<p>Standard Exhibit 4</p>
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		<p>the drug rider changes are shown in Section B.</p> <p>g. Section A summarizes the proposed changes for the base medical rate tables and excludes the impact of all optional riders. The lowest and highest values indicate for a given market segment, region, policy form, product combination the lowest percentage change that applies to a renewing subscriber/contract holder and the highest percentage change that applies to a renewing subscriber/contract holder. This difference could be due to different percentage changes proposed by rating tier or by plan design within a particular product. Example: The rate adjustment application is only for small group PPO and within this product there are only two product designs. The proposed rate changes for design A are: employee only = 10%, employee+child(ren) = 8%, employee+spouse = 13% and employee+family = 11%. The proposed rate change for design B are: employee only = 9%, employee+child(ren) = 7%, employee+spouse = 12% and employee+family = 10%. The lowest change proposed is 7% and the highest change proposed is 13%. The weighted average change would reflect the distribution of contracts by plan design and rating tier.</p> <p>h. Section B summarizes the proposed changes just for the traditional drug riders. <u>Exclude</u> minor drug related riders such as a rider to include oral contraceptives. All the drug riders available with a given base medical product can be aggregated into one row. Example 1: Drug riders D1 to D99 are available with the PPO product. The proposed changes on the drug riders vary from 10% to 16%. There would be one row for the PPO policy form/product. The lowest change proposed is 10% and the highest change proposed is 16%. The weighted average change would reflect the distribution of contracts by plan design and rating tier. Example 2: As in Example 1, but drug riders HD1-HD19 are available with the HSA high deductible PPO product. There would be another row for the high deductible PPO policy form/product indicating the lowest, highest, and weighted average changes among the HD1-HD19 drug riders.</p> <p>i. A separate exhibit should be completed for each market segment. If the percentage rate change for sole proprietor is different from small group, then a separate market segment of sole proprietor is to be reported.</p> <p>j. Where rate changes differ by rating region within a market segment, separate exhibits are to be submitted by market segment/rating region combination.</p> <p>k. Separate information should be submitted for each rolling rate table of a rolling rate structure. For example: if a calendar quarterly rolling rate structure is used and the rate adjustment filing includes proposed rate tables for first, second, third and fourth quarters 2012, separate information should be submitted for section A and section B for the impact of the first quarter 2012 rate changes, the impact of the second quarter 2012 rate changes, the impact of the third quarter 2012 rate</p>	
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		<p>changes, and the impact of the fourth quarter 2012 rate changes.</p>	
<p>Exhibit 5</p>		<p>Distribution of Contracts Affected by the Proposed Rate Adjustments.</p> <ol style="list-style-type: none"> a. This exhibit must be submitted as an Excel file even if it is also submitted as an Adobe PDF file. The format of the exhibit is essentially fixed, but the company can edit the worksheet to add more rows or tabs as needed. b. The information to be shown in this exhibit pertains to the market segments and products included in the rate adjustment submission. c. This exhibit indicates the distribution of the proposed rate changes for each market segment, rating region and product, as well as the weighted average rate change impact for that segment/region/product combination. If the same percentage rate change applies to each rating region, then a separate break out by rating region is not necessary and the results can be shown for all rating regions combined. d. The distribution basis can be by number of contracts or by number of members. The same basis is to be used for all products within a given rate adjustment submission. The company should indicate the distribution basis used (number of contracts or number of members). The weighted averages can be calculated using the distribution basis chosen instead of on premium volume. e. The percentage rate change reflects the expected change in premium rate that would apply to that subscriber/contract holder on that subscriber/contract holder's next rate change date according to the new rate application. This would reflect the percentage rate change from the rate the contract holder is currently paying (or currently scheduled to be paying at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application) to the proposed rate that this contract holder would be paying at the contract holder's next rate change date according to the new rate application. The rate change reflects the impact of the base medical plans and all riders applicable to that contract. f. Enter in section A the information for the various products that do not use a rolling rate structure. g. Enter in section B the information for the various products that use a rolling rate structure. Separate exhibits are to be prepared and submitted for each rolling rate cohort. For example, if the rate submission is for quarterly rolling rate tables for first, second, third and fourth quarter 2012, then separate section B information would be entered for each of these four quarters. The distribution shown for a particular quarter would reflect only those policyholders renewing in that particular quarter. 	
<p>Exhibit 6</p>		<p>Summary of Policy Form and Product Changes.</p> <ol style="list-style-type: none"> a. This exhibit summarizes all rate changes filed pursuant to sections of the New 	<p>Standard Exhibit 6</p>

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		<p>York Insurance Law other than Section 3231(e)(1) or Section 4308(c) that impact the policyholders affected by this rate adjustment submission and which affect the percentage changes shown on Exhibits 4 or 5.</p> <p>b. The format of the exhibit is essentially fixed. Extend the worksheet to add more rows as needed. This exhibit must be submitted as a Word document file or an Excel file, even if it is submitted as an Adobe PDF file.</p> <p>c. In section A, list all rate filings that have been approved since the prior Section 3231(e)(1) or Section 4308(c) rate filing that impact the percentage rate change of the policyholders affected by this rate adjustment submission. The actuarial memorandum should include a brief description of such changes, when the changes were implemented, and the impact on the rate changes in Exhibits 4 and 5.</p> <p>d. In section B, list all rate filings currently pending with the Department that if approved would impact the percentage rate change of the policyholders affected by this rate adjustment submission. This includes any pending request to discontinue a policy form, product, or plan design option.</p> <p>e. In section C, list any “file and use” rate submissions which impact the rate tables in this filing. If the current rates were implemented by a file and use rate filing, and these current rates are being revised with this Section 3231(e)(1) or Section 4308(c) rate filing, or if the percentage changes reported in Exhibits 4 or 5 are impacted by a file and use filing, then list the applicable file and use rate filing(s).</p>	
<p>Exhibit 7</p>		<p>Historical Data by Each Policy Form Included in the Rate Adjustment Filing (formerly the Summary Template).</p> <p>a. This exhibit must be submitted as an Excel file even if it is also submitted as an Adobe PDF file. The format of the exhibit is fixed; add more columns to the right as needed; copy to additional tabs in the Excel workbook as needed to create additional exhibits.</p> <p>b. A separate exhibit is to be submitted for each rating pool (i.e., permitted aggregation of base medical policy forms). Create additional tabs as needed. Data is to be submitted for each base medical policy form included in the rate adjustment filing even if no rate adjustment is proposed for that base medical policy form.</p> <p>c. Indicate the company name, the NAIC code number for that entity, and the SERFF filing number for the applicable rate filing in the spaces indicated.</p> <p>d. Indicate for each base medical policy form the form number, the product name as in the rate manual, and the street product name. Also indicate the other base medical policy forms this form is aggregated with for rate setting. Add additional columns as needed. Add a rightmost column with aggregate values for the entire rating pool (for the appropriate rows). Refer to Section 360.11(a)-(b) of Regulation 145 (11 NYCRR 360) for the requirements to aggregate substantially similar</p>	<p>Standard Exhibit 7</p>

Oxford Health Plans (NY), Inc.
Healthy NY
Proposed Rates Effective January 1, 2012

	<u>Estimated Percent of Premium</u>	
Inpatient	25.2%	} Medical Costs 90.0%
Outpatient	16.8%	
Physician	38.5%	
Capitations / Other	11.2%	
Rx	11.1%	
HCRA *	3.6%	
GME **	3.2%	
Reg 146/Stop Loss	-19.6%	
Premium & MTA Tax	1.9%	
Section 332 Assessments	0.8%	
Federal Income Tax	0.0%	} Expenses 11.2%
State Income Tax	0.0%	
Admin Costs	7.0%	
Commissions	1.5%	
Post Tax Profit	-1.2%	
Total	100.0%	
Direct Medical/Rx Costs	102.8%	
Taxes/Assessments	-10.1%	
Admin Costs	7.0%	
Commissions	1.5%	
Post Tax Profit	-1.2%	

* HCRA = Health Care Reform Act (Hospital Surcharge)

** GME = Graduate Medical Expense

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		<p>policy forms for small group policy forms and for individual policy forms.</p> <p>e. Indicate for each base medical policy form if the policy form aggregation has changed from the previous rate filing. If yes, the actuarial memorandum must include an explanation of 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>f. 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.</p> <p>g. 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.)</p> <p>h. The weighted average rate change percentage proposed (from the rate currently charged the policyholder [or currently scheduled to be charged at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application] to the proposed rate to be charged to 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 the 1st, 2nd, 3rd, and 4th quarters of 2012. Rates are for a 12 month period. Indicate the average rate change percentage from the 1st quarter of 2011 rate tables to the 1st quarter 2012 rate tables.)</p> <p>i. For the number of policyholders affected and the number of covered lives affected, indicate the effect 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). For group business, “policyholders” is referring to the number of groups, not the number of subscribers or contracts.</p> <p>j. The expected loss ratio is the loss ratio incorporated into the proposed rate tables for each base medical policy form (and the entire rating pool) and 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 expected loss ratio incorporated into the rate tables of the first rolling rate period of the rolling rate structure.</p> <p>k. 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>	
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		<ul style="list-style-type: none"> (i) Each experience period is to be for 12 months (or shorter if a new form). (ii) The ending date of the recent experience period cannot 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, 2012. The recent experience period cannot have an ending date earlier than June 30, 2011, i.e., 12 months prior to July 1, 2012.). (iii) The prior period is the immediately prior 12 month experience period (or shorter period if a new form). (iv) 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. The actuarial memorandum is to provide a clear description of how these incurred claims were developed for each experience period and how many months of claim run-out were reflected in the development of the incurred claims. l. 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. m. The actuarial memorandum is to include a clear description of how the standardized earned premiums for each experience period were developed from the earned premiums for the applicable experience period, and include documentation and supporting exhibits showing how the standardized premiums were developed for each experience period. A numerical example illustrating the development methodology is to be included as part of the actuarial memorandum. The same standard rate level is used for both of the experience periods. n. If the rating differential between the New York rating regions is being revised with this rate filing, separate versions of Exhibit 7 are to be included for each rating region, each permitted aggregation of rating regions, and for all rating regions combined. 	
ACTUARIAL MEMORANDUM	11NYCRR 52.40(a)(1)	Actuarial qualifications: <ul style="list-style-type: none"> 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. 	Actuarial Memorandum/ Actuarial Certification
Justification of Rates	§3231(e) §4308(c) 11NYCRR 52.40 11NYCRR 52.42 (HMOs) 11NYCRR 52.45 11NYCRR 59.5(b)	<ul style="list-style-type: none"> a. Description of proposed changes in rates, including the following: <ul style="list-style-type: none"> (i) The member weighted average proposed percentage change over the current rates charged to each renewal cohort of policyholders for each base medical policy form, including the impact of all associated riders available to that policy form (or currently scheduled to be charged at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application). This is to be 	A. Actuarial Memorandum/Actuarial Certification (Exhibits I, II) B. na C. Actuarial Memorandum/Actuarial Certification (Exhibit I)

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	<p>11NYCRR 360.11</p>	<p>shown for each non-rolling rate table and/or each rolling rate table included in the rate filing. (The percentage change is comparable to the percentage change developed for Exhibit 5.) Include comparable information for percentage 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 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.) The proposed percentage change between each succeeding rolling rate table is also to be indicated.</p> <p>(iii) For the 24 month period prior to the effective date of the earliest rate table included in the rate adjustment submission, indicate the aggregate (medical plus riders) percentage change between the successive non-rolling rate tables. For a rolling rate structure, indicate the aggregate (medical plus riders) percentage change between each of the successive rolling rate tables (e.g., for a quarterly rolling rate structure, the percentage change between each of the successive quarterly rate tables).</p> <p>(iv) The percentage change due to any change in the expected loss ratio incorporated into the proposed rate tables from the prior rate filing for such base medical policy form or rider. Indicate the expected loss ratio incorporated into the current rate tables, the expected loss ratio incorporated into the proposed rate tables, the impact on the percentage change in items (i) and (ii) above due to this revision in the expected loss ratio, and the reason(s) and justification for the change in the pricing expected loss ratio.</p> <p>(v) The percentage change due to any change to the tier structure relationships included in this rate filing and the impact of such change on the percentage changes in items (i) and (ii) above. Include justification for such changes.</p> <p>(vi) 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, and the impact of such change on the percentage changes in items (i) and (ii) above. Include justification for such changes.</p> <p>(vii) The percentage change due to variance in the prior incurred claim cost per member per month estimate and the impact of such variance on the percentage</p>	<p>D. Actuarial Memorandum/Actuarial Certification (Exhibit IV)</p> <p>E. Actuarial Memorandum/Actuarial Certification (Exhibit IV)</p> <p>F. Actuarial Memorandum/Actuarial Certification (Exhibit IV)</p> <p>G. Actuarial Memorandum/Actuarial Certification (Exhibit IV)</p> <p>H. na</p> <p>I. na</p> <p>J. na</p> <p>K. Actuarial Memorandum/Actuarial Certification (Memorandum)</p>
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		<p>changes in items (i) and (ii) above. Discuss the reasons contributing to this variance and include an exhibit showing how this variance and the percentage impact of this variance were developed.</p> <p>(viii) 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. If the composition of any rating region is being changed with this filing, indicate (a) the current and proposed composition of the affected rating regions, (b) the percentage change impact on each of the affected rating regions, and (c) justification for the proposed change in the rating region composition.</p> <p>b. If new benefit options are being added to an existing rate table (such as additional copays or deductibles): (a) clearly indicate the additions being made, (b) include in the actuarial memorandum, a statement that the already approved contract language includes the new benefit options being added, (c) provide appropriate actuarial justification for the additional rating factors, and (d) submit a copy of the approved contract language pages and a copy of the Department’s approval letter and clearly indicate how the approved contract language covers the new benefit options being added to the existing rate table.</p> <p>c. Include the following:</p> <p>(i) For each non-rolling rate table: the current rate for each rating tier, the proposed rate for each rating tier, 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 submission.</p> <p>(ii) For each rolling rate table: the current rate for each rating tier, the proposed rate for each rating tier, 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 submission. (Example: the rate submission includes new rate tables for third and fourth quarter 2011 and first and second quarter 2012. 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 to the proposed third quarter 2011 rates. Show a similar table for the proposed fourth quarter 2011, and first and second quarter 2012 rates as well.)</p> <p>d. Discuss the standard premium development used in Exhibit 7. See discussion above on Exhibit 7.</p> <p>e. Discuss the source data used to develop the projected incurred claims for the renewal rate applicability period.</p> <p>(i) If the source data is actual claims experience, the experience period is to be at</p>	
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		<p>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.</p> <ul style="list-style-type: none"> (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. Since the NAIC and HHS have adopted for the federal MLR rebate calculation 75,000 life years (900,000 member months) as required for full credibility and less than 1,000 life years (12,000 member months) as non credible, the credibility of the source data should be discussed consistent with these parameters. (iv) Include an exhibit showing the source data and indicate all adjustments made to this source data to develop the projected incurred 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) for each permitted aggregation of policy forms (i.e., rating pool). Provide justification for each such adjustment. <p>f. Indicate the assumed annualized claim trend projection factors used to project the 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) for each product within each permitted policy form aggregation (i.e., rating pool).</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 utilization, unit cost and composite annual trend factors. Discuss the impact and provide justification for any case mix change, intensity of service change, population/demographic 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>g. Provide an actuarial justification of the proposed rate changes for each base medical policy form and each rider form, or permitted aggregation, included in the rate submission.</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 	
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		<p>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.) This demonstration must clearly show how the proposed rate change was developed from the projected source data, current rate level, and expected loss ratio. Provide justification for the percentage change proposed.</p> <p>(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.</p> <p>(iii) Clearly show how the proposed rate development, as applicable, reflects recoveries from the standard direct pay and Healthy New York stop loss pools (New York Insurance Law Sections 4321-a, 4322-a, and 4327), and discuss how the recovery amounts used were developed.</p> <p>(iv) Clearly show how the proposed rate development, as applicable, reflects payments to, or receipts from, the Department Regulation 146 (11 NYCRR 361) and New York Insurance Law Section 3233 marketing stabilization pool. Clearly discuss how the corporation has been complying with 11 NYCRR 361 (Regulation 146), Section 361.6(g), and include in the rate application any new plan pursuant to Section 361.6(g)(2)(i). Such discussion should include an exhibit showing how all monies received from the Regulation 146 pool from calendar years 2007 to date have been used to benefit consumers pursuant to the requirements of Section 361.6(g).</p> <p>h. 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 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 cannot be based on differences due to age, sex, health status or industry among the members selecting the different benefit options.</p> <p>i. 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</p>	
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Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

		<p>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 cannot 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>j. 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>k. Indicate for each permitted policy form aggregation, within each rating region aggregation, the non-claim expense components incorporated into the current premium rates and into the proposed premium rates as a percentage of gross premiums and as \$pmpm. 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) Regulatory authority licenses and fees, including New York State 332 assessment expenses; (ii) Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplemental Health Care Exhibit; (iii) Commissions and broker fees; (iv) Premium taxes; (v) Other administrative expenses; (vi) After-tax underwriting margin (profit/contribution to surplus); (vii) State income taxes (and applicable state income tax rate); (viii) Federal income taxes (and applicable federal income tax rate); (ix) Reduction for net investment income, if any; and (x) Net of the above. <p>Discuss how administrative expenses are allocated to the various market segments and product lines.</p>	
<p>Minimum Loss Ratio Requirements</p>	<p>§3231(e)(1)(B) §4308(c)(3) 11NYCRR52.45(i) 11NYCRR59.5(b)</p>	<p>a. The minimum loss ratio for community rated products, other than the official Medicare Supplemental products, is as specified in Section 3231(e)(1)(B) or 4308(c)(3)(A) of the New York Insurance Law, as amended by Chapter 107 of the Laws of 2010.</p> <p>b. The minimum loss ratio for the official Medicare Supplemental products is:</p> <ul style="list-style-type: none"> (i) Article 43 companies: as specified in Section 4308(c)(3)(B) of the Insurance 	<p>Actuarial Memorandum/ Actuarial Certification (Certification)</p>

NEW YORK INSURANCE DEPARTMENT

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

		<p>Law, as amended by Chapter 107 of the Laws of 2010; and</p> <p>(ii) Article 42 companies: as specified in Section 52.45(i) of Regulation 62 (11 NYCRR 52).</p>	
Actuarial Certification	11NYCRR 52.40(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 incorporated into the proposed rate tables 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 incorporated into the proposed rate tables 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 Memorandum/ Actuarial Certification (Certification)
REVISED RATE MANUAL PAGES	11NYCRR 52.40(e)(2) 11NYCRR 52.45(f) 11NYCRR 59.5(b)	<p>Rate Manual.</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> <p>e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits.</p> <p>f. Description of revised rating classes, factors and discounts, as applicable.</p> <p>g. Examples of rate calculations, i.e., how the rate tables and formulas included in the rate manual are used to calculate the final rate for a given benefit design.</p> <p>h. Commission schedule(s) and fees.</p> <p>i. Underwriting guidelines and/or underwriting manual, to the extent applicable.</p> <p>j. Expected loss ratio(s).</p>	<p>A. Actuarial Memorandum/Actuarial Certification (Table of Contents)</p> <p>B. Actuarial Memorandum/Actuarial Certification (Exhibit I, Memorandum)</p> <p>C. Actuarial Memorandum/Actuarial Certification (Exhibit I)</p> <p>D. Actuarial Memorandum/Actuarial Certification (Exhibit I)</p> <p>E. Actuarial</p>
NOTICES TO POLICYHOLDERS Initial & Final Circular Letter No. XX (2011) Pending	§3231(e)(1)(A) §4308(c)(2)	<p>a. A sample copy of the initial written notice sent to policyholders and subscribers/contract holders of the proposed rate adjustment submitted to the Insurance Department.</p> <p>(i) Section 3231(e)(1) and Section 4308(c) of the New York Insurance Law require that the initial notice be sent on or before the date the rate application is submitted to the Insurance Department.</p> <p>(ii) A range can be used to indicate the rate change provided that the range is no wider than 5 percentage points.</p> <p>(iii) If different notices are used for different products or different rating regions, submit a sample for each such product and/or each such rating region.</p>	<p>A. Initial Notice of Proposed Rate Adjustment</p> <p>B. Final Notice of Proposed Rate Adjustment</p>

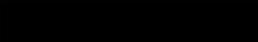
NEW YORK INSURANCE DEPARTMENT

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

		b. A sample copy of the final written notice to be sent to policyholders after the proposed rates are finalized.	
RATE FILINGS THAT ARE SUBJECT TO REVIEW	PPACA §1003	HHS has defined a “rate filing that is subject to review” as any rate filing where the rate increase over the prior 12 months equals or exceeds a stated threshold. For rate filings that HHS has defined to be a “rate filing that is subject to review”, submit a copy of all documentation required to be submitted to HHS for such rate filing.	

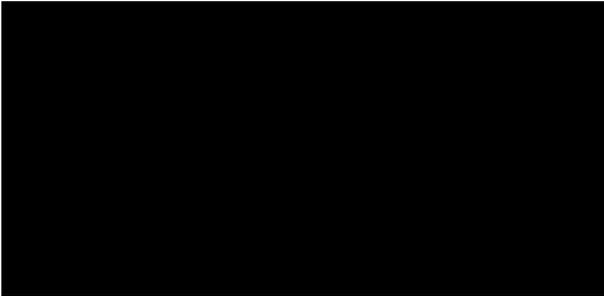
**Oxford Health Plans (NY), Inc.
Prior Approval Rate Application
Healthy New York
January – December 2012**

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 of 90% exceeds 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.



**Oxford Health Plans (NY), Inc.
Healthy New York Small Group and Individual
Actuarial Memorandum**

Introduction

This rate filing addresses development of the Healthy New York rates for effective dates from January 1, 2012 through December 31, 2012. This rate filing is being submitted pursuant to Prior Approval. Rates effective in calendar year 2011 were filed with the Department on September 1, 2010.

Due to federal healthcare reform changes, there are now two versions of the High Deductible and Non High Deductible plans. The grandfathered versions include preventive coverage at cost share. The new versions include 100% preventive coverage. All plans include coverage of dependents to age 26. The preventive care at 100% coverage applies to plans first purchased on or after March 23, 2010.

Rate Adjustments

For each month in 2012, we propose a 32.6% increase over rates for the corresponding effective date in 2011. This increase applies uniformly to all medical and pharmacy rates and to the dependent to age 29 rider. Because the rates were the same for all 2011 effective dates, the requested rates are the same for all 2012 effective dates as well.

Source Data

In order to project future experience on the Healthy New York product, we used claims incurred between February 1, 2010 and January 31, 2011 paid through April 30, 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:

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

As of May 2011, there are 23,453 Healthy New York contracts. The resulting credibility factor using the formula above is 685% thereby exceeding 100% and indicating full credibility.

The projected trend factor is 15.1%. This breaks down into the following components: 6.4% unit cost, 6.8% utilization, and 1.3% trend leveraging.

Rate Development

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

- **Trend:** The rate development assumes projected trend of 15.1% (6.4% unit cost, 6.8% utilization, 1.3% leveraging).
- **Regulation 146:** The Healthy New York market segment is not subject to Regulation 146.
- **Stop Loss:** We have decreased our estimated future recoveries from the Stop Loss Pool due to the continued decrease in reimbursement percentage. The projected Healthy New York Stop Loss recovery amount for the rating period is a receivable of \$77.98 PMPM, or 17.9% of projected claims. This projected PMPM recovery amount is equal to the PMPM receivable for the experience period. The experience period recovery is equal to 23.5% as a percentage of total claims. The projected decrease in the overall funding of the Pool is a significant driver of the required rate increase.
- **Target Loss Ratio:** The rate development assumes a 90% target loss ratio on a combined basis for the Individual, Small Group, and Sole Proprietor products. We have analyzed these on a combined basis in order to maintain the same price for all purchasers. In addition, the combination of the experience results in more credible data.

Please see Exhibit IV for a detailed development of the requested rate increase. We are using claims incurred between February 1, 2010 and January 31, 2011 paid through April 30, 2011 as our base experience period for the projection. The Healthy New York loss ratio for this experience period is 95.4%.

As shown in Exhibit IV, the experience period claims were projected to the rating period by the application of a trend factor. A trend factor of 1.310 is applied reflecting a 15.4% annual trend and 23 months between the endpoint of the experience period (January 31, 2011) and the endpoint of the rating period (December 31, 2012). Note that the Stop Loss dollars from the experience period are removed before the claims are trended.

As aforementioned, the projected Healthy New York Stop Loss receivable for the rating period is \$77.98 PMPM. This negative 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 IV, we calculated the standardized premiums by bringing the earned premiums from the experience period to the 2011 rate level. Please see Exhibit V for this calculation.

The projected loss ratio before application of expected Stop Loss recoveries at the current rate level is 145.3%. Projected Stop Loss recoveries are 17.9% of projected claims. The overall Healthy New York projected loss ratio of 119.3% for the rating period after the application of the projected Stop Loss recoveries is calculated by dividing the projected claims by the standardized premium. The required 2012 rate increase over 2011 rates is

32.6% to target a 90% loss ratio after expected stop-loss recoveries.

We are requesting an increase of 32.6% versus the 2011 rates reflecting a 90% target loss ratio.

Regions

The rates in this filing are applicable to the following counties:

- Bronx
- Dutchess
- Kings (Brooklyn)
- Nassau
- New York (Manhattan)
- Orange
- Putnam
- Queens
- Richmond (Staten Island)
- Rockland
- Suffolk
- Sullivan
- Ulster
- Westchester

Rates are the same for all counties.

Commissions

Commissions are paid at 4% of premium on small group contracts. There is no commission on individual contracts.

Underwriting Guidelines

This product is guaranteed issue, provided that state-defined Healthy New York eligibility criteria are met.

Projected Expense Components

The 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:

Administration	7.0%
Commission	1.8%
Premium Tax / Assessment	2.7%
Total	11.4%
Target Loss Ratio	90.0%
Pre-Tax Profit	-1.4%
State Income Taxes	0.0%
Federal Income Taxes	0.0%
Projected Profit/Contribution to Surplus After Taxes	-1.4%

This reflects a 90% target loss ratio. Projected loss after taxes is 1.4%.

FOIL Protection Requested

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

1. Actuarial Memorandum
2. Exhibit I: Rate Exhibits (since rates will not be released until approximately 60 days prior to the effective dates)
3. Exhibit II: Rate Increase Summary
4. Exhibit IV: Development of Required Rate Increase
5. Exhibit V: Calculation of Standardized Premium
6. Standard Exhibits 1 through 7

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

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>	<u>HMO</u> <small>Type of insurer</small>	<input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non Profit <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> <u>XFRD-127318574</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>Healthy NY</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, Healthy NY policyholders and contract holders with renewal dates in calendar year 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-127318574
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 Table of Contents (Table of Contents.pdf)
- 2 Checklist-Community Rated Medical Renewal Rate Review (HNY 2012 Checklist.pdf)
- 3 * Statement of Necessity (FOIL Statement of Necessity.pdf *)
- 4 * Actuarial Memorandum (Oxford HNY Actuarial Memorandum 2012.pdf *)
- 5 Notice of Proposed Rate Adjustment (2012 Oxford Healthy NY Small Group - Initial Notice.pdf, 2012 Oxford Healthy NY Small Subscriber - Initial Notice.pdf, 2012 Oxford Healthy NY SoleP & Individual Subscriber - Initial Notice.pdf, 2012 Oxford Healthy NY Small Group - Second Notice.pdf, 2012 Oxford Healthy NY Small Subscriber - Second Notice.pdf, 2012 Oxford Healthy NY SoleP & Individual Subscriber - Second Notice.pdf)
- 6 Cover Letter (Cover Letter_HNY_2012.pdf)
- 7 Certification (Certification_HNY_2012.pdf)
- 8 * Section I - Supporting Exhibits (Oxford HNY Rate Manual.pdf *, Exhibit IV - Oxford HNY Rate Development.pdf *, Exhibit V - HNY Standardized Premium.pdf *)
- 9 * Supplemental Exhibits 1-7 (Supplemental Exhibit 1 Oxford HNY 2012.pdf *, Supplemental Exhibit 2 Oxford HNY 2012.pdf *, Supplemental Exhibit 3 Oxford HNY 2012.pdf, Supplemental Exhibit 4 Oxford HNY 2012.xls *, Supplemental Exhibit 4 Oxford HNY 2012.pdf *, Supplemental Exhibit 5 Oxford HNY 2012.xls *, Supplemental Exhibit 5 Oxford HNY 2012.pdf *, Supplemental Exhibit 6 Oxford HNY 2012.pdf, Supplemental Exhibit 7 Oxford HNY 2012.xls *, Supplemental Exhibit 7 Oxford HNY 2012.pdf *)
- 10 * Narrative Summary (2012 Oxford HNY 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 I - Supporting Exhibits (Oxford HNY Rate Manual 2012 REDACTED.pdf)
- 2 * Supplemental Exhibits 1-7 (Supplemental Exhibit 1 Oxford HNY 2012 REDACTED.pdf *, Supplemental Exhibit 2 Oxford HNY 2012 REDACTED.pdf *, Supplemental Exhibit 4 Oxford HNY 2012 REDACTED.xls *, Supplemental Exhibit 4 Oxford HNY 2012 REDACTED.pdf *, Supplemental Exhibit 5 Oxford HNY 2012 REDACTED.xls *, Supplemental Exhibit 5 Oxford HNY 2012 REDACTED.pdf *, Supplemental Exhibit 7 Oxford HNY 2012 REDACTED.xls *, Supplemental Exhibit 7 Oxford HNY 2012 REDACTED.pdf *)
- 3 * Narrative Summary (2012 Oxford HNY 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-127318574

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]).

CONFIDENTIAL – FOIL PROTECTION REQUESTED

Oxford Health Plans (NY), Inc.
Healthy New York Plans
Requested Rate Changes – Effective Calendar Year 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 toward 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 toward 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 health care 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. The new rates will apply to all groups, sole proprietors, or individuals that renew or enroll during the calendar year of 2012.

CHART 1: Impact of Rate Request

Renewal Date	Number of Impacted Subscribers	Estimated Total Trend Increase (Medical and Pharmacy) Over 2011 Premium (%)
January 2012 - December 2012	23,453	32.6%

- 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 participating (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-participating (out-of-network) providers.

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- A significant portion of the requested increase is due to our projection of the reimbursement we will receive from the Healthy New York Stop Loss Pool for 2012. Through the Stop Loss Pool, New York state reimburses carriers for a portion of the medical costs incurred by high cost claimants. The money we receive from the pool subsidizes the claims and, therefore, allows us to charge lower premiums for our Healthy New York products than what we would otherwise charge for the same coverage if there were no pool. While we expect to receive reimbursement from the pool next year, we project that it will be lower than the full requested reimbursement amount, which will decrease the subsidy available. As a result, we are asking for a rate increase for this item that accounts for 27.5% of the 32.6% increase we are requesting.
- 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 Healthy New York product prior to your 2012 renewal, those changes may also impact your final premium rates.

Final Rate Increase

Please be aware that your 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, if applicable, upon renewal.

Oxford Health Plans (NY), Inc.
Healthy New York Plans
Requested Rate Changes – Effective Calendar Year 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 toward 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 toward 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 health care 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. The new rates will apply to all groups, sole proprietors, or individuals that renew or enroll during the calendar year of 2012.

CHART 1: Impact of Rate Request

Renewal Date	Estimated Total Trend Increase (Medical and Pharmacy) Over 2011 Premium (%)
January 2012 - December 2012	32.6%

- 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 participating (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-participating (out-of-network) providers.

- A significant portion of the requested increase is due to our projection of the reimbursement we will receive from the Healthy New York Stop Loss Pool for 2012. Through the Stop Loss Pool, New York state reimburses carriers for a portion of the medical costs incurred by high cost claimants. The money we receive from the pool subsidizes the claims and, therefore, allows us to charge lower premiums for our Healthy New York products than what we would otherwise charge for the same coverage if there were no pool. While we expect to receive reimbursement from the pool next year, we project that it will be lower than the full requested reimbursement amount, which will decrease the subsidy available. As a result, we are asking for a rate increase for this item that accounts for 27.5% of the 32.6% increase we are requesting.
- 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 Healthy New York product prior to your 2012 renewal, those changes may also impact your final premium rates.

Final Rate Increase

Please be aware that your 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, if applicable, 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-127318574
 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: Healthy NY => 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
	Healthy NY	Healthy NY	January - December 2012	32.6%	32.6%	32.6%

* 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: _____ => Provide a list of proposed rate changes for drug riders available with base medical products.

Rating Region: _____ => 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 product.

=> 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		Healthy NY	January - December 2012	32.6%	32.6%	32.6%

EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS

Company Name: Oxford Health Plans (NY), Inc.
 NAIC Code: 95479
 SERFF Tracking #: XFRD-127318574

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 - 12/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	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
	Healthy NY	All	All	32.6%	23,453	0	0	0	0	0	0	0	0	23,453	0	0
Market Segment Total:						0	0	0	0	0	0	0	0	23,453	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

EXHIBIT 6: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

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

NAIC Code: 95479

SERFF Number: XFRD-127318574

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

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

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name:	Oxford Health Plans (NY), Inc
NAIC Code:	95479
SERFF Number:	XFRD-127318574

- A. Complete a separate response for each base medical policy form included in the rate adjustment filing.
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response.
 - Submit a separate exhibit for each rating pool. Create additional tabs for each rating pool as needed.
 - Append additional columns to right of the existing columns (as needed) to include all base medical policy forms included in that rating pool. Add a rightmost column with the aggregate values for that entire rating pool.
- B. 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.
- C. 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).
- D. Note that many cells include a drop down list. Use the drop down list or enter applicable items.
- E. If members, covered lives or member months are not known, use reasonable estimates (note methodology used).
- F. This form must be submitted as an Excel file, even if a version is submitted as a PDF file.

Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
1a. Base medical policy form number	OHP HNY GR APP (04/03)			
1b. Product Name as in Rate Manual	Healthy NY			
1c. Product Street Name as indicated to consumers	Healthy NY			
2. Aggregated for rate development with these base medical policy form numbers	NA			
3. Effective date of rate change (MM/DD/YYYY)	01/01/2012			
4. Market Segment (large group, small group, individual, or sole proprietor) [drop down menu]	Individual			
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 (months) (e.g., 12, for a 12 month rate guarantee period; or 0, if no rate guarantee period.)	12			
10. Weighted average rate change % proposed across base medical policy form from current rate charged policyholder (including all associated riders)	32.6%			

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Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
11. Number of policyholders affected by rate change. For group business this is number of groups.	23,453			
12. Number of covered lives affected by rate change	33,189			
13. Expected NY statewide loss ratio for base medical policy form including associated riders	90.0%			
Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)				
14.1 Beginning Date of the experience period (MM/DD/YYYY)	02/01/2010			
14.2 Ending Date of the experience period (MM/DD/YYYY)	01/31/2011			
14.3 Member months for experience period	335,049			
14.4 Earned premiums for experience period (\$)	89,426,961			
14.5 Standardized earned premiums for experience period (\$)	100,438,416			
14.6 Paid claims for experience period (\$)	79,968,598			
14.7 Incurred claims for experience period (\$)	85,287,422			
14.8 Administrative expenses for experience period (\$) (including commissions and premium taxes, but excluding federal and state income taxes)	10,373,528			
14.9 Earned premiums for experience period (\$mpm)	266.91	0.00	0.00	0.00
14.10 Standardized premiums for experience period (\$mpm)	299.77	0.00	0.00	0.00
14.11 Paid claims for experience period (\$mpm)	238.68	0.00	0.00	0.00
14.12 Incurred claims for experience period (\$mpm)	254.55	0.00	0.00	0.00
14.13 Administrative expenses for experience period (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	30.96	0.00	0.00	0.00
14.14 Ratio: Incurred Claims / Earned Premiums	0.954	0.000	0.000	0.000
14.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.849	0.000	0.000	0.000
14.16 Ratio: Administration Expenses / Earned Premiums	0.116	0.000	0.000	0.000
14.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	1.070	0.000	0.000	0.000
Prior Experience Period (NY statewide experience, base medical policy form + associated riders)				
15.1 Beginning date of the experience period (MM/DD/YYYY)	02/01/2009			
15.2 Ending Date of the experience period (MM/DD/YYYY)	01/31/2010			
15.3 Member months for experience period	244,678			
15.4 Earned premiums for experience period (\$)	63,890,903			
15.5 Standardized earned premiums for experience period (\$)	74,395,295			
15.6 Paid claims for experience period (\$)	49,334,428			
15.7 Incurred claims for experience period (\$)	52,200,044			

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Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
15.8 Administrative expenses for experience period (\$) (including commissions and premium taxes, but excluding federal and state income taxes)	7,603,017			
15.9 Earned premiums for experience period (\$mpm)	261.12	0.00	0.00	0.00
15.10 Standardized premiums for experience period (\$mpm)	304.05	0.00	0.00	0.00
15.11 Paid claims for experience period (\$mpm)	201.63	0.00	0.00	0.00
15.12 Incurred claims for experience period (\$mpm)	213.34	0.00	0.00	0.00
15.13 Administrative expenses for experience period (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	31.07	0.00	0.00	0.00
15.14 Ratio: Incurred Claims / Earned Premiums	0.817	0.000	0.000	0.000
15.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.702	0.000	0.000	0.000
15.16 Ratio: Administrative Expenses / Earned Premiums	0.119	0.000	0.000	0.000
15.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	0.936	0.000	0.000	0.000
Annualized Medical Trend Factors (%)				
16.1 All benefits combined, composite	15.1%			
16.2 Due to utilization	6.8%			
16.3 Due to unit cost	7.8%			
Ratios: Most Recent Experience Period to Prior Period				
17.1 Member months	1.369	0.000	0.000	0.000
17.2 Earned premiums (\$mpm)	1.022	0.000	0.000	0.000
17.3 Standardized premiums (\$mpm)	0.986	0.000	0.000	0.000
17.4 Paid claims (\$mpm)	1.184	0.000	0.000	0.000
17.5 Incurred claims (\$mpm)	1.193	0.000	0.000	0.000
17.6 Administrative expenses (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	0.996	0.000	0.000	0.000
Ratio: Standard Premium to Earned Premium				
18.1 Most Recent Experience Period	1.123	0.000	0.000	0.000
18.2 Prior Experience Period	1.164	0.000	0.000	0.000



<Date>

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

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

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

Thank you for allowing UnitedHealthcare to serve your health benefit plan needs with our Oxford¹ products. We are filing a rate application with the New York State Insurance Department (NYSID) on July 19, 2011 seeking an increase to our Healthy New York rates for groups renewing in calendar year 2012. This notice is being sent to you and your group's employees who are certificate holders based on a requirement in the New York state prior approval law.

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

Renewal Date	Estimated Total Increase Over 2011 Premium (%)
January 2012 – December 2012	32.6%

A significant portion of the requested increase is due to our projection of the reimbursement we will receive from the Healthy New York Stop Loss Pool for 2012. Through the Stop Loss Pool, New York state reimburses carriers for a portion of the medical costs incurred by high cost claimants. The money we receive from the Pool subsidizes the claims and, therefore, allows us to charge lower premiums for our Healthy New York products than what we would otherwise charge for the same coverage if there were no Pool. While we expect to receive reimbursement from the Pool next year, we project that it will be lower than the full requested reimbursement amount, which will decrease the subsidy available. As a result, we are asking for a rate increase for this item that accounts for 27.5% of the 32.6% increase we are requesting.

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.

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 Healthy New York product prior to your 2012 renewal, those changes may also impact your final premium rate.

You have 30 days from the date of our filing to contact the NYSID to request additional information or to submit written comments regarding our rate filing. Written comments should include the insurer and product name. Written comments submitted to the NYSID will be posted to the NYSID's website, with personal identifying information removed. You may submit written comments or requests for information to:

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

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

We have prepared a summary that provides more information about our rate application. This summary will be available on our website, *www.oxfordhealth.com*, within the 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 Healthy New York Small Group plans

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

Thank you for allowing UnitedHealthcare to serve your health benefit plan needs with our Oxford¹ products. We are filing a rate application with the New York State Insurance Department (NYSID) on July 19, 2011 seeking an increase to our Healthy New York 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 Total Increase Over 2011 Premium (%)
January 2012 – December 2012	32.6%

A significant portion of the requested increase is due to our projection of the reimbursement we will receive from the Healthy New York Stop Loss Pool for 2012. Through the Stop Loss Pool, New York state reimburses carriers for a portion of the medical costs incurred by high cost claimants. The money we receive from the Pool subsidizes the claims and, therefore, allows us to charge lower premiums for our Healthy New York products than what we would otherwise charge for the same coverage if there were no Pool. While we expect to receive reimbursement from the Pool next year, we project that it will be lower than the full requested reimbursement amount, which will decrease the subsidy available. As a result, we are asking for a rate increase for this item that accounts for 27.5% of the 32.6% increase we are requesting.

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.

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 Healthy New York product prior to your group's 2012 renewal, those changes may also impact the final premium rate.

You have 30 days from the date of our filing to contact the NYSID to request additional information or to submit written comments regarding our rate filing. Written comments should include the insurer and product name. Written comments submitted to the NYSID will be posted to the NYSID's website, with personal identifying information removed. You may submit written comments or requests for information to:

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

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

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

Thank you for your business.

Sincerely,
Oxford



<Date>

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

Re: Rate Filing for Oxford Healthy New York Sole Proprietor and Individual plans

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

Thank you for allowing UnitedHealthcare to serve your health benefit plan needs with our Oxford¹ products. We are filing a rate application with the New York State Insurance Department (NYSID) on July 19, 2011 seeking an increase to our Healthy New York rates for sole proprietors and individuals renewing in calendar year 2012. This notice is being sent to you as a certificate holder based on a requirement in the New York state prior approval law.

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

Renewal Date	Estimated Total Increase Over 2011 Premium (%)
January 2012 – December 2012	32.6%

A significant portion of the requested increase is due to our projection of the reimbursement we will receive from the Healthy New York Stop Loss Pool for 2012. Through the Stop Loss Pool, New York state reimburses carriers for a portion of the medical costs incurred by high cost claimants. The money we receive from the Pool subsidizes the claims and, therefore, allows us to charge lower premiums for our Healthy New York products than what we would otherwise charge for the same coverage if there were no Pool. While we expect to receive reimbursement from the Pool next year, we project that it will be lower than the full requested reimbursement amount, which will decrease the subsidy available. As a result, we are asking for a rate increase for this item that accounts for 27.5% of the 32.6% increase we are requesting.

Please be aware that your final renewal rate increase for 2012 may be different than the percentages listed above. The Superintendent of Insurance may approve (as requested), modify or deny the proposed rate adjustment. The final rate will include the rate adjustment approved by the NYSID as well as any changes resulting from the benefit plan design chosen.² After rates are approved, you will receive an additional notice with the premium rate adjustment that is ultimately approved by the Superintendent. This notice will be sent at least 60 days before the rate change effective date. Prior to your renewal, you will receive a renewal package with the renewal rates for the benefit plan. You will also be able to choose other plan options at that time.

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 Healthy New York product prior to your 2012 renewal, those changes may also impact the final premium rate.

You have 30 days from the date of our filing to contact the NYSID to request additional information or to submit written comments regarding our rate filing. Written comments should include the insurer and product name. Written comments submitted to the NYSID will be posted to the NYSID's website, with personal identifying information removed. You may submit written comments or requests for information to:

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

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

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

Thank you for your business.

Sincerely,
Oxford



<Date>

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

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

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

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

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

Renewal Date	Estimated Total Increase Over 2011 Medical and Pharmacy Premium (%)
January - December 2012	X%

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

Prior to your group's renewal, you will receive additional renewal materials with your group's final renewal rate. Your group will also be able to choose other plan options at that time.

Thank you for your business.

Sincerely,

Oxford

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

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



<Date>

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

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

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

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

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

Renewal Date	Estimated Total Increase Over 2011 Medical and Pharmacy Premium (%)
January - December 2012	X%

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

Prior to your group's renewal, your group will receive additional renewal materials with your group's final renewal rate. Your group will also be able to choose other plan options at that time.

Thank you for your business.

Sincerely,

Oxford

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

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



<Date>

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

Re: Rate Filing for Oxford Healthy New York Sole Proprietor and Individual plans

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

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

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

Renewal Date	Estimated Total Increase Over 2011 Medical and Pharmacy Premium (%)
January - December 2012	X%

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

Prior to your renewal, you will receive additional renewal materials with your final renewal rate. You will also be able to choose other plan options at that time.

Thank you for your business.

Sincerely,

Oxford

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

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

July 19, 2011

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

**Re: Oxford Health Plans (NY), Inc.
Rate Adjustment Filing for Healthy New York- Effective January 1, 2012**

Forms: OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY no Rx (04/03), OHPNY R HNY S BU 1006, OHPNY R HNY IND BU 1006, OHPNY R IND BU 1006

Dear [REDACTED]

Enclosed please find Oxford Health Plans (NY), Inc.'s rate filing application for January through December 2012 for the above referenced form numbers. This filing addresses Healthy NY rates for Individual and Small Group contracts, both High Deductible and non-High Deductible plans already on file. We are submitting this rate filing subject to Prior Approval, pursuant to Section 4308(c) of the Insurance Law.

Included in the filing are:

- Summary Template
- Actuarial Certification
- Actuarial Memorandum
- Rate Manual
- Sample Notification Letters
- Supporting Exhibits

If you have any questions, please do not hesitate to contact me at [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

July 19, 2011



Oxford Health Plans (NY), Inc.
Healthy New York
Rate Filing January – December 2012

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Oxford Health Insurance, Inc.
Healthy New York
Development of Required 2012 Rate Increase

Experience Period: Incurred 2/2010 - 1/2011 Paid Through 4/2011

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

Total

			<u>Dollars</u>		<u>PMPM</u>	
<u>Member Months</u>						
14.3	(a)	Member Months	335,049			
	(b) = (a) / 12	Average Members	27,921			
<u>Experience Period Claims</u>						
	(c)	Fully Incurred Lag Medical + Rx Claims	\$ 108,147,707		\$ 322.78	
	(d)	Stop Loss*	\$ (26,127,498)		\$ (77.98)	
	(e)	GME	\$ 3,267,214		\$ 9.75	
14.7	(f) = sum(c):(e)	Total Incurred Claims	\$ 85,287,422		\$ 254.55	
<u>Experience Period Premiums</u>						
14.9	(g)	Earned Premiums	\$ 89,426,961		\$ 266.91	
<u>Experience Period Loss Ratios</u>						
14.14	(h) = (f) / (g)	Experience Period Loss Ratio	95.4%		95.4%	
<u>Claim Projection</u>						
	(i) = (f) - (e)	Incurred Claims Net of Stop Loss	\$ 111,414,920		\$ 332.53	
16.1	(j)	Annualized Trend	15.1%		15.2%	
	(k)	Months of Trend	23		23	
	(l) = [1+(j)]^[k]/12]	Trend Factor	1.310		1.310	
	(m) = (i) * (l)	Projected Claims Net of Stop Loss	\$ 145,946,691		\$ 435.60	
	(n)	Projected Stop Loss for Rating Period	\$ (26,127,498)		\$ (77.98)	
	(o) = (m) + (n)	Projected Claims Including Stop Loss	\$ 119,819,193		\$ 357.62	
<u>Premium & Loss Ratio Projection</u>						
14.10	(p)	Standardized Premiums **	\$ 100,438,416		\$ 299.77	
	(q) = (o) / (p)	Projected Loss Ratio **	119.3%		119.3%	
	(r)	Target Loss Ratio	90.0%		90.0%	
	(s) = (q)/(r)-1	Required Q1-12 / Q4-11 Rate Change	32.6%		32.6%	
	(t)	Proposed Q1-12 / Q4-11 Rate Change	32.6%		32.6%	

* Stop Loss Actual 2010

** At 2011 rate level

**United HealthCare Northeast - Oxford
Individual Healthy New York**

Standardized Premium Calculation

Effective Month Year	Time Period for Premium Data in column (A)	Earned Premium 2/2009 - 1/2010 A	Filed Rate Increase to 2011 Level * B	2/2009 - 1/2010 Standardized Premium C = A x (1+B)
March 2008	2/2009	\$ 434,809	24.9%	\$ 542,968
April 2008	2/2009 - 3/2009	\$ 279,031	24.9%	\$ 348,440
May 2008	2/2009 - 4/2009	\$ 386,396	24.9%	\$ 482,512
June 2008	2/2009 - 5/2009	\$ 649,783	24.9%	\$ 811,416
July 2008	2/2009 - 6/2009	\$ 649,449	24.9%	\$ 811,000
August 2008	2/2009 - 7/2009	\$ 838,820	24.9%	\$ 1,047,477
September 2008	2/2009 - 8/2009	\$ 1,266,337	24.9%	\$ 1,581,339
October 2008	2/2009 - 9/2009	\$ 2,304,116	24.9%	\$ 2,877,265
November 2008	2/2009 - 10/2009	\$ 1,495,236	24.9%	\$ 1,867,176
December 2008	2/2009 - 11/2009	\$ 2,036,208	24.9%	\$ 2,542,715
January 2009	2/2009 - 12/2009	\$ 4,166,783	12.5%	\$ 4,687,631
February 2009	2/2009 - 1/2010	\$ 2,427,053	12.5%	\$ 2,730,435
March 2009	3/2009 - 1/2010	\$ 2,360,901	12.5%	\$ 2,656,014
April 2009	4/2009 - 1/2010	\$ 2,207,066	12.5%	\$ 2,482,949
May 2009	5/2009 - 1/2010	\$ 1,811,570	12.5%	\$ 2,038,016
June 2009	6/2009 - 1/2010	\$ 2,030,299	12.5%	\$ 2,284,086
July 2009	7/2009 - 1/2010	\$ 1,582,564	12.5%	\$ 1,780,384
August 2009	8/2009 - 1/2010	\$ 1,300,674	12.5%	\$ 1,463,258
September 2009	9/2009 - 1/2010	\$ 1,355,697	12.5%	\$ 1,525,159
October 2009	10/2009 - 1/2010	\$ 1,474,129	12.5%	\$ 1,658,395
November 2009	11/2009 - 1/2010	\$ 822,185	12.5%	\$ 924,958
December 2009	12/2009 - 1/2010	\$ 675,412	12.5%	\$ 759,839
January 2010	1/2010	\$ 495,213	12.5%	\$ 557,115
Total		\$ 33,049,731		\$ 38,460,545

* Rate increases, excluding reform impacts, are as follows:
 2009 / 2008 11.0%
 2010 / 2009 0.0%
 2011 / 2010 12.5%

**United HealthCare Northeast - Oxford
Individual Healthy New York**

Standardized Premium Calculation

Effective Month Year	Time Period for Premium Data in column (A)	Earned Premium 2/2010 - 1/2011 A	Filed Rate Increase to 2011 Level * B	2/2010 - 1/2011 Standardized Premium C = A x (1+B)
March 2009	2/2010	\$ 179,165	12.5%	\$ 201,560
April 2009	2/2010 - 3/2010	\$ 368,309	12.5%	\$ 414,347
May 2009	2/2010 - 4/2010	\$ 504,227	12.5%	\$ 567,255
June 2009	2/2010 - 5/2010	\$ 838,633	12.5%	\$ 943,462
July 2009	2/2010 - 6/2010	\$ 936,292	12.5%	\$ 1,053,328
August 2009	2/2010 - 7/2010	\$ 1,114,429	12.5%	\$ 1,253,733
September 2009	2/2010 - 8/2010	\$ 1,603,876	12.5%	\$ 1,804,361
October 2009	2/2010 - 9/2010	\$ 2,505,411	12.5%	\$ 2,818,587
November 2009	2/2010 - 10/2010	\$ 2,069,851	12.5%	\$ 2,328,582
December 2009	2/2010 - 11/2010	\$ 2,795,691	12.5%	\$ 3,145,152
January 2010	2/2010 - 12/2010	\$ 4,658,825	12.5%	\$ 5,241,178
February 2010	2/2010 - 1/2011	\$ 3,129,855	12.5%	\$ 3,521,086
March 2010	3/2010 - 1/2011	\$ 3,135,882	12.5%	\$ 3,527,867
April 2010	4/2010 - 1/2011	\$ 2,706,404	12.5%	\$ 3,044,705
May 2010	5/2010 - 1/2011	\$ 2,164,478	12.5%	\$ 2,435,038
June 2010	6/2010 - 1/2011	\$ 2,371,872	12.5%	\$ 2,668,356
July 2010	7/2010 - 1/2011	\$ 2,002,912	12.5%	\$ 2,253,276
August 2010	8/2010 - 1/2011	\$ 1,776,256	12.5%	\$ 1,998,288
September 2010	9/2010 - 1/2011	\$ 1,968,956	12.5%	\$ 2,215,076
October 2010	10/2010 - 1/2011	\$ 1,789,942	12.5%	\$ 2,013,685
November 2010	11/2010 - 1/2011	\$ 1,203,541	12.5%	\$ 1,353,984
December 2010	12/2010 - 1/2011	\$ 877,017	12.5%	\$ 986,644
January 2011	1/2011	\$ 662,768	0.0%	\$ 662,768
Total		\$ 41,364,589		\$ 46,452,317

* Rate increases, excluding reform impacts, are as follows:
 2010 / 2009 0.0%
 2011 / 2010 12.5%

**United HealthCare Northeast - Oxford
Small Group Healthy New York**

Standardized Premium Calculation

Effective Month Year	Time Period for Premium Data in column (A)	Earned Premium 2/2009 - 1/2010 A	Filed Rate Increase to 2011 Level * B	2/2009 - 1/2010 Standardized Premium C = A x (1+B)
March 2008	2/2009	\$ 123,428	24.9%	\$ 154,130
April 2008	2/2009 - 3/2009	\$ 224,297	24.9%	\$ 280,091
May 2008	2/2009 - 4/2009	\$ 398,163	24.9%	\$ 497,206
June 2008	2/2009 - 5/2009	\$ 580,947	24.9%	\$ 725,458
July 2008	2/2009 - 6/2009	\$ 595,022	24.9%	\$ 743,033
August 2008	2/2009 - 7/2009	\$ 730,700	24.9%	\$ 912,462
September 2008	2/2009 - 8/2009	\$ 938,190	24.9%	\$ 1,171,565
October 2008	2/2009 - 9/2009	\$ 1,379,558	24.9%	\$ 1,722,723
November 2008	2/2009 - 10/2009	\$ 1,315,537	24.9%	\$ 1,642,777
December 2008	2/2009 - 11/2009	\$ 1,828,206	24.9%	\$ 2,282,972
January 2009	2/2009 - 12/2009	\$ 2,417,888	12.5%	\$ 2,720,124
February 2009	2/2009 - 1/2010	\$ 1,986,620	12.5%	\$ 2,234,947
March 2009	3/2009 - 1/2010	\$ 1,756,730	12.5%	\$ 1,976,321
April 2009	4/2009 - 1/2010	\$ 1,498,320	12.5%	\$ 1,685,610
May 2009	5/2009 - 1/2010	\$ 1,684,761	12.5%	\$ 1,895,356
June 2009	6/2009 - 1/2010	\$ 1,554,817	12.5%	\$ 1,749,169
July 2009	7/2009 - 1/2010	\$ 1,173,583	12.5%	\$ 1,320,281
August 2009	8/2009 - 1/2010	\$ 937,719	12.5%	\$ 1,054,934
September 2009	9/2009 - 1/2010	\$ 941,727	12.5%	\$ 1,059,443
October 2009	10/2009 - 1/2010	\$ 906,473	12.5%	\$ 1,019,782
November 2009	11/2009 - 1/2010	\$ 577,204	12.5%	\$ 649,355
December 2009	12/2009 - 1/2010	\$ 502,080	12.5%	\$ 564,840
January 2010	1/2010	\$ 495,213	12.5%	\$ 557,115
Total		\$ 24,547,184		\$ 28,619,695

* Rate increases, excluding reform impacts, are as follows:
 2009 / 2008 11.0%
 2010 / 2009 0.0%
 2011 / 2010 12.5%

**United HealthCare Northeast - Oxford
Small Group Healthy New York**

Standardized Premium Calculation

Effective Month Year	Time Period for Premium Data in column (A)	Earned Premium 2/2010 - 1/2011 A	Filed Rate Increase to 2011 Level * B	2/2010 - 1/2011 Standardized Premium C = A x (1+B)
March 2009	2/2010	\$ 153,952	12.5%	\$ 173,196
April 2009	2/2010 - 3/2010	\$ 289,779	12.5%	\$ 326,002
May 2009	2/2010 - 4/2010	\$ 540,065	12.5%	\$ 607,573
June 2009	2/2010 - 5/2010	\$ 762,742	12.5%	\$ 858,085
July 2009	2/2010 - 6/2010	\$ 853,775	12.5%	\$ 960,497
August 2009	2/2010 - 7/2010	\$ 891,157	12.5%	\$ 1,002,552
September 2009	2/2010 - 8/2010	\$ 1,363,362	12.5%	\$ 1,533,782
October 2009	2/2010 - 9/2010	\$ 1,764,614	12.5%	\$ 1,985,191
November 2009	2/2010 - 10/2010	\$ 1,658,171	12.5%	\$ 1,865,442
December 2009	2/2010 - 11/2010	\$ 2,528,008	12.5%	\$ 2,844,009
January 2010	2/2010 - 12/2010	\$ 3,417,731	12.5%	\$ 3,844,947
February 2010	2/2010 - 1/2011	\$ 2,949,923	12.5%	\$ 3,318,664
March 2010	3/2010 - 1/2011	\$ 2,830,010	12.5%	\$ 3,183,761
April 2010	4/2010 - 1/2011	\$ 4,852,708	12.5%	\$ 5,459,297
May 2010	5/2010 - 1/2011	\$ 2,697,828	12.5%	\$ 3,035,057
June 2010	6/2010 - 1/2011	\$ 2,936,463	12.5%	\$ 3,303,521
July 2010	7/2010 - 1/2011	\$ 2,324,145	12.5%	\$ 2,614,663
August 2010	8/2010 - 1/2011	\$ 1,713,154	12.5%	\$ 1,927,298
September 2010	9/2010 - 1/2011	\$ 1,670,889	12.5%	\$ 1,879,750
October 2010	10/2010 - 1/2011	\$ 1,419,856	12.5%	\$ 1,597,338
November 2010	11/2010 - 1/2011	\$ 1,158,453	12.5%	\$ 1,303,259
December 2010	12/2010 - 1/2011	\$ 980,282	12.5%	\$ 1,102,818
January 2011	1/2011	\$ 551,223	0.0%	\$ 551,223
Total		\$ 40,308,292		\$ 45,277,926

* Rate increases, excluding reform impacts, are as follows:
 2010 / 2009 0.0%
 2011 / 2010 12.5%

**United HealthCare Northeast - Oxford
Sole Proprietor Healthy New York**

Standardized Premium Calculation

Effective Month Year	Time Period for Premium Data in column (A)	Earned Premium 2/2009 - 1/2010 A	Filed Rate Increase to 2011 Level * B	2/2009 - 1/2010 Standardized Premium C = A x (1+B)
March 2008	2/2009	\$ 28,341	24.9%	\$ 35,391
April 2008	2/2009 - 3/2009	\$ 64,558	24.9%	\$ 80,616
May 2008	2/2009 - 4/2009	\$ 117,534	24.9%	\$ 146,770
June 2008	2/2009 - 5/2009	\$ 174,062	24.9%	\$ 217,360
July 2008	2/2009 - 6/2009	\$ 150,506	24.9%	\$ 187,944
August 2008	2/2009 - 7/2009	\$ 186,028	24.9%	\$ 232,302
September 2008	2/2009 - 8/2009	\$ 247,899	24.9%	\$ 309,563
October 2008	2/2009 - 9/2009	\$ 320,627	24.9%	\$ 400,383
November 2008	2/2009 - 10/2009	\$ 277,256	24.9%	\$ 346,224
December 2008	2/2009 - 11/2009	\$ 326,669	24.9%	\$ 407,928
January 2009	2/2009 - 12/2009	\$ 716,231	12.5%	\$ 805,760
February 2009	2/2009 - 1/2010	\$ 440,716	12.5%	\$ 495,805
March 2009	3/2009 - 1/2010	\$ 517,291	12.5%	\$ 581,953
April 2009	4/2009 - 1/2010	\$ 432,400	12.5%	\$ 486,450
May 2009	5/2009 - 1/2010	\$ 479,254	12.5%	\$ 539,161
June 2009	6/2009 - 1/2010	\$ 442,441	12.5%	\$ 497,746
July 2009	7/2009 - 1/2010	\$ 338,747	12.5%	\$ 381,090
August 2009	8/2009 - 1/2010	\$ 267,205	12.5%	\$ 300,606
September 2009	9/2009 - 1/2010	\$ 252,300	12.5%	\$ 283,838
October 2009	10/2009 - 1/2010	\$ 201,139	12.5%	\$ 226,282
November 2009	11/2009 - 1/2010	\$ 141,159	12.5%	\$ 158,804
December 2009	12/2009 - 1/2010	\$ 93,921	12.5%	\$ 105,661
January 2010	1/2010	\$ 77,705	12.5%	\$ 87,418
Total		\$ 6,293,988		\$ 7,315,055

* Rate increases, excluding reform impacts, are as follows:
 2009 / 2008 11.0%
 2010 / 2009 0.0%
 2011 / 2010 12.5%

**United HealthCare Northeast - Oxford
Sole Proprietor Healthy New York**

Standardized Premium Calculation

Effective Month Year	Time Period for Premium Data in column (A)	Earned Premium 2/2010 - 1/2011 A	Filed Rate Increase to 2011 Level * B	2/2010 - 1/2011 Standardized Premium C = A x (1+B)
March 2009	2/2010	\$ 41,395	12.5%	\$ 46,569
April 2009	2/2010 - 3/2010	\$ 76,274	12.5%	\$ 85,808
May 2009	2/2010 - 4/2010	\$ 144,670	12.5%	\$ 162,754
June 2009	2/2010 - 5/2010	\$ 196,594	12.5%	\$ 221,169
July 2009	2/2010 - 6/2010	\$ 209,557	12.5%	\$ 235,752
August 2009	2/2010 - 7/2010	\$ 240,089	12.5%	\$ 270,100
September 2009	2/2010 - 8/2010	\$ 322,713	12.5%	\$ 363,052
October 2009	2/2010 - 9/2010	\$ 375,247	12.5%	\$ 422,153
November 2009	2/2010 - 10/2010	\$ 382,729	12.5%	\$ 430,570
December 2009	2/2010 - 11/2010	\$ 418,318	12.5%	\$ 470,608
January 2010	2/2010 - 12/2010	\$ 761,949	12.5%	\$ 857,193
February 2010	2/2010 - 1/2011	\$ 484,686	12.5%	\$ 545,272
March 2010	3/2010 - 1/2011	\$ 667,502	12.5%	\$ 750,940
April 2010	4/2010 - 1/2011	\$ 473,681	12.5%	\$ 532,891
May 2010	5/2010 - 1/2011	\$ 569,773	12.5%	\$ 640,994
June 2010	6/2010 - 1/2011	\$ 556,713	12.5%	\$ 626,302
July 2010	7/2010 - 1/2011	\$ 381,415	12.5%	\$ 429,092
August 2010	8/2010 - 1/2011	\$ 364,865	12.5%	\$ 410,473
September 2010	9/2010 - 1/2011	\$ 358,824	12.5%	\$ 403,677
October 2010	10/2010 - 1/2011	\$ 248,800	12.5%	\$ 279,900
November 2010	11/2010 - 1/2011	\$ 202,640	12.5%	\$ 227,970
December 2010	12/2010 - 1/2011	\$ 154,308	12.5%	\$ 173,596
January 2011	1/2011	\$ 121,336	0.0%	\$ 121,336
Total		\$ 7,754,080		\$ 8,708,173

* Rate increases, excluding reform impacts, are as follows:
 2010 / 2009 0.0%
 2011 / 2010 12.5%

**United HealthCare Northeast - Oxford
Combined Healthy New York**

Standardized Premium Calculation

Effective Month Year	Time Period for Premium Data in column (A)	Earned Premium 2/2010 - 1/2011 A	Filed Rate Increase to 2011 Level * B	2/2010 - 1/2011 Standardized Premium C = A x (1+B)
March 2009	2/2010	\$ 374,512	12.5%	\$ 421,326
April 2009	2/2010 - 3/2010	\$ 734,362	12.5%	\$ 826,157
May 2009	2/2010 - 4/2010	\$ 1,188,962	12.5%	\$ 1,337,582
June 2009	2/2010 - 5/2010	\$ 1,797,970	12.5%	\$ 2,022,716
July 2009	2/2010 - 6/2010	\$ 1,999,624	12.5%	\$ 2,249,577
August 2009	2/2010 - 7/2010	\$ 2,245,675	12.5%	\$ 2,526,384
September 2009	2/2010 - 8/2010	\$ 3,289,951	12.5%	\$ 3,701,195
October 2009	2/2010 - 9/2010	\$ 4,645,272	12.5%	\$ 5,225,931
November 2009	2/2010 - 10/2010	\$ 4,110,751	12.5%	\$ 4,624,595
December 2009	2/2010 - 11/2010	\$ 5,742,017	12.5%	\$ 6,459,769
January 2010	2/2010 - 12/2010	\$ 8,838,505	12.5%	\$ 9,943,318
February 2010	2/2010 - 1/2011	\$ 6,564,464	12.5%	\$ 7,385,022
March 2010	3/2010 - 1/2011	\$ 6,633,394	12.5%	\$ 7,462,568
April 2010	4/2010 - 1/2011	\$ 8,032,794	12.5%	\$ 9,036,893
May 2010	5/2010 - 1/2011	\$ 5,432,079	12.5%	\$ 6,111,089
June 2010	6/2010 - 1/2011	\$ 5,865,049	12.5%	\$ 6,598,180
July 2010	7/2010 - 1/2011	\$ 4,708,472	12.5%	\$ 5,297,030
August 2010	8/2010 - 1/2011	\$ 3,854,275	12.5%	\$ 4,336,059
September 2010	9/2010 - 1/2011	\$ 3,998,669	12.5%	\$ 4,498,503
October 2010	10/2010 - 1/2011	\$ 3,458,598	12.5%	\$ 3,890,923
November 2010	11/2010 - 1/2011	\$ 2,564,634	12.5%	\$ 2,885,213
December 2010	12/2010 - 1/2011	\$ 2,011,607	12.5%	\$ 2,263,058
January 2011	1/2011	\$ 1,335,327	0.0%	\$ 1,335,327
Total		\$ 89,426,961		\$ 100,438,416

* Rate increases, excluding reform impacts, are as follows:
 2010 / 2009 0.0%
 2011 / 2010 12.5%

**United HealthCare Northeast - Oxford
Combined Healthy New York**

Standardized Premium Calculation

Effective Month Year	Time Period for Premium Data in column (A)	Earned Premium 2/2009 - 1/2010 A	Filed Rate Increase to 2011 Level * B	2/2009 - 1/2010 Standardized Premium C = A x (1+B)
March 2008	2/2009	\$ 586,578	24.9%	\$ 732,489
April 2008	2/2009 - 3/2009	\$ 567,885	24.9%	\$ 709,147
May 2008	2/2009 - 4/2009	\$ 902,093	24.9%	\$ 1,126,488
June 2008	2/2009 - 5/2009	\$ 1,404,792	24.9%	\$ 1,754,234
July 2008	2/2009 - 6/2009	\$ 1,394,977	24.9%	\$ 1,741,977
August 2008	2/2009 - 7/2009	\$ 1,755,548	24.9%	\$ 2,192,240
September 2008	2/2009 - 8/2009	\$ 2,452,426	24.9%	\$ 3,062,467
October 2008	2/2009 - 9/2009	\$ 4,004,301	24.9%	\$ 5,000,371
November 2008	2/2009 - 10/2009	\$ 3,088,030	24.9%	\$ 3,856,177
December 2008	2/2009 - 11/2009	\$ 4,191,083	24.9%	\$ 5,233,615
January 2009	2/2009 - 12/2009	\$ 7,300,902	12.5%	\$ 8,213,515
February 2009	2/2009 - 1/2010	\$ 4,854,389	12.5%	\$ 5,461,187
March 2009	3/2009 - 1/2010	\$ 4,634,922	12.5%	\$ 5,214,287
April 2009	4/2009 - 1/2010	\$ 4,137,786	12.5%	\$ 4,655,009
May 2009	5/2009 - 1/2010	\$ 3,975,585	12.5%	\$ 4,472,533
June 2009	6/2009 - 1/2010	\$ 4,027,556	12.5%	\$ 4,531,001
July 2009	7/2009 - 1/2010	\$ 3,094,893	12.5%	\$ 3,481,755
August 2009	8/2009 - 1/2010	\$ 2,505,599	12.5%	\$ 2,818,798
September 2009	9/2009 - 1/2010	\$ 2,549,724	12.5%	\$ 2,868,440
October 2009	10/2009 - 1/2010	\$ 2,581,741	12.5%	\$ 2,904,459
November 2009	11/2009 - 1/2010	\$ 1,540,548	12.5%	\$ 1,733,117
December 2009	12/2009 - 1/2010	\$ 1,271,413	12.5%	\$ 1,430,340
January 2010	1/2010	\$ 1,068,132	12.5%	\$ 1,201,648
Total		\$ 63,890,903		\$ 74,395,295

* Rate increases, excluding reform impacts, are as follows:
 2009 / 2008 11.0%
 2010 / 2009 0.0%
 2011 / 2010 12.5%

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK SMALL GROUPS
CURRENT (NON HIGH DEDUCTIBLE) PLAN
100% Preventive Coverage
All Counties**

PROPOSED PREMIUM RATES- rates will apply in each respective month to all groups, regardless of effective date of the group

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33
Parent/Child(ren)	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09
Couple	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53
Family	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07
Without Rx												
Individual	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54
Parent/Child(ren)	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54
Couple	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79
Family	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76
Rider: Dependent Coverage to Age 29												
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK SMALL GROUPS
CURRENT (NON HIGH DEDUCTIBLE) PLAN
100% Preventive Coverage
All Counties**

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17
Parent/Child(ren)	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62
Couple	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37
Family	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79
Without Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02
Parent/Child(ren)	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55
Couple	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63
Family	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09
Rider: Dependent Coverage to Age 29												
<i>with Rx</i>	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20
<i>without Rx</i>	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK SMALL GROUPS
CURRENT (NON HIGH DEDUCTIBLE) PLAN
100% Preventive Coverage
All Counties**

PREMIUM INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16
Parent/Child(ren)	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47
Couple	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16
Family	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28
Without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52
Parent/Child(ren)	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99
Couple	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16
Family	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67
Rider: Dependent Coverage to Age 29												
<i>with Rx</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31
<i>without Rx</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK SMALL GROUPS
CURRENT (NON HIGH DEDUCTIBLE) PLAN
100% Preventive Coverage
All Counties**

PERCENT PREMIUM INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Rider: Dependent Coverage to Age 29	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
<i>with Rx</i>												
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
<i>without Rx</i>												
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK INDIVIDUALS**

**CURRENT (NON HIGH DEDUCTIBLE) PLAN
100% Preventive Coverage
All Counties**

PROPOSED PREMIUM RATES- rates will apply in each respective month to all groups, regardless of effective date of the group

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33	\$ 464.33
Parent/Child(ren)	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09	\$ 910.09
Couple	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53	\$ 1,021.53
Family	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07	\$ 1,509.07
No Rx												
Individual	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54	\$ 388.54
Parent/Child(ren)	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54	\$ 761.54
Couple	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79	\$ 854.79
Family	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76	\$ 1,262.76
Rider: Dependent Coverage to Age 29												
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06	\$ 139.06
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51	\$ 143.51
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36	\$ 116.36
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09	\$ 120.09

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK INDIVIDUALS**

**CURRENT (NON HIGH DEDUCTIBLE) PLAN
100% Preventive Coverage
All Counties**

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17	\$ 350.17
Parent/Child(ren)	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62	\$ 686.62
Husband/Wife	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37	\$ 770.37
Family	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79	\$ 1,137.79

No Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02	\$ 293.02
Parent/Child(ren)	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55	\$ 574.55
Husband/Wife	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63	\$ 644.63
Family	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09	\$ 952.09

Rider: Dependent Coverage to Age 29

with Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92	\$ 104.92
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20	\$ 108.20

without Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79	\$ 87.79
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54	\$ 90.54

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK INDIVIDUALS**

**CURRENT (NON HIGH DEDUCTIBLE) PLAN
100% Preventive Coverage
All Counties**

PREMIUM INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16	\$ 114.16
Parent/Child(ren)	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47	\$ 223.47
Couple	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16	\$ 251.16
Family	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28	\$ 371.28

Without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52	\$ 95.52
Parent/Child(ren)	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99	\$ 186.99
Couple	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16	\$ 210.16
Family	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67	\$ 310.67

Rider: Dependent Coverage to Age 29

<i>with Rx</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14	\$ 34.14
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31	\$ 35.31

<i>without Rx</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57	\$ 28.57
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55	\$ 29.55

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK INDIVIDUALS**

**CURRENT (NON HIGH DEDUCTIBLE) PLAN
100% Preventive Coverage
All Counties**

PERCENT PREMIUM INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Rider: Dependent Coverage to Age 29												
<i>with Rx</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
<i>without Rx</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK SMALL GROUPS
CURRENT (NON HIGH DEDUCTIBLE) PLAN
Preventive Cost share (renewal only)
All Counties**

PROPOSED PREMIUM RATES- rates will apply in each respective month to all groups, regardless of effective date of the group

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00
Parent/Child(ren)	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52
Couple	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40
Family	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50
Without Rx												
Individual	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22
Parent/Child(ren)	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99
Couple	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68
Family	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22
Rider: Dependent Coverage to Age 29												
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK SMALL GROUPS
CURRENT (NON HIGH DEDUCTIBLE) PLAN
Preventive Cost share (renewal only)
All Counties**

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42
Parent/Child(ren)	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19
Couple	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53
Family	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11
Without Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27
Parent/Child(ren)	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12
Couple	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79
Family	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41
Rider: Dependent Coverage to Age 29	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
<i>with Rx</i>	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66
<i>without Rx</i>	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK SMALL GROUPS
CURRENT (NON HIGH DEDUCTIBLE) PLAN
Preventive Cost share (renewal only)
All Counties

PREMIUM INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58
Parent/Child(ren)	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33
Couple	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87
Family	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39
Without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95
Parent/Child(ren)	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87
Couple	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89
Family	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81
Rider: Dependent Coverage to Age 29	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK SMALL GROUPS
CURRENT (NON HIGH DEDUCTIBLE) PLAN
Preventive Cost share (renewal only)
All Counties**

PERCENT PREMIUM INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Rider: Dependent Coverage to Age 29	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
<i>with Rx</i>												
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
<i>without Rx</i>												
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK INDIVIDUALS**

**CURRENT (NON HIGH DEDUCTIBLE) PLAN
Preventive Cost Share (renewal only)
All Counties**

PROPOSED PREMIUM RATES- rates will apply in each respective month to all groups, regardless of effective date of the group

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00	\$ 462.00
Parent/Child(ren)	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52	\$ 905.52
Couple	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40	\$ 1,016.40
Family	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50	\$ 1,501.50
No Rx												
Individual	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22	\$ 386.22
Parent/Child(ren)	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99	\$ 756.99
Couple	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68	\$ 849.68
Family	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22	\$ 1,255.22
Rider: Dependent Coverage to Age 29												
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36	\$ 138.36
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79	\$ 142.79
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67	\$ 115.67
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37	\$ 119.37

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK INDIVIDUALS**

**CURRENT (NON HIGH DEDUCTIBLE) PLAN
Preventive Cost Share (renewal only)
All Counties**

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42	\$ 348.42
Parent/Child(ren)	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19	\$ 683.19
Husband/Wife	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53	\$ 766.53
Family	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11	\$ 1,132.11
No Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27	\$ 291.27
Parent/Child(ren)	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12	\$ 571.12
Husband/Wife	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79	\$ 640.79
Family	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41	\$ 946.41
Rider: Dependent Coverage to Age 29												
with Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39	\$ 104.39
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66	\$ 107.66
without Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27	\$ 87.27
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK INDIVIDUALS**

**CURRENT (NON HIGH DEDUCTIBLE) PLAN
Preventive Cost Share (renewal only)
All Counties**

PREMIUM INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58	\$ 113.58
Parent/Child(ren)	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33	\$ 222.33
Couple	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87	\$ 249.87
Family	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39	\$ 369.39

Without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95	\$ 94.95
Parent/Child(ren)	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87	\$ 185.87
Couple	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89	\$ 208.89
Family	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81	\$ 308.81

Rider: Dependent Coverage to Age 29

<i>with Rx</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97	\$ 33.97
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13	\$ 35.13

<i>without Rx</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40	\$ 28.40
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37	\$ 29.37

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK INDIVIDUALS**

**CURRENT (NON HIGH DEDUCTIBLE) PLAN
Preventive Cost Share (renewal only)
All Counties**

PERCENT PREMIUM INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Rider: Dependent Coverage to Age 29												
<i>with Rx</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
<i>without Rx</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK SMALL GROUPS**

**HIGH DEDUCTIBLE PLAN
100% Preventive Coverage
All Counties**

PROPOSED PREMIUM RATES- rates will apply in each respective month to all groups, regardless of effective date of the group

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21
Parent/Child(ren)	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01
Couple	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46
Family	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68
No Rx												
Individual	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50
Parent/Child(ren)	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90
Couple	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50
Family	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13
Rider: Dependent Coverage to Age 29												
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50

CONFIDENTIAL - FOIL PROTECTION REQUESTED
OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK SMALL GROUPS

HIGH DEDUCTIBLE PLAN
100% Preventive Coverage
All Counties

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65
Parent/Child(ren)	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64
Husband/Wife	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62
Family	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64

No Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13
Parent/Child(ren)	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32
Husband/Wife	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88
Family	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25

Rider: Dependent Coverage to Age 29

with Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94

without Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49

CONFIDENTIAL - FOIL PROTECTION REQUESTED
OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK SMALL GROUPS

HIGH DEDUCTIBLE PLAN
100% Preventive Coverage
All Counties

PREMIUM INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56
Parent/Child(ren)	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37
Couple	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84
Family	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04
Without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37
Parent/Child(ren)	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58
Couple	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62
Family	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88
Rider: Dependent Coverage to Age 29	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK SMALL GROUPS**

**HIGH DEDUCTIBLE PLAN
100% Preventive Coverage
All Counties**

PERCENT PREMIUM INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Rider: Dependent Coverage to Age 29 with Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK INDIVIDUALS**

**HIGH DEDUCTIBLE PLAN
100% Preventive Coverage
All Counties**

PROPOSED PREMIUM RATES- rates will apply in each respective month to all groups, regardless of effective date of the group

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21	\$ 360.21
Parent/Child(ren)	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01	\$ 706.01
Couple	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46	\$ 792.46
Family	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68	\$ 1,170.68
No Rx												
Individual	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50	\$ 302.50
Parent/Child(ren)	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90	\$ 592.90
Couple	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50	\$ 665.50
Family	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13	\$ 983.13
Rider: Dependent Coverage to Age 29												
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88	\$ 107.88
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33	\$ 111.33
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60	\$ 90.60
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50	\$ 93.50

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK INDIVIDUALS**

**HIGH DEDUCTIBLE PLAN
100% Preventive Coverage
All Counties**

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65	\$ 271.65
Parent/Child(ren)	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64	\$ 532.64
Husband/Wife	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62	\$ 597.62
Family	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64	\$ 882.64

No Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13	\$ 228.13
Parent/Child(ren)	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32	\$ 447.32
Husband/Wife	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88	\$ 501.88
Family	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25	\$ 741.25

Rider: Dependent Coverage to Age 29

with Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39	\$ 81.39
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94	\$ 83.94

without Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35	\$ 68.35
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49	\$ 70.49

OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK INDIVIDUALS

HIGH DEDUCTIBLE PLAN
100% Preventive Coverage
All Counties

PREMIUM INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56	\$ 88.56
Parent/Child(ren)	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37	\$ 173.37
Couple	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84	\$ 194.84
Family	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04	\$ 288.04
Without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37	\$ 74.37
Parent/Child(ren)	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58	\$ 145.58
Couple	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62	\$ 163.62
Family	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88	\$ 241.88
Rider: Dependent Coverage to Age 29												
<i>with Rx</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49	\$ 26.49
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39	\$ 27.39
<i>without Rx</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01	\$ 23.01

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK INDIVIDUALS**

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100% Preventive Coverage
All Counties**

PERCENT PREMIUM INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Rider: Dependent Coverage to Age 29 with Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK SMALL GROUPS**

**HIGH DEDUCTIBLE PLAN
100% Preventive Coverage
All Counties**

PROPOSED PREMIUM RATES- rates will apply in each respective month to all groups, regardless of effective date of the group

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40
Parent/Child(ren)	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46
Couple	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48
Family	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80
No Rx												
Individual	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70
Parent/Child(ren)	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37
Couple	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54
Family	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28
Rider: Dependent Coverage to Age 29												
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94

CONFIDENTIAL - FOIL PROTECTION REQUESTED
OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK SMALL GROUPS

HIGH DEDUCTIBLE PLAN
100% Preventive Coverage
All Counties

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29
Parent/Child(ren)	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97
Husband/Wife	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63
Family	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22

No Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77
Parent/Child(ren)	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65
Husband/Wife	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89
Family	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83

Rider: Dependent Coverage to Age 29

with Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52

without Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07

CONFIDENTIAL - FOIL PROTECTION REQUESTED
OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK SMALL GROUPS

HIGH DEDUCTIBLE PLAN
100% Preventive Coverage
All Counties

PREMIUM INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11
Parent/Child(ren)	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49
Couple	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85
Family	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58
Without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93
Parent/Child(ren)	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72
Couple	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65
Family	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45
Rider: Dependent Coverage to Age 29	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK SMALL GROUPS**

**HIGH DEDUCTIBLE PLAN
100% Preventive Coverage
All Counties**

PERCENT PREMIUM INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Rider: Dependent Coverage to Age 29 with Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%

OHP HNY GR APP (04/03), OHP HNY GR CERT (04/03), OHP HNY GR SOB (04/03), NY SM HNY 10/00, NY SM HNY SB 10/00, OHP HNY Rx (04/03), OHP HNY noRx (04/03), OHPNY R HNY HDHP 1006, OHPNY R HYN S BU 1006

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK INDIVIDUALS**

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100% Preventive Coverage
All Counties**

PROPOSED PREMIUM RATES- rates will apply in each respective month to all groups, regardless of effective date of the group

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40	\$ 358.40
Parent/Child(ren)	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46	\$ 702.46
Couple	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48	\$ 788.48
Family	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80	\$ 1,164.80
No Rx												
Individual	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70	\$ 300.70
Parent/Child(ren)	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37	\$ 589.37
Couple	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54	\$ 661.54
Family	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28	\$ 977.28
Rider: Dependent Coverage to Age 29												
<i>with Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34	\$ 107.34
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77	\$ 110.77
<i>without Rx</i>												
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06	\$ 90.06
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94	\$ 92.94

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK INDIVIDUALS**

**HIGH DEDUCTIBLE PLAN
100% Preventive Coverage
All Counties**

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29	\$ 270.29
Parent/Child(ren)	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97	\$ 529.97
Husband/Wife	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63	\$ 594.63
Family	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22	\$ 878.22

No Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77	\$ 226.77
Parent/Child(ren)	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65	\$ 444.65
Husband/Wife	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89	\$ 498.89
Family	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83	\$ 736.83

Rider: Dependent Coverage to Age 29

with Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98	\$ 80.98
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52	\$ 83.52

without Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94	\$ 67.94
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07	\$ 70.07

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK INDIVIDUALS**

**HIGH DEDUCTIBLE PLAN
100% Preventive Coverage
All Counties**

PREMIUM INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11	\$ 88.11
Parent/Child(ren)	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49	\$ 172.49
Couple	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85	\$ 193.85
Family	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58	\$ 286.58
Without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93	\$ 73.93
Parent/Child(ren)	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72	\$ 144.72
Couple	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65	\$ 162.65
Family	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45	\$ 240.45
Rider: Dependent Coverage to Age 29 with Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25
without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child(ren)	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12	\$ 22.12
Couple	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87	\$ 22.87

**OXFORD HEALTH PLANS (NY), INC.
HEALTHY NEW YORK INDIVIDUALS**

**HIGH DEDUCTIBLE PLAN
100% Preventive Coverage
All Counties**

PERCENT PREMIUM INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Parent/Child(ren)	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%	32.5%
Couple	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Rider: Dependent Coverage to Age 29 with Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
without Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	-	-	-	-	-	-	-	-	-	-	-	-
Parent/Child(ren)	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%
Couple	-	-	-	-	-	-	-	-	-	-	-	-
Family	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%	32.6%

Oxford Health Plans (NY), Inc.
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
OHPNY GrpAge29 LS 1109
Dependent to Age 29 Rider

If this rider is purchased, then any dependents who satisfy the "dependent through 29" definition as described in the legal filing will be covered like any other dependent child under the parents' policy.

The rate for this optional "make available" rider is calculated as a percentage of the medical & pharmacy rate on tiers which include dependents. There is no charge for the rider on non-dependent tiers.

<u>Tier</u>	<u>Percent of medical & pharmacy rate</u>
Individual	0.00%
Parent/Child(ren)	15.28%
Couple	0.00%
Family	9.51%

**Oxford Health Plans (NY), Inc.
HEALTHY NEW YORK SMALL GROUP AND INDIVIDUAL**

Rate Calculation & Example

Example: Current plan with Rx, effective 1/1/11

2010 Individual Rate	\$ 350.17
x Trend Adjustment	<u>1.326</u>
= 2011 Individual Rate	\$ 464.33

**x Tier Factors
= Final Rates**

Individual	x 1.00	\$ 464.33
Parent/Child(ren)	x 1.96	\$ 910.09
Couple	x 2.20	\$ 1,021.53
Family	x 3.25	\$ 1,509.07

**Oxford Health Plans (NY), Inc.
HEALTHY NEW YORK SMALL GROUP AND INDIVIDUAL**

	Small Group All Counties	Individual All Counties
<i>Minimum rate change</i>	32.6%	32.6%
<i>Maximum rate change</i>	32.6%	32.6%
<i>Member weighted average rate change</i>	32.6%	32.6%

Oxford Health Plans (NY), Inc.
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS

BENEFIT DESCRIPTIONS

Product Name	Healthy New York HMO Plan	Healthy New York HSA Plan
Healthy New York Standard Product Information Comparison		
Product Code	NYIH-Individual NYPH-Sole Proprietor NYSH-Small Group	NYHT-Individual NYSP-Sole Proprietor NYSW-Small Group
Network	Liberty - Available in all in-area NY counties except Sullivan and Ulster Freedom - Available in Sullivan and Ulster counties only	Liberty - Available in all in-area NY counties except Sullivan and Ulster Freedom - Available in Sullivan and Ulster counties only
Gatekeeper?	Yes	Yes
UCR	N/A	N/A
Plan Type	HMO	HMO
Healthy New York Plan Design Comparison		
Plan Copay	\$20	Deductible then \$20
Inpatient Hospital Copay	\$500	Deductible then \$500
Outpatient Hospital Copay	N/A	N/A
In-network Single Contract Year Deductible	N/A	\$1,200
Family Deductible Multiplier	N/A	2x
In-network Coinsurance	N/A	N/A
In-network Single/Family Coinsurance Maximum	N/A	N/A
In-network Single/Family Maximum Out-of-Pocket	N/A	\$5,250/ \$10,500
Out-of-network Single Deductible	N/A	N/A
Out-of-network Coinsurance	N/A	N/A
Out-of-network Single/Family Coinsurance Maximum	N/A	N/A
Out-of-network Single/Family Maximum Out-of-Pocket	N/A	N/A
Lifetime Maximum	None	None
Healthy New York Benefit Comparison		
Adult Preventive Care		
Limit	1 visit every 3 years	1 visit every 3 years
In-network Cost Share	\$20 copayment per visit	\$20 copayment per visit
Out-of Network Cost Share	N/A	N/A
Pediatric Preventive Care		
Limit	Unlimited to age 19	Unlimited to age 19
In-network Cost Share	No Charge	No Charge
Out-of Network Cost Share	N/A	N/A
Infant Preventive Care		
Limit	None	None
In-network Cost Share	No Charge	No Charge
Out-of Network Cost Share	N/A	N/A
Immunizations		
Limit	Medically Necessary	Medically Necessary
In-network Cost Share	Children 0-19 - No Charge Adult - \$20 copayment per visit	Children 0-19 - No Charge Adult - \$20 copayment per visit
Out-of Network Cost Share	N/A	N/A

Outpatient Care		
Limit	None	None
In-network Cost Share	\$20 Copay per visit for: PCP & Specialist office visit Surgery in physician's office MRI, CT scan & other radiology services	Deductible then \$20 copay per visit for: PCP & Specialist office visit Surgery in physician's office MRI, CT scan & other radiology services
Out-of Network Cost Share	N/A	N/A
Elective Termination of Pregnancy		
Limit	Not Covered	Not Covered
In-network Cost Share	N/A	N/A
Out-of Network Cost Share	N/A	N/A
Allergy Testing and Treatment		
Limit	None	None
In-network Cost Share	\$20 Copay	Deductible then \$20 copay per visit
Out-of Network Cost Share	N/A	N/A
Surgery - in physician's office		
Limit	None	None
In-network Cost Share	\$20 Copay	Deductible then \$20 Copay
Out-of Network Cost Share	N/A	N/A
Ambulatory Surgical Center		
Limit	None	None
In-network Cost Share	\$75 Copay	Deductible then \$75 Copay.
Out-of Network Cost Share	N/A	N/A
Inpatient Detoxification		
Limit	Not Covered	Not Covered
In-network Cost Share	N/A	N/A
Out-of Network Cost Share	N/A	N/A
Inpatient Rehabilitation: Alcoholism/Substance Abuse		
Limit	Not Covered	Not Covered
In-network Cost Share	N/A	N/A
Out-of Network Cost Share	N/A	N/A
Office/Outpatient Rehabilitation: Alcoholism/Substance Abuse		
Limit	Not Covered	Not Covered
In-network Cost Share	N/A	N/A
Out-of Network Cost Share	N/A	N/A
Physical Therapy		
Limit	Up to 30 post-hospital or post-surgical physical therapy visits per calendar year	Up to 30 post-hospital or post-surgical physical therapy visits per calendar year
In-network Cost Share	\$20 Copay	Deductible then \$20 copayment per visit
Out-of Network Cost Share	N/A	N/A
Durable Medical Equipment		
Limit	Not Covered	Not Covered
In-network Cost Share	N/A	N/A
Out-of Network Cost Share	N/A	N/A

Emergency Room		
Limit	None	None
In-network Cost Share	\$50 Copay per visit (waived if admitted)	Deductible then \$50 Copay per visit (waived if admitted)
Out-of Network Cost Share	\$50 Copay per visit (waived if admitted)	Deductible then \$50 Copay per visit (waived if admitted)
Ambulance		
Limit	Not Covered	Not Covered
In-network Cost Share	N/A	N/A
Out-of Network Cost Share	N/A	N/A
Urgent Care		
Limit	None	None
In-network Cost Share	\$20 copay (waived if admitted)	Deductible then \$20 copay (waived if admitted)
Out-of Network Cost Share	N/A	N/A
Maternity Care		
Limit	No limit for pre/postnatal care	No limit for pre/postnatal care
In-network Cost Share	Prenatal & Postnatal care - \$10 copay Hospital services for mother & child - Lesser of 20% of the cost or \$200	Prenatal & Postnatal care - \$10 copay Hospital services for mother & child - Deductible then lesser of 20% of the cost or \$200
Out-of Network Cost Share	N/A	N/A
Home Health Care		
Limit	Up to 40 post-hospital/surgical visits per calendar year - otherwise not covered	Up to 40 post-hospital/surgical visits per calendar year - otherwise not covered
In-network Cost Share	\$20 Copay	Deductible then \$20 copay
Out-of Network Cost Share	N/A	N/A
Hospital Care		
Limit	None	None
In-network Cost Share	Physician services (non-surgical) - \$20 copay Pre-admission testing - \$20 copay Surgeon's services - Lesser of \$200 or 20% Physician's anesthetic services - \$20 copay Blood and blood products - \$20 copay Semi-private room and board - \$500 per continuous confinement All drugs and medications - No Charge	Physician services (non-surgical) - Deductible then \$20 copay Pre-admission testing - Deductible then \$20 copay Surgeon's services - Deductible then lesser of \$200 or 20% Physician's anesthetic services - Deductible then \$20 copay Blood and blood products - Deductible then \$20 copay Semi-private room and board - Deductible then \$500 per continuous confinement All drugs and medications - No Charge
Out-of Network Cost Share	N/A	N/A
Inpatient/Outpatient Hospice		
Limit	Not Covered	Not Covered
In-network Cost Share	N/A	N/A
Out-of Network Cost Share	N/A	N/A
Laboratory Services		
Limit	None	None
In-network Cost Share	\$20 Copay	Deductible then \$20 copay per visit
Out-of Network Cost Share	N/A	N/A

Preventive Mammography		
Limit	According to our well-woman schedule	According to our well-woman schedule
Diagnostic Screening for Prostate Cancer		
Limit	<p>Standard diagnostic testing including, but not limited to, a digital rectal exam (DRE) and prostate-specific antigen (PSA) test at any age for men having a prior history of prostate cancer; and</p> <p>an annual standard diagnostic exam including, but not limited to, a DRE and a PSA test for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other risk factors.</p>	<p>Standard diagnostic testing including, but not limited to, a digital rectal exam (DRE) and prostate-specific antigen (PSA) test at any age for men having a prior history of prostate cancer; and</p> <p>an annual standard diagnostic exam including, but not limited to, a DRE and a PSA test for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other risk factors.</p>
In-network Cost Share	\$20 Copay	\$20 Copay per visit
Out-of Network Cost Share	N/A	N/A
Inpatient Mental Health		
Limit	Not Covered	Not Covered
In-network Cost Share	N/A	N/A
Out-of Network Cost Share	N/A	N/A
Office Visit/Outpatient Mental Health		
Limit	Not Covered	Not Covered
In-network Cost Share	N/A	N/A
Out-of Network Cost Share	N/A	N/A
Healthy New York Pharmacy Benefit Comparison		
Pharmacy Benefits	<p>\$10 generic, \$20 brand after \$100 ded. per calendar year</p> <p>\$3,000 cap per member per calendar year paid by Oxford</p> <p>Mail Order: 90-day supply of maintenance medications through Medco Health Home Delivery for two applicable copays.</p>	<p>\$10 generic, \$20 brand after \$1,200 ded. per contract year</p> <p>\$3,000 cap per member per contract year paid by Oxford</p> <p>Mail Order: 90-day supply of maintenance medications through Medco Health Home Delivery for two applicable copays.</p>
Healthy New York Supplemental Benefit Comparison		
Domestic Partner	Available	Available
Student Age Cut-off	19/23 (Standard)	19/23 (Standard)
Healthy New York Rider Comparison		
Riders are not available for the two Healthy New York product offerings.		