Oxford Health Plans (NY), Inc.

NEW YORK INDIVIDUAL RATE MANUAL

Rates Effective January 1, 2014

Oxford Health Plans (NY), Inc.

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Oxford Gated Liberty NY Standard Bronze
In Network - $3,000/$6,000 Deductible, 50%/50% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70

	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2014 Rates:								
Single rate	$589.91	$589.91	$589.91	$589.91	$589.91	$589.91	$589.91	$589.91
Parent / Child(ren) rate	$1,002.85	$1,002.85	$1,002.85	$1,002.85	$1,002.85	$1,002.85	$1,002.85	$1,002.85
Couple rate	$1,179.82	$1,179.82	$1,179.82	$1,179.82	$1,179.82	$1,179.82	$1,179.82	$1,179.82
Family rate	$1,681.24	$1,681.24	$1,681.24	$1,681.24	$1,681.24	$1,681.24	$1,681.24	$1,681.24
Child Only Rate	$243.04	$243.04	$243.04	$243.04	$243.04	$243.04	$243.04	$243.04
2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Child Only Rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Child Only Rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Child Only Rate	NA	NA	NA	NA	NA	NA	NA	NA

Oxford Gated Liberty NY Standard Silver
In Network - $2,000/$4,000 Deductible, $30/$50 Copayment after deductible, 70%/30% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70

	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2014 Rates:								
Single rate	$691.69	$691.69	$691.69	$691.69	$691.69	$691.69	$691.69	$691.69
Parent / Child(ren) rate	$1,175.87	$1,175.87	$1,175.87	$1,175.87	$1,175.87	$1,175.87	$1,175.87	$1,175.87
Couple rate	$1,383.38	$1,383.38	$1,383.38	$1,383.38	$1,383.38	$1,383.38	$1,383.38	$1,383.38
Family rate	$1,971.32	$1,971.32	$1,971.32	$1,971.32	$1,971.32	$1,971.32	$1,971.32	$1,971.32
Child Only Rate	$284.98	$284.98	$284.98	$284.98	$284.98	$284.98	$284.98	$284.98
2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Child Only Rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Child Only Rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Child Only Rate	NA	NA	NA	NA	NA	NA	NA	NA

Oxford Gated Liberty NY Standard Gold
In Network - $600/$1,200 Deductible, $25/$40 Copayment after deductible, 80%/20% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70

	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2014 Rates:								
Single rate	$817.98	$817.98	$817.98	$817.98	$817.98	$817.98	$817.98	$817.98
Parent / Child(ren) rate	$1,390.57	$1,390.57	$1,390.57	$1,390.57	$1,390.57	$1,390.57	$1,390.57	$1,390.57
Couple rate	$1,635.96	$1,635.96	$1,635.96	$1,635.96	$1,635.96	$1,635.96	$1,635.96	$1,635.96
Family rate	$2,331.24	$2,331.24	$2,331.24	$2,331.24	$2,331.24	$2,331.24	$2,331.24	$2,331.24
Child Only Rate	$337.01	$337.01	$337.01	$337.01	$337.01	$337.01	$337.01	$337.01
2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Child Only Rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Child Only Rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Child Only Rate	NA	NA	NA	NA	NA	NA	NA	NA

Oxford Gated Liberty NY Standard Platinum
In Network - $15/$35 Copayment, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
RX Plan - $10/$30/$60

	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2014 Rates:								
Single rate	$965.24	$965.24	$965.24	$965.24	$965.24	$965.24	$965.24	$965.24
Parent / Child(ren) rate	$1,640.91	$1,640.91	$1,640.91	$1,640.91	$1,640.91	$1,640.91	$1,640.91	$1,640.91
Couple rate	$1,930.48	$1,930.48	$1,930.48	$1,930.48	$1,930.48	$1,930.48	$1,930.48	$1,930.48
Family rate	$2,750.93	$2,750.93	$2,750.93	$2,750.93	$2,750.93	$2,750.93	$2,750.93	$2,750.93
Child Only Rate	$397.68	$397.68	$397.68	$397.68	$397.68	$397.68	$397.68	$397.68
2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Child Only Rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Child Only Rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Child Only Rate	NA	NA	NA	NA	NA	NA	NA	NA

The rate for this optional dependent to age 29 "make available" rider is calculated as a percentage of the medical & pharmacy rate.

Tier	*Percent of medical & pharmacy rate*
	Raise age from 26 to 29
Single	**25.10%**
Parent/Child(ren)	**25.10%**
Couple	**25.10%**
Family	**25.10%**

The rate for this optional platinum out-of-network rider is calculated as a percentage of the medical & pharmacy rate.

Tier	*Percent of medical & pharmacy rate*
Single	**9.10%**
Parent/Child(ren)	**9.10%**
Couple	**9.10%**
Family	**9.10%**

Oxford Health Plans (NY), Inc.
New York Small Group Commercial
Pediatric Dental and Vision Plans
Form # OHPNY_Ind_COC_2014

EHB - Prev & Diagnostic -Ped Dental (for children)	PCP cost share
Ped Dental Ded (Applies to - Basic Dental Svcs, Major Dental Svcs, Orthondontia, or any combination)	Basic, Major, Preventive & Diagnostic, Orthodontia
INN Ped Dental Single Ded	* N/A if copay * Ded if D&C
INN Ped Dental Family Ded	* N/A if copay * Ded if D&C
EHB - Basic Dental Svcs (e.g. Fillings/extractions) for Children	PCP cost share
EHB - Major Dental Svcs (e.g. Crowns) for Children	PCP cost share
EHB - Orthodontia (e.g. braces) for Children	PCP cost share
Ped Vision Ded ($/N/A/Inc in Med)	* N/A if copay * Ded if D&C
Ped Vision Ded (Applies to - Routine Vision Exam, Vision Materials, or both)	* N/A if copay * Ded if D&C
EHB - Routine Vision Exam for Children	PCP cost share
EHB - Prev Lens copay for Children	INN coins
EHB - Prev Frames Tier 1 for Children	INN coins
EHB - Prev Frames Tier 2 for Children	INN coins
EHB - Prev Frames Tier 3 for Children	INN coins
EHB - Prev Frames Tier 4 for Children	INN coins
EHB - Prev Frames Tier 5 for Children	INN coins
EHB - Prev Contacts for Children	INN coins

Oxford Health Plans (NY), Inc.
New York Small Group Commercial
Benefit Descriptions
Form # OHPNY_Ind_COC_2014

INN = In-Network, OON = Out-of-network, Ded = Deductible, Coin = Coinsurance,
MOOP = Maximum Out-of-pocket inc. Deductible, STD = Subject to Deductible, IP = Inpatient,
OP = Outpatient, D&C = Subject to Ded and Coins, MHSA = Mental Health / Substance Abuse,
PT / OT / ST = Physical Therapy, Occupational Therapy, Speech Therapy

Plan Name	**Oxford Gated Liberty NY Standard Bronze**	**Oxford Gated Liberty NY Standard Gold**	**Oxford Gated Liberty NY Standard Platinum**	**Oxford Gated Liberty Platinum POS**	**Oxford Gated Liberty NY Standard Silver**
Available On / Off Exchange?	Off	Off	Off	Off	Off
Preventive	100%	100%	100%	100%	100%
INN Ded	$3,000	$600	$0	$0	$2,000
INN Coin	50%	20%	10%	10%	30%
INN MOOP	$6,350	$4,000	$2,000	$2,000	$5,500
OON Ded	n/a	n/a	n/a	$1,000	n/a
OON Coin	n/a	n/a	n/a	20%	n/a
OON MOOP	n/a	n/a	n/a	$3,000	n/a
Family Ded	2x Single	2x Single	2x Single	2x Single	2x Single
Family MOOP	2x Single	2x Single	2x Single	2x Single	2x Single
PCP Copay	D&C	$25	$15	$15	$30
PCP STD?	n/a	Y	N	N	Y
Spec Copay	D&C	$40	$35	$35	$50
Spec STD?	n/a	Y	N	N	Y
Urgent Care Copay	D&C	$60	$55	$55	$70
Urgent Care STD?	n/a	Y	N	N	Y
ER Copay	D&C	$150	$100	$100	$150
ER STD?	n/a	Y	N	N	Y
INN OP Surg Copay - ASC	D&C	$100	$100	$100	$100
INN OP Surg - ASC STD?	n/a	Y	Y	Y	Y
INN OP Surg Copay - Hospital	D&C	$100	$100	$100	$100
INN OP Surg - Hospital STD?	n/a	Y	N	N	Y
INN IP Copay	D&C	$1,000	$500	$500	$1,500
INN IP STD?	n/a	Y	n/a	n/a	Y
INN IP Copay Max	n/a	n/a	n/a	n/a	n/a
IP Copay per Admit / Day	n/a	Admit	Admit	Admit	Admit
PCP Gated?	Y	Y	Y	Y	Y
MHSA OP Copay	D&C	$25	$15	$15	$30
MHSA STD?	n/a	Y	N	N	Y
INN Radiology Copay	D&C	Spec cost-share	Spec cost-share	Spec cost-share	Spec cost-share
INN Radiology STD?	n/a	Y	n/a	n/a	Y
PT / OT / ST OP Copay	D&C	$30	$25	$25	$30
PT / OT / ST OP STD?	n/a	Y	N	N	Y
Lab Copay	D&C	$40	$35	$35	$50
Lab STD?	n/a	Y	n/a	n/a	Y

Oxford Health Plans (NY), Inc.
NEW YORK SMALL GROUP
Form # OHPNY_Ind_COC_2014
Additional Notes

Commissions are 0.55% of premium.

The expected loss ratio (claims / premium) is 81.33%.

To determine the premium rate for a plan design, first look up the rate for that plan design, demographic tier, area, and effective quarter. Then add the rate for any desired riders, for the same demographic tier, area, and effective quarter. The total is the final rate.

Sample Calculation

Oxford Gated Liberty NY Standard Gold plan with Dependent to 29 rider, Manhattan
RX Plan: $10/$35/$70

Tier:	Medical	Dependent to 29 Rider	**Med * (1+ Rider)**
Single rate	$817.98	25.10%	**$1,023.29**
Parent / Child(ren) rate	$1,390.57	25.10%	**$1,739.60**
Couple rate	$1,635.96	25.10%	**$2,046.59**
Family rate	$2,331.24	25.10%	**$2,916.38**