**State:** New York **Filing Company:** Oxford Health Plans (NY), Inc.
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
**Product Name:** Oxford Healthy NY: CY2013
**Project Name/Number:** /

# Correspondence Summary

## Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|---|---|---|---|---|
| Oxford Resubmission Decision Email send 09-26-2012 | Note To Filer | Lekha Sudhakaran | 09/26/2012 | 09/26/2012 |
| Oxford Decision Email send 09-03-2012 [Resubmission of Rate Manual Requested] | Note To Filer | Lekha Sudhakaran | 09/26/2012 | 09/26/2012 |
| Oxford Decision Email send 09-03-2012 [Resubmission of Rate Manual Requested] | Note To Filer | Lekha Sudhakaran | 09/26/2012 | 09/26/2012 |

| | | | |
|---|---|---|---|
| **State:** | *New York* | **Filing Company:** | *Oxford Health Plans (NY), Inc.* |
| **TOI/Sub-TOI:** | *H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense* | | |
| **Product Name:** | *Oxford Healthy NY: CY2013* | | |
| **Project Name/Number:** | */* | | |

# Note To Filer

### Created By:

Lekha Sudhakaran on 09/26/2012 10:41 AM

### Last Edited By:

Lekha Sudhakaran

### Submitted On:

09/26/2012 10:41 AM

### Subject:

Oxford Resubmission Decision Email send 09-26-2012

### Comments:

Please note the Healthy New York product have been resubmitted reflecting Department's decision appropriately.

Please see the below attachment for further details

| | | | |
|---|---|---|---|
| **State:** | *New York* | **Filing Company:** | *Oxford Health Plans (NY), Inc.* |
| **TOI/Sub-TOI:** | *H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense* | | |
| **Product Name:** | *Oxford Healthy NY: CY2013* | | |
| **Project Name/Number:** | */* | | |

# Note To Filer

### Created By:

Lekha Sudhakaran on 09/26/2012 10:36 AM

### Last Edited By:

Lekha Sudhakaran

### Submitted On:

09/26/2012 10:36 AM

### Subject:

Oxford Decision Email send 09-03-2012 [Resubmission of Rate Manual Requested]

### Comments:

Please note the Healthy New York Product have been reduced from the annual requested rate actions of 46.5% to 19.5%.

Please see the below attachment for further details.

| | | | |
|---|---|---|---|
| **State:** | *New York* | **Filing Company:** | *Oxford Health Plans (NY), Inc.* |
| **TOI/Sub-TOI:** | *H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense* | | |
| **Product Name:** | *Oxford Healthy NY: CY2013* | | |
| **Project Name/Number:** | */* | | |

# Note To Filer

### Created By:

Lekha Sudhakaran on 09/26/2012 10:32 AM

### Last Edited By:

Lekha Sudhakaran

### Submitted On:

09/26/2012 10:32 AM

### Subject:

Oxford Decision Email send 09-03-2012 [Resubmission of Rate Manual Requested]

### Comments:

Please note the Healthy New York Product have been reduced from the annual requested rate actions of 46.5% to 19.5%.

Please see the below attachment for further details.

**State:** New York **Filing Company:** Oxford Health Plans (NY), Inc.
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
**Product Name:** Oxford Healthy NY: CY2013
**Project Name/Number:** /

## Supporting Document Schedules

| | | Item Status: | Status Date: |
|---|---|---|---|
| Satisfied - Item: | Approved Rates | | |
| Comments: | | | |
| Attachment(s): | | | |
| Cover letter Oxford HNY 2013 Resubmit.pdf<br>6 Oxford HNY Rate Manual 2013 Approved.pdf<br>HNY_Rate_Option_Letter_for_Individuals___Sole_Proprietors_rev 2.pdf | | | |

| | | Item Status: | Status Date: |
|---|---|---|---|
| Satisfied - Item: | Final Group Letter | | |
| Comments: | | | |
| Attachment(s): | | | |
| HNY_Renewal Letter _Rev2.pdf | | | |

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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **With Rx** | | | | | | | | | | | | |
| Individual | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 |
| Parent/Child(ren) | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 |
| Couple | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 |
| Family | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 |
| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 |
| Parent/Child(ren) | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 |
| Couple | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 |
| Family | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 |
| **Rider: Dependent Coverage to Age 29** | | | | | | | | | | | | |
| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 |
| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 |

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

**2012 APPROVED PREMIUM RATES**

| **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 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 |
| Parent/Child(ren) | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 |
| Couple | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 |
| Family | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 |

| **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 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 |
| Parent/Child(ren) | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 |
| Couple | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 |
| Family | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 |

**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) | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 |

| *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) | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 |
| Parent/Child(ren) | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 |
| Couple | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 |
| Family | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 |

| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 |
| Parent/Child(ren) | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 |
| Couple | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 |
| Family | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 |

**Rider: Dependent Coverage to Age 29**

| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 |

| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 |

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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

**Rider: Dependent Coverage to Age 29**

| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | - | - | - | - | - | - | - | - | - | - | - | - |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | - | - | - | - | - | - | - | - | - | - | - | - |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | - | - | - | - | - | - | - | - | - | - | - | - |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | - | - | - | - | - | - | - | - | - | - | - | - |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **With Rx** | | | | | | | | | | | | |
| Individual | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 | $ 493.36 |
| Parent/Child(ren) | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 | $ 966.99 |
| Couple | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 | $ 1,085.39 |
| Family | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 | $ 1,603.42 |
| **No Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 | $ 412.84 |
| Parent/Child(ren) | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 | $ 809.17 |
| Couple | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 | $ 908.25 |
| Family | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 | $ 1,341.73 |
| **Rider: Dependent Coverage to Age 29** | | | | | | | | | | | | |
| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 | $ 147.76 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 | $ 152.49 |
| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 |

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

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

**2012 APPROVED PREMIUM RATES**

| **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 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 | $ 412.85 |
| Parent/Child(ren) | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 | $ 809.19 |
| Husband/Wife | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 | $ 908.27 |
| Family | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 | $ 1,341.76 |

| **No 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 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 | $ 345.47 |
| Parent/Child(ren) | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 | $ 677.12 |
| Husband/Wife | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 | $ 760.03 |
| Family | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 | $ 1,122.78 |

**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) | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 | $ 123.64 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 | $ 127.60 |

| 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) | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 | $ 103.46 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 | $ 106.78 |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 | $ 80.51 |
| Parent/Child(ren) | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 | $ 157.80 |
| Couple | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 | $ 177.12 |
| Family | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 | $ 261.66 |

| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 | $ 67.37 |
| Parent/Child(ren) | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 | $ 132.05 |
| Couple | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 | $ 148.22 |
| Family | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 | $ 218.95 |

**Rider: Dependent Coverage to Age 29**

| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 | $ 24.12 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 | $ 24.89 |

| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 | $ 20.18 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 | $ 20.82 |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

**Rider: Dependent Coverage to Age 29**

| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | - | - | - | - | - | - | - | - | - | - | - | - |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | - | - | - | - | - | - | - | - | - | - | - | - |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | - | - | - | - | - | - | - | - | - | - | - | - |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | - | - | - | - | - | - | - | - | - | - | - | - |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **With Rx** | | | | | | | | | | | | |
| Individual | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 |
| Parent/Child(ren) | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 |
| Couple | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 |
| Family | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 |
| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 |
| Parent/Child(ren) | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 |
| Couple | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 |
| Family | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 |
| **Rider: Dependent Coverage to Age 29** | | | | | | | | | | | | |
| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 |
| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 |

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

## CURRENT (NON HIGH DEDUCTIBLE) PLAN
## Preventive Cost share (renewal only)
## All Counties

**2012 APPROVED PREMIUM RATES**

| **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 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 |
| Parent/Child(ren) | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 |
| Couple | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 |
| Family | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 |

| **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 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 |
| Parent/Child(ren) | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 |
| Couple | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 |
| Family | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 |

**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) | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 |

| *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) | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 |
| Parent/Child(ren) | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 |
| Couple | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 |
| Family | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 |

| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 |
| Parent/Child(ren) | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 |
| Couple | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 |
| Family | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 |

**Rider: Dependent Coverage to Age 29**

| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 |

| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 |

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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

**Rider: Dependent Coverage to Age 29**

| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | - | - | - | - | - | - | - | - | - | - | - | - |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | - | - | - | - | - | - | - | - | - | - | - | - |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | - | - | - | - | - | - | - | - | - | - | - | - |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | - | - | - | - | - | - | - | - | - | - | - | - |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **With Rx** | | | | | | | | | | | | |
| Individual | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 | $ 490.89 |
| Parent/Child(ren) | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 | $ 962.14 |
| Couple | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 | $ 1,079.96 |
| Family | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 | $ 1,595.39 |
| **No Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 | $ 410.38 |
| Parent/Child(ren) | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 | $ 804.34 |
| Couple | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 | $ 902.84 |
| Family | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 | $ 1,333.74 |
| **Rider: Dependent Coverage to Age 29** | | | | | | | | | | | | |
| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 | $ 147.01 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 | $ 151.72 |
| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 | $ 122.90 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 | $ 126.84 |

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

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

**2012 APPROVED PREMIUM RATES**

| **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 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 | $ 410.79 |
| Parent/Child(ren) | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 | $ 805.15 |
| Husband/Wife | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 | $ 903.74 |
| Family | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 | $ 1,335.07 |

| **No 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 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 | $ 343.41 |
| Parent/Child(ren) | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 | $ 673.08 |
| Husband/Wife | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 | $ 755.50 |
| Family | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 | $ 1,116.08 |

**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) | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 | $ 123.03 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 | $ 126.97 |

| 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) | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 | $ 102.85 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 | $ 106.14 |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 | $ 80.10 |
| Parent/Child(ren) | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 | $ 156.99 |
| Couple | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 | $ 176.22 |
| Family | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 | $ 260.32 |

| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 | $ 66.97 |
| Parent/Child(ren) | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 | $ 131.26 |
| Couple | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 | $ 147.34 |
| Family | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 | $ 217.66 |

**Rider: Dependent Coverage to Age 29**

| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 | $ 23.98 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 | $ 24.75 |

| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 | $ 20.05 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 | $ 20.70 |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

**Rider: Dependent Coverage to Age 29**

| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | - | - | - | - | - | - | - | - | - | - | - | - |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | - | - | - | - | - | - | - | - | - | - | - | - |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | - | - | - | - | - | - | - | - | - | - | - | - |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | - | - | - | - | - | - | - | - | - | - | - | - |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **With Rx** | | | | | | | | | | | | |
| Individual | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 |
| Parent/Child(ren) | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 |
| Couple | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 |
| Family | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 |
| **No Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 |
| Parent/Child(ren) | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 |
| Couple | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 |
| Family | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 |
| **Rider: Dependent Coverage to Age 29** | | | | | | | | | | | | |
| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 |
| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 |

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

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

**2012 APPROVED PREMIUM RATES**

| **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 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 |
| Parent/Child(ren) | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 |
| Husband/Wife | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 |
| Family | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 |

| **No 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 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 |
| Parent/Child(ren) | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 |
| Husband/Wife | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 |
| Family | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 |

**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) | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 |

| 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) | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 |
| Parent/Child(ren) | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 |
| Couple | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 |
| Family | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 |

| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 |
| Parent/Child(ren) | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 |
| Couple | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 |
| Family | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 |

**Rider: Dependent Coverage to Age 29**

| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 |

| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

**Rider: Dependent Coverage to Age 29**

| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | - | - | - | - | - | - | - | - | - | - | - | - |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | - | - | - | - | - | - | - | - | - | - | - | - |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | - | - | - | - | - | - | - | - | - | - | - | - |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | - | - | - | - | - | - | - | - | - | - | - | - |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **With Rx** | | | | | | | | | | | | |
| Individual | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 | $ 382.73 |
| Parent/Child(ren) | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 | $ 750.15 |
| Couple | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 | $ 842.01 |
| Family | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 | $ 1,243.87 |
| **No Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 | $ 321.42 |
| Parent/Child(ren) | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 | $ 629.98 |
| Couple | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 | $ 707.12 |
| Family | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 | $ 1,044.62 |
| **Rider: Dependent Coverage to Age 29** | | | | | | | | | | | | |
| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 | $ 114.62 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 | $ 118.29 |
| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 | $ 96.26 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 | $ 99.34 |

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

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

**2012 APPROVED PREMIUM RATES**

| **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 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 | $ 320.28 |
| Parent/Child(ren) | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 | $ 627.75 |
| Husband/Wife | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 | $ 704.62 |
| Family | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 | $ 1,040.91 |

| **No 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 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 | $ 268.97 |
| Parent/Child(ren) | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 | $ 527.18 |
| Husband/Wife | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 | $ 591.73 |
| Family | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 | $ 874.15 |

**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) | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 | $ 95.92 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 | $ 98.99 |

| 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) | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 | $ 80.55 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 | $ 83.13 |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 | $ 62.45 |
| Parent/Child(ren) | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 | $ 122.40 |
| Couple | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 | $ 137.39 |
| Family | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 | $ 202.96 |

| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 | $ 52.45 |
| Parent/Child(ren) | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 | $ 102.80 |
| Couple | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 | $ 115.39 |
| Family | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 | $ 170.47 |

**Rider: Dependent Coverage to Age 29**

| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 | $ 18.70 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 | $ 19.30 |

| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 | $ 15.71 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 | $ 16.21 |

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

**PERCENT PREMIUM INCREASE (YEAR OVER YEAR)**

| **With Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

**Rider: Dependent Coverage to Age 29**

| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | - | - | - | - | - | - | - | - | - | - | - | - |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | - | - | - | - | - | - | - | - | - | - | - | - |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | - | - | - | - | - | - | - | - | - | - | - | - |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | - | - | - | - | - | - | - | - | - | - | - | - |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **With Rx** | | | | | | | | | | | | |
| Individual | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 |
| Parent/Child(ren) | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 |
| Couple | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 |
| Family | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 |
| **No Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 |
| Parent/Child(ren) | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 |
| Couple | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 |
| Family | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 |
| **Rider: Dependent Coverage to Age 29** | | | | | | | | | | | | |
| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 |
| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 |

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

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

**2012 APPROVED PREMIUM RATES**

| **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 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 |
| Parent/Child(ren) | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 |
| Husband/Wife | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 |
| Family | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 |

| **No 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 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 |
| Parent/Child(ren) | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 |
| Husband/Wife | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 |
| Family | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 |

**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) | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 |

| 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) | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 |

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

**PREMIUM INCREASE (YEAR OVER YEAR)**

| **With Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 |
| Parent/Child(ren) | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 |
| Couple | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 |
| Family | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 |

| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 |
| Parent/Child(ren) | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 |
| Couple | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 |
| Family | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 |

**Rider: Dependent Coverage to Age 29**

| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 |

| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 |

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

**PERCENT PREMIUM INCREASE (YEAR OVER YEAR)**

| **With Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

**Rider: Dependent Coverage to Age 29**

| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | - | - | - | - | - | - | - | - | - | - | - | - |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | - | - | - | - | - | - | - | - | - | - | - | - |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | - | - | - | - | - | - | - | - | - | - | - | - |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | - | - | - | - | - | - | - | - | - | - | - | - |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **With Rx** | | | | | | | | | | | | |
| Individual | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 | $ 380.81 |
| Parent/Child(ren) | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 | $ 746.39 |
| Couple | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 | $ 837.78 |
| Family | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 | $ 1,237.63 |
| **No Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 | $ 319.50 |
| Parent/Child(ren) | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 | $ 626.22 |
| Couple | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 | $ 702.90 |
| Family | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 | $ 1,038.38 |
| **Rider: Dependent Coverage to Age 29** | | | | | | | | | | | | |
| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 | $ 114.05 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 | $ 117.70 |
| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 | $ 95.69 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 | $ 98.75 |

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

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

**2012 APPROVED PREMIUM RATES**

| **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 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 | $ 318.67 |
| Parent/Child(ren) | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 | $ 624.59 |
| Husband/Wife | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 | $ 701.07 |
| Family | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 | $ 1,035.68 |

| **No 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 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 | $ 267.36 |
| Parent/Child(ren) | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 | $ 524.03 |
| Husband/Wife | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 | $ 588.19 |
| Family | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 | $ 868.92 |

**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) | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 | $ 95.44 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 | $ 98.49 |

| 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) | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 | $ 80.07 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 | $ 82.63 |

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

**PREMIUM INCREASE (YEAR OVER YEAR)**

| **With Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 | $ 62.14 |
| Parent/Child(ren) | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 | $ 121.80 |
| Couple | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 | $ 136.71 |
| Family | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 | $ 201.95 |

| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 | $ 52.14 |
| Parent/Child(ren) | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 | $ 102.19 |
| Couple | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 | $ 114.71 |
| Family | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 | $ 169.46 |

**Rider: Dependent Coverage to Age 29**

| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 | $ 18.61 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 | $ 19.21 |

| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Parent/Child(ren) | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 | $ 15.62 |
| Couple | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| Family | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 | $ 16.12 |

# 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-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

| **Without Rx** | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

**Rider: Dependent Coverage to Age 29**

| *with Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | - | - | - | - | - | - | - | - | - | - | - | - |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | - | - | - | - | - | - | - | - | - | - | - | - |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

| *without Rx* | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual | - | - | - | - | - | - | - | - | - | - | - | - |
| Parent/Child(ren) | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |
| Couple | - | - | - | - | - | - | - | - | - | - | - | - |
| Family | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% | 19.5% |

# 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.

| *Tier* | *Percent of medical & pharmacy rate* |
|---|---|
| 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 1/1/13*

| | | |
|---|---|---|
| **2012 Individual Rate** | | $ 412.85 |
| **x Trend Adjustment** | x | 1.195 |
| **= 2013 Individual Rate** | | $ 493.36 |

**x Tier Factors**
**= Final Rates**

| | | | |
|---|---|---|---|
| Individual | x | 1.00 | $ 493.36 |
| Parent/Child(ren) | x | 1.96 | $ 966.99 |
| Couple | x | 2.20 | $1,085.39 |
| Family | x | 3.25 | $1,603.42 |

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

| | Small Group All Counties | Individual All Counties |
|---|---|---|
| *Minimum rate change* | 19.5% | 19.5% |
| *Maximum rate change* | 19.5% | 19.5% |
| *Member weighted average rate change* | 19.5% | 19.5% |

# 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<br>NYPH-Sole Proprietor<br>NYSH-Small Group | NYHT-Individual<br>NYSP-Sole Proprietor<br>NYSW-Small Group |
| Network | Liberty - Available in all in-area NY counties except Sullivan and Ulster<br>Freedom - Available in Sullivan and Ulster counties only | Liberty - Available in all in-area NY counties except Sullivan and Ulster<br>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<br>Adult - $20 copayment per visit | Children 0-19 - No Charge<br>Adult - $20 copayment per visit |
| Out-of Network Cost Share | N/A | N/A |

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

## BENEFIT DESCRIPTIONS

| | | |
|---|---|---|
| **Outpatient Care** | | |
| **Limit** | None | None |
| **In-network Cost Share** | $20 Copay per visit for:<br><br>PCP & Specialist office visit<br>Surgery in physician's office<br>MRI, CT scan & other radiology services | Deductible then $20 copay per visit for:<br><br>PCP & Specialist office visit<br>Surgery in physician's office<br>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 |

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

## BENEFIT DESCRIPTIONS

| | | |
|---|---|---|
| **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<br>Hospital services for mother & child - Lesser of 20% of the cost or $200 | Prenatal & Postnatal care - $10 copay<br>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<br>Pre-admission testing - $20 copay<br>Surgeon's services - Lesser of $200 or 20%<br>Physician's anesthetic services - $20 copay<br>Blood and blood products - $20 copay<br>Semi-private room and board - $500 per continuous confinement<br>All drugs and medications - No Charge | Physician services (non-surgical) - Deductible then $20 copay<br>Pre-admission testing - Deductible then $20 copay<br>Surgeon's services - Deductible then lesser of $200 or 20%<br>Physician's anesthetic services - Deductible then $20 copay<br>Blood and blood products - Deductible then $20 copay<br>Semi-private room and board - Deductible then $500 per continuous confinement<br>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 |

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

## BENEFIT DESCRIPTIONS

| | | |
|---|---|---|
| **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** | 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<br><br>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. | 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<br><br>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. |
| **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** | $10 generic, $20 brand after $100 ded. per calendar year<br><br>$3,000 cap per member per calendar year paid by Oxford<br><br>Mail Order: 90-day supply of maintenance medications through Medco Health Home Delivery for two applicable copays. | $10 generic, $20 brand after $1,200 ded. per contract year<br><br>$3,000 cap per member per contract year paid by Oxford<br><br>Mail Order: 90-day supply of maintenance medications through Medco Health Home Delivery for two applicable copays. |
| **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. | | |

<<Oxford Health Plans letterhead>>

<<Date>>

<<Member Name>>
<<Member Address>>
<<City, State, Zip>>
<<Member Number>>

Re: Healthy New York Program Renewal Option

Dear <<Member Name>>,

Oxford Health Plans appreciates your business and the opportunity to provide your health benefits. On <<renewal date>>, your anniversary date, you will complete your current policy year with Oxford Health Plans. Listed below are your current rates and the renewal plan options available with the rates approved by the Department of Financial Services.

| YOUR CURRENT COVERAGE | |
|---|---|
| **Plan Type** | **<< Healthy New York with Prescription Drug Coverage or Healthy New York without Prescription Drug Coverage** |
| **Rate** | Single: $<br>Couple: $<br>Parent/Child(ren): $<br>Family: $ |

| RENEWAL OPTIONS | | |
|---|---|---|
| | **Option 1** | **Option 2** |
| **Plan Type** | **Healthy New York with Prescription Drug Coverage** | **Healthy New York without Prescription Drug Coverage** |
| **Prescription Drug Benefit** | $10 generic drugs, $20 brand name drugs<br>$100 deductible, $3000 maximum limit | No Coverage |
| **Rate** | Single: $494.94<br>Couple: $970.08<br>Parent/Child(ren): $1,088.86<br>Family: $1,608.55 | Single: $414.16<br>Couple: $811.76<br>Parent/Child(ren): $911.16<br>Family: $1,346.02 |
| | | |

Failure to complete and return the recertification form prior to your renewal date will result in termination of your coverage.

If you have returned the recertification form and your group has been approved for the Healthy New York program there is no additional action needed with this letter.

If you have any questions, please call Oxford Customer Service at 1-800-767-3840.

Sincerely,

Oxford Health Plans (NY), Inc.

<<Oxford Health Plans letterhead>>

<<Date>>

<<Benefits Administrator>>
<<Group Name>>
<<Group Address>>
<<City, State, Zip>>

Group Number: <<Group Number>>

Re: Healthy New York Program Renewal Option

Dear <<Benefits Administrator>>,

Oxford Health Plans appreciates your business and the opportunity to provide your health benefits. On <<renewal date>>, your anniversary date, you will complete your current policy year with Oxford Health Plans. Listed below are your current rates and the renewal plan options available with the rates approved by the Department of Financial Services.

| YOUR CURRENT COVERAGE | |
|---|---|
| **Plan Type** | **<< Healthy New York with Prescription Drug Coverage or Healthy New York without Prescription Drug Coverage** |
| **Rate** | Single: $<<Current Single>><br>Couple: $<<Current Couple>><br>Parent/Child(ren): $<<Current PCH>><br>Family: $<<Current Family>> |

| RENEWAL OPTIONS | | |
|---|---|---|
| | **Option 1** | **Option 2** |
| **Plan Type** | **Healthy New York with Prescription Drug Coverage** | **Healthy New York without Prescription Drug Coverage** |
| **Prescription Drug Benefit** | $10 generic drugs, $20 brand name drugs<br>$100 deductible, $3000 maximum limit | No Coverage |
| **Rate** | Single: $<<Future Rx Single>><br>Couple: $<<Future Rx Couple>><br>Parent/Child(ren): $<<Future Rx PCH>><br>Family: $<<Future Rx Family>> | Single: $<<Future No Rx Single>><br>Couple: $<<Future No Rx Couple>><br>Parent/Child(ren): $<<Future No Rx PCH>><br>Family: $<<Future No Rx Family>> |

Failure to complete and return the recertification form prior to your renewal date will result in termination of your group's coverage.

If you have returned the recertification form and your group has been approved for the Healthy New York program there is no additional action needed with this letter.

If you have any questions, please call Oxford Group Services at 1-888-201-4216.

Sincerely,

Oxford Health Plans (NY), Inc.