State: New York **Filing Company:** Oxford Health Plans (NY), Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: 2014 SG HNY Plans
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Supporting Document Schedules

Satisfied - Item:	Approved Rate Manual 2
Comments:	Updated Aprroved Rate Manual
Attachment(s):	NY_OHP_rate_manual 2014_HNY Only_Approved_v2.pdf
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Oxford Health Plans (NY), Inc.
Healthy New York Small Groups

OHP RATE MANUAL

For Groups with 2-50 Employees

Rates Effective January 1, 2014

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

OHP RATE MANUAL

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Gold NY Standard EPO - HNY
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

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$510.03	$510.03	$510.03	$510.03	$510.03	$510.03	$510.03	$510.03
Parent / Child(ren) rate	$867.05	$867.05	$867.05	$867.05	$867.05	$867.05	$867.05	$867.05
Couple rate	$1,020.06	$1,020.06	$1,020.06	$1,020.06	$1,020.06	$1,020.06	$1,020.06	$1,020.06
Family rate	$1,453.59	$1,453.59	$1,453.59	$1,453.59	$1,453.59	$1,453.59	$1,453.59	$1,453.59
1st Quarter 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
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
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

Gold NY Standard EPO - HNY
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

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$522.78	$522.78	$522.78	$522.78	$522.78	$522.78	$522.78	$522.78
Parent / Child(ren) rate	$888.73	$888.73	$888.73	$888.73	$888.73	$888.73	$888.73	$888.73
Couple rate	$1,045.56	$1,045.56	$1,045.56	$1,045.56	$1,045.56	$1,045.56	$1,045.56	$1,045.56
Family rate	$1,489.92	$1,489.92	$1,489.92	$1,489.92	$1,489.92	$1,489.92	$1,489.92	$1,489.92
2nd Quarter 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
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
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

Gold NY Standard EPO - HNY
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

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$535.85	$535.85	$535.85	$535.85	$535.85	$535.85	$535.85	$535.85
Parent / Child(ren) rate	$910.95	$910.95	$910.95	$910.95	$910.95	$910.95	$910.95	$910.95
Couple rate	$1,071.70	$1,071.70	$1,071.70	$1,071.70	$1,071.70	$1,071.70	$1,071.70	$1,071.70
Family rate	$1,527.17	$1,527.17	$1,527.17	$1,527.17	$1,527.17	$1,527.17	$1,527.17	$1,527.17
3rd Quarter 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
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
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

Gold NY Standard EPO - HNY
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

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$549.25	$549.25	$549.25	$549.25	$549.25	$549.25	$549.25	$549.25
Parent / Child(ren) rate	$933.73	$933.73	$933.73	$933.73	$933.73	$933.73	$933.73	$933.73
Couple rate	$1,098.50	$1,098.50	$1,098.50	$1,098.50	$1,098.50	$1,098.50	$1,098.50	$1,098.50
Family rate	$1,565.36	$1,565.36	$1,565.36	$1,565.36	$1,565.36	$1,565.36	$1,565.36	$1,565.36
4th Quarter 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
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
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

Domestic Partner

	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Parent / Child(ren) rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Couple rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Family rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Dependent Age Cut-off 29

1st Quarter 2014 Rates:	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	$9.33	$9.33	$9.33	$9.33	$9.33	$9.33	$9.33	$9.33
Parent / Child(ren) rate	$15.86	$15.86	$15.86	$15.86	$15.86	$15.86	$15.86	$15.86
Couple rate	$18.67	$18.67	$18.67	$18.67	$18.67	$18.67	$18.67	$18.67
Family rate	$26.60	$26.60	$26.60	$26.60	$26.60	$26.60	$26.60	$26.60

Woman's Contraceptive

	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	($2.72)	($2.72)	($2.72)	($2.72)	($2.72)	($2.72)	($2.72)	($2.72)
Parent / Child(ren) rate	($4.64)	($4.64)	($4.64)	($4.64)	($4.64)	($4.64)	($4.64)	($4.64)
Couple rate	($5.45)	($5.45)	($5.45)	($5.45)	($5.45)	($5.45)	($5.45)	($5.45)
Family rate	($7.77)	($7.77)	($7.77)	($7.77)	($7.77)	($7.77)	($7.77)	($7.77)

Domestic Partner

	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Parent / Child(ren) rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Couple rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Family rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Dependent Age Cut-off 29

2nd Quarter 2014 Rates:	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	$9.56	$9.56	$9.56	$9.56	$9.56	$9.56	$9.56	$9.56
Parent / Child(ren) rate	$16.26	$16.26	$16.26	$16.26	$16.26	$16.26	$16.26	$16.26
Couple rate	$19.14	$19.14	$19.14	$19.14	$19.14	$19.14	$19.14	$19.14
Family rate	$27.27	$27.27	$27.27	$27.27	$27.27	$27.27	$27.27	$27.27

Woman's Contraceptive

	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	($2.79)	($2.79)	($2.79)	($2.79)	($2.79)	($2.79)	($2.79)	($2.79)
Parent / Child(ren) rate	($4.76)	($4.76)	($4.76)	($4.76)	($4.76)	($4.76)	($4.76)	($4.76)
Couple rate	($5.59)	($5.59)	($5.59)	($5.59)	($5.59)	($5.59)	($5.59)	($5.59)
Family rate	($7.96)	($7.96)	($7.96)	($7.96)	($7.96)	($7.96)	($7.96)	($7.96)

Domestic Partner

	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Parent / Child(ren) rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Couple rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Family rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Dependent Age Cut-off 29

3rd Quarter 2014 Rates:	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	$9.80	$9.80	$9.80	$9.80	$9.80	$9.80	$9.80	$9.80
Parent / Child(ren) rate	$16.67	$16.67	$16.67	$16.67	$16.67	$16.67	$16.67	$16.67
Couple rate	$19.62	$19.62	$19.62	$19.62	$19.62	$19.62	$19.62	$19.62
Family rate	$27.95	$27.95	$27.95	$27.95	$27.95	$27.95	$27.95	$27.95

Woman's Contraceptive

	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	($2.86)	($2.86)	($2.86)	($2.86)	($2.86)	($2.86)	($2.86)	($2.86)
Parent / Child(ren) rate	($4.88)	($4.88)	($4.88)	($4.88)	($4.88)	($4.88)	($4.88)	($4.88)
Couple rate	($5.73)	($5.73)	($5.73)	($5.73)	($5.73)	($5.73)	($5.73)	($5.73)
Family rate	($8.16)	($8.16)	($8.16)	($8.16)	($8.16)	($8.16)	($8.16)	($8.16)

Domestic Partner

	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Parent / Child(ren) rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Couple rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Family rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Dependent Age Cut-off 29

4th Quarter 2014 Rates:	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	$10.05	$10.05	$10.05	$10.05	$10.05	$10.05	$10.05	$10.05
Parent / Child(ren) rate	$17.09	$17.09	$17.09	$17.09	$17.09	$17.09	$17.09	$17.09
Couple rate	$20.11	$20.11	$20.11	$20.11	$20.11	$20.11	$20.11	$20.11
Family rate	$28.65	$28.65	$28.65	$28.65	$28.65	$28.65	$28.65	$28.65

Woman's Contraceptive

	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	($2.93)	($2.93)	($2.93)	($2.93)	($2.93)	($2.93)	($2.93)	($2.93)
Parent / Child(ren) rate	($5.00)	($5.00)	($5.00)	($5.00)	($5.00)	($5.00)	($5.00)	($5.00)
Couple rate	($5.87)	($5.87)	($5.87)	($5.87)	($5.87)	($5.87)	($5.87)	($5.87)
Family rate	($8.36)	($8.36)	($8.36)	($8.36)	($8.36)	($8.36)	($8.36)	($8.36)

Oxford Health Plans (NY), Inc.
Healthy New York Small Group Commercial
Pediatric Dental and Vision Plans
Form # OHPNY_HNYSG_COC_2014

	NY Commercial SG - Oxford
EHB - Prev & Diagnostic - Ped Dental (for children)	* 100% after Med Ded for traditional plans * 100% for HMO plans
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	* $100 if copay * Ded if D&C * No ded for HMO
INN Ped Dental Family Ded	* $200 if copay * Ded if D&C * No ded for HMO
EHB - Basic Dental Svcs (e.g. Fillings/extractions) for Children	80% after Med or Den Ded
EHB - Major Dental Svcs (e.g. Crowns) for Children	50% after Med or Den Ded
EHB - Orthodontia (e.g. braces) for Children	50% after Med or Den Ded
Ped Vision Ded ($/N/A/Inc in Med)	* N/A if copay/non-HSA plan * Ded if HSA
Ped Vision Ded (Applies to - Routine Vision Exam, Vision Materials, or both)	* No services fall under ded for non-HSA plans * Vision materials for HSA
EHB - Routine Vision Exam for Children	* PCP copay for non-HSA. Does not apply to ded but does apply to OOPM * 100% for HSA (treated like prev svc) and applies to OOPM
EHB - Prev Lens copay for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 1 for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 2 for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 3 for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 4 for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 5 for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Contacts for Children	* 50% for copay * 50% after Ded for HSA

Oxford Health Plans (NY), Inc.
Healthy New York Small Group Commercial
Benefit Descriptions
Form # OHPNY_HNYSG_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	Gold NY Standard EPO - HNY
Available On / Off Exchange?	Off
Preventive	100%
INN Ded	$ 600
INN Coin	20%
INN MOOP	$ 4,000
OON Ded	n/a
OON Coin	n/a
OON MOOP	n/a
Family Ded	2x Single
Family MOOP	2x Single
PCP Copay	$ 25
PCP STD?	Y
Spec Copay	$ 40
Spec STD?	Y
Urgent Care Copay	$ 60
Urgent Care STD?	Y
ER Copay	$ 150
ER STD?	Y
INN OP Surg Copay - ASC	$ 100
INN OP Surg - ASC STD?	Y
INN OP Surg Copay - Hospital	$ 100
INN OP Surg - Hospital STD?	Y
INN IP Copay	$ 1,000
INN IP STD?	Y
INN IP Copay Max	n/a
IP Copay per Admit / Day	Admit
PCP Gated?	Y
Network	Liberty
MHSA OP Copay	$ 25
MHSA STD?	Y
INN Radiology Copay	Spec cost-share
INN Radiology STD?	Y
PT / OT / ST OP Copay	$ 30
PT / OT / ST OP STD?	Y
Lab Copay	$ 40
Lab STD?	Y

Oxford Health Plans (NY), Inc.
HEALTHY NEW YORK SMALL GROUP
Form # OHPNY_HNYSG_COC_2014
Additional Notes

Commissions are 3.00% of premium.

The expected loss ratio (claims / premium) is 81.34%.

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

3rd quarter Gold NY Standard EPO - HNY plan with woman's contraceptive rider, Manhattan
RX Plan: Rx Plan - $10/$35/$70

Tier:	Medical	Woman's Contraceptive Rider	**Med + Rider**
Single rate	$535.85	($2.86)	**$532.99**
Parent / Child(ren) rate	$910.95	($4.88)	**$906.07**
Couple rate	$1,071.70	($5.73)	**$1,065.97**
Family rate	$1,527.17	($8.16)	**$1,519.01**