

SERFF Tracking #:

XFRD-128554047

State Tracking #:

2012070155

Company Tracking #:

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 Individual Grandfathered POS In-Network CY 2013

Project Name/Number:

/

## Correspondence Summary

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Updated 60 Day Letters	Brian Landrigan	10/01/2012	10/01/2012

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Approval of Revised Rate Manual	Note To Filer	Veng Taing	10/02/2012	10/02/2012

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## Amendment Letter

Submitted Date: 10/01/2012

Comments:

We have attached updated versions of the 60 day letters that replace DOI with DFS.

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

### Supporting Document Schedule Item Changes

Satisfied - Item:	Updated 60 Day Letters
Comments:	
Attachment(s):	
NY-06-046 (PF004).pdf	
NY-06-047 (PF088).pdf	

**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 Individual Grandfathered POS In-Network CY 2013  
**Project Name/Number:** /

## Note To Filer

**Created By:**

Veng Taing on 10/02/2012 08:40 AM

**Last Edited By:**

Veng Taing

**Submitted On:**

10/02/2012 08:40 AM

**Subject:**

Approval of Revised Rate Manual

**Comments:**

The revised rate manual submitted on September 25, 2012 is approved.

**SERFF Tracking #:**

XFRD-128554047

**State Tracking #:**

2012070155

**Company Tracking #:****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 Individual Grandfathered POS In-Network CY 2013

**Project Name/Number:**

/

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Approved Rates		
Comments:			
Attachment(s):			
2013 Cover letter Oxford Individual GF POS Resubmit.pdf			
Exhibit II - Ind GF POS Rate Manual 2013 Approved v2.pdf			
NY-06-046 (PF004).pdf			
NY-06-047 (PF088).pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Updated 60 Day Letters		
Comments:			
Attachment(s):			
NY-06-046 (PF004).pdf			
NY-06-047 (PF088).pdf			

**OXFORD HEALTH PLANS (NY), INC.  
OXFORD HEALTH INSURANCE, INC.  
POINT OF SERVICE INDIVIDUAL PLAN  
MANHATTAN REGION  
Form OHPNY 93 3 (IC)**

**PROPOSED OUT-OF-PLAN PREMIUM RATES (OHI)**

	<u>Jan-13</u>	<u>Feb-13</u>	<u>Mar-13</u>	<u>Apr-13</u>	<u>May-13</u>	<u>Jun-13</u>	<u>Jul-13</u>	<u>Aug-13</u>	<u>Sep-13</u>	<u>Oct-13</u>	<u>Nov-13</u>	<u>Dec-13</u>
Individual	112.16	113.51	114.99	116.37	117.88	119.29	120.84	122.29	123.88	125.36	126.99	128.51
Parent/Child	225.67	228.38	231.35	234.13	237.18	240.03	243.15	246.07	249.26	252.25	255.52	258.58
Employee/Spouse	224.32	227.02	229.98	232.74	235.77	238.60	241.70	244.60	247.77	250.74	253.99	257.03
Family	344.88	349.03	353.58	357.83	362.48	366.83	371.60	376.06	380.94	385.50	390.50	395.17

**PROPOSED IN-PLAN PREMIUM RATES (OHPNY)**

	<u>Jan-13</u>	<u>Feb-13</u>	<u>Mar-13</u>	<u>Apr-13</u>	<u>May-13</u>	<u>Jun-13</u>	<u>Jul-13</u>	<u>Aug-13</u>	<u>Sep-13</u>	<u>Oct-13</u>	<u>Nov-13</u>	<u>Dec-13</u>
Individual	653.32	661.17	669.78	677.83	686.65	694.89	703.92	712.36	721.60	730.25	739.71	748.57
Parent/Child	1314.55	1330.35	1347.68	1363.86	1381.60	1398.18	1416.35	1433.33	1451.94	1469.33	1488.38	1506.20
Employee/Spouse	1306.65	1322.35	1339.57	1355.66	1373.29	1389.77	1407.83	1424.71	1443.21	1460.50	1479.44	1497.15
Family	2008.88	2033.02	2059.49	2084.22	2111.34	2136.68	2164.44	2190.39	2218.82	2245.41	2274.52	2301.75

**PROPOSED GF POS MANHATTAN TOTAL PREMIUM RATES**

	<u>Jan-13</u>	<u>Feb-13</u>	<u>Mar-13</u>	<u>Apr-13</u>	<u>May-13</u>	<u>Jun-13</u>	<u>Jul-13</u>	<u>Aug-13</u>	<u>Sep-13</u>	<u>Oct-13</u>	<u>Nov-13</u>	<u>Dec-13</u>
Individual	765.48	774.68	784.77	794.20	804.53	814.18	824.76	834.65	845.48	855.61	866.70	877.08
Parent/Child	1540.22	1558.73	1579.03	1597.99	1618.78	1638.21	1659.50	1679.40	1701.20	1721.58	1743.90	1764.78
Employee/Spouse	1530.97	1549.37	1569.55	1588.40	1609.06	1628.37	1649.53	1669.31	1690.98	1711.24	1733.43	1754.18
Family	2353.76	2382.05	2413.07	2442.05	2473.82	2503.51	2536.04	2566.45	2599.76	2630.91	2665.02	2696.92

**OXFORD HEALTH PLANS (NY), INC.  
OXFORD HEALTH INSURANCE, INC.  
POINT OF SERVICE INDIVIDUAL PLAN  
MANHATTAN REGION  
Form OHPNY 93 3 (IC)**

**PRIOR TOTAL PREMIUM RATES**

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	842.34	852.45	862.68	873.03	883.51	894.11	904.84	915.70	926.69	937.81	949.06	960.45
Parent/Child	1694.80	1715.14	1735.75	1756.57	1777.66	1799.02	1820.59	1842.43	1864.54	1886.93	1909.59	1932.52
Employee/Spouse	1684.70	1704.90	1725.38	1746.06	1767.01	1788.24	1809.67	1831.37	1853.35	1875.60	1898.12	1920.92
Family	2590.23	2621.28	2652.74	2684.54	2716.75	2749.37	2782.33	2815.70	2849.48	2883.67	2918.27	2953.28

**Premium Increase (Year over Year)**

	<u>Jan-13</u>	<u>Feb-13</u>	<u>Mar-13</u>	<u>Apr-13</u>	<u>May-13</u>	<u>Jun-13</u>	<u>Jul-13</u>	<u>Aug-13</u>	<u>Sep-13</u>	<u>Oct-13</u>	<u>Nov-13</u>	<u>Dec-13</u>
Individual	-76.86	-77.77	-77.91	-78.83	-78.98	-79.93	-80.08	-81.05	-81.21	-82.20	-82.36	-83.37
Parent/Child	-154.58	-156.41	-156.72	-158.58	-158.88	-160.81	-161.09	-163.03	-163.34	-165.35	-165.69	-167.74
Employee/Spouse	-153.73	-155.53	-155.83	-157.66	-157.95	-159.87	-160.14	-162.06	-162.37	-164.36	-164.69	-166.74
Family	-236.47	-239.23	-239.67	-242.49	-242.93	-245.86	-246.29	-249.25	-249.72	-252.76	-253.25	-256.36

**Percent Premium Increase (Year over Year)**

	<u>Jan-13</u>	<u>Feb-13</u>	<u>Mar-13</u>	<u>Apr-13</u>	<u>May-13</u>	<u>Jun-13</u>	<u>Jul-13</u>	<u>Aug-13</u>	<u>Sep-13</u>	<u>Oct-13</u>	<u>Nov-13</u>	<u>Dec-13</u>
Individual	-9.1%	-9.1%	-9.0%	-9.0%	-8.9%	-8.9%	-8.9%	-8.9%	-8.8%	-8.8%	-8.7%	-8.7%
Parent/Child	-9.1%	-9.1%	-9.0%	-9.0%	-8.9%	-8.9%	-8.8%	-8.8%	-8.8%	-8.8%	-8.7%	-8.7%
Employee/Spouse	-9.1%	-9.1%	-9.0%	-9.0%	-8.9%	-8.9%	-8.8%	-8.8%	-8.8%	-8.8%	-8.7%	-8.7%
Family	-9.1%	-9.1%	-9.0%	-9.0%	-8.9%	-8.9%	-8.9%	-8.9%	-8.8%	-8.8%	-8.7%	-8.7%

**OXFORD HEALTH PLANS (NY), INC.  
OXFORD HEALTH INSURANCE, INC.  
POINT OF SERVICE INDIVIDUAL PLAN  
NON-MANHATTAN REGION  
Form OHPNY 93 3 (IC)**

**PROPOSED OUT-OF-PLAN PREMIUM RATES (OHI)**

	<u>Jan-13</u>	<u>Feb-13</u>	<u>Mar-13</u>	<u>Apr-13</u>	<u>May-13</u>	<u>Jun-13</u>	<u>Jul-13</u>	<u>Aug-13</u>	<u>Sep-13</u>	<u>Oct-13</u>	<u>Nov-13</u>	<u>Dec-13</u>
Individual	32.16	32.55	32.97	33.36	33.79	34.20	34.64	35.06	35.52	35.94	36.41	36.84
Parent/Child	64.63	65.41	66.26	67.06	67.93	68.74	69.63	70.47	71.38	72.24	73.18	74.05
Employee/Spouse	64.32	65.10	65.95	66.74	67.61	68.42	69.31	70.14	71.04	71.89	72.82	73.69
Family	98.96	100.16	101.47	102.69	104.02	105.26	106.63	107.91	109.31	110.61	112.05	113.39

**PROPOSED IN-PLAN PREMIUM RATES (OHPNY)**

	<u>Jan-13</u>	<u>Feb-13</u>	<u>Mar-13</u>	<u>Apr-13</u>	<u>May-13</u>	<u>Jun-13</u>	<u>Jul-13</u>	<u>Aug-13</u>	<u>Sep-13</u>	<u>Oct-13</u>	<u>Nov-13</u>	<u>Dec-13</u>
Individual	653.32	661.17	669.78	677.83	686.65	694.89	703.92	712.36	721.60	730.25	739.71	748.57
Parent/Child	1314.55	1330.35	1347.68	1363.86	1381.60	1398.18	1416.35	1433.33	1451.94	1469.33	1488.38	1506.20
Employee/Spouse	1306.65	1322.35	1339.57	1355.66	1373.29	1389.77	1407.83	1424.71	1443.21	1460.50	1479.44	1497.15
Family	2008.88	2033.02	2059.49	2084.22	2111.34	2136.68	2164.44	2190.39	2218.82	2245.41	2274.52	2301.75

**GF POS NON- MANHATTAN TOTAL PREMIUM RATES**

	<u>Jan-13</u>	<u>Feb-13</u>	<u>Mar-13</u>	<u>Apr-13</u>	<u>May-13</u>	<u>Jun-13</u>	<u>Jul-13</u>	<u>Aug-13</u>	<u>Sep-13</u>	<u>Oct-13</u>	<u>Nov-13</u>	<u>Dec-13</u>
Individual	685.48	693.72	702.75	711.19	720.44	729.09	738.56	747.42	757.12	766.19	776.12	785.41
Parent/Child	1379.18	1395.76	1413.94	1430.92	1449.53	1466.92	1485.98	1503.80	1523.32	1541.57	1561.56	1580.25
Employee/Spouse	1370.97	1387.45	1405.52	1422.40	1440.90	1458.19	1477.14	1494.85	1514.25	1532.39	1552.26	1570.84
Family	2107.84	2133.18	2160.96	2186.91	2215.36	2241.94	2271.07	2298.30	2328.13	2356.02	2386.57	2415.14

**OXFORD HEALTH PLANS (NY), INC.  
OXFORD HEALTH INSURANCE, INC.  
POINT OF SERVICE INDIVIDUAL PLAN  
NON-MANHATTAN REGION  
Form OHPNY 93 3 (IC)**

**PRIOR TOTAL PREMIUM RATES**

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	754.31	763.36	772.52	781.79	791.17	800.66	810.27	819.99	829.83	839.79	849.87	860.07
Parent/Child	1517.67	1535.88	1554.31	1572.96	1591.84	1610.94	1630.27	1649.83	1669.63	1689.67	1709.95	1730.47
Employee/Spouse	1508.62	1526.72	1545.04	1563.58	1582.34	1601.33	1620.55	1640.00	1659.68	1679.60	1699.76	1720.16
Family	2319.50	2347.33	2375.50	2404.01	2432.86	2462.05	2491.59	2521.49	2551.75	2582.37	2613.36	2644.72

**Premium Increase (Year over Year)**

	<u>Jan-13</u>	<u>Feb-13</u>	<u>Mar-13</u>	<u>Apr-13</u>	<u>May-13</u>	<u>Jun-13</u>	<u>Jul-13</u>	<u>Aug-13</u>	<u>Sep-13</u>	<u>Oct-13</u>	<u>Nov-13</u>	<u>Dec-13</u>
Individual	-68.83	-69.64	-69.77	-70.60	-70.73	-71.57	-71.71	-72.57	-72.71	-73.60	-73.75	-74.66
Parent/Child	-138.49	-140.12	-140.37	-142.04	-142.31	-144.02	-144.29	-146.03	-146.31	-148.10	-148.39	-150.22
Employee/Spouse	-137.65	-139.27	-139.52	-141.18	-141.44	-143.14	-143.41	-145.15	-145.43	-147.21	-147.50	-149.32
Family	-211.66	-214.15	-214.54	-217.10	-217.50	-220.11	-220.52	-223.19	-223.62	-226.35	-226.79	-229.58

**Percent Premium Increase (Year over Year)**

	<u>Jan-13</u>	<u>Feb-13</u>	<u>Mar-13</u>	<u>Apr-13</u>	<u>May-13</u>	<u>Jun-13</u>	<u>Jul-13</u>	<u>Aug-13</u>	<u>Sep-13</u>	<u>Oct-13</u>	<u>Nov-13</u>	<u>Dec-13</u>
Individual	-9.1%	-9.1%	-9.0%	-9.0%	-8.9%	-8.9%	-8.9%	-8.9%	-8.8%	-8.8%	-8.7%	-8.7%
Parent/Child	-9.1%	-9.1%	-9.0%	-9.0%	-8.9%	-8.9%	-8.9%	-8.9%	-8.8%	-8.8%	-8.7%	-8.7%
Employee/Spouse	-9.1%	-9.1%	-9.0%	-9.0%	-8.9%	-8.9%	-8.8%	-8.9%	-8.8%	-8.8%	-8.7%	-8.7%
Family	-9.1%	-9.1%	-9.0%	-9.0%	-8.9%	-8.9%	-8.9%	-8.9%	-8.8%	-8.8%	-8.7%	-8.7%

**Oxford Health Plans (NY), Inc.**  
**Oxford Health Insurance, Inc.**  
**POINT OF SERVICE INDIVIDUAL PLAN**  
**Form OHPNY GrpAge29 LS 1109**  
**Dependent to Age 29 Rider**

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

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

<u>Tier</u>	<u>Percent of medical &amp; pharmacy rate</u>
Individual	0.00%
Parent/Child(ren)	35.16%
Employee/Spouse	0.00%
Family	22.60%

**Oxford Health Plans (NY), Inc.  
Oxford Health Insurance, Inc.  
POINT OF SERVICE INDIVIDUAL PLAN**

**Rate Calculation & Example**

*Example: New York County*

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>2012 Individual Rate</b>	\$ 842.34	\$ 852.45	\$ 862.68	\$ 873.03	\$ 883.51	\$ 894.11	\$ 904.84	\$ 915.70	\$ 926.69	\$ 937.81	\$ 949.06	\$ 960.45
<b>2012 Parent/Child(ren) Rate</b>	\$ 1,694.80	\$ 1,715.14	\$ 1,735.75	\$ 1,756.57	\$ 1,777.66	\$ 1,799.02	\$ 1,820.59	\$ 1,842.43	\$ 1,864.54	\$ 1,886.93	\$ 1,909.59	\$ 1,932.52
<b>2012 Employee/Spouse Rate</b>	\$ 1,684.70	\$ 1,704.90	\$ 1,725.38	\$ 1,746.06	\$ 1,767.01	\$ 1,788.24	\$ 1,809.67	\$ 1,831.37	\$ 1,853.35	\$ 1,875.60	\$ 1,898.12	\$ 1,920.92
<b>2012 Family Rate</b>	\$ 2,590.23	\$ 2,621.28	\$ 2,652.74	\$ 2,684.54	\$ 2,716.75	\$ 2,749.37	\$ 2,782.33	\$ 2,815.70	\$ 2,849.48	\$ 2,883.67	\$ 2,918.27	\$ 2,953.28
<b>x Trend Adjustment</b>	0.909	0.909	0.910	0.910	0.911	0.911	0.911	0.911	0.912	0.912	0.913	0.913
	0.909	0.909	0.910	0.910	0.911	0.911	0.912	0.912	0.912	0.912	0.913	0.913
	0.909	0.909	0.910	0.910	0.911	0.911	0.912	0.912	0.912	0.912	0.913	0.913
	0.909	0.909	0.910	0.910	0.911	0.911	0.911	0.911	0.912	0.912	0.913	0.913
<b>= 2013 Individual Rate</b>	\$ 765.48	\$ 774.68	\$ 784.77	\$ 794.20	\$ 804.53	\$ 814.18	\$ 824.76	\$ 834.65	\$ 845.48	\$ 855.61	\$ 866.70	\$ 877.08
<b>= 2013 Parent/Child(ren) Rate</b>	\$ 1,540.22	\$ 1,558.73	\$ 1,579.03	\$ 1,597.99	\$ 1,618.78	\$ 1,638.21	\$ 1,659.50	\$ 1,679.40	\$ 1,701.20	\$ 1,721.58	\$ 1,743.90	\$ 1,764.78
<b>= 2013 Employee/Spouse Rate</b>	\$ 1,530.97	\$ 1,549.37	\$ 1,569.55	\$ 1,588.40	\$ 1,609.06	\$ 1,628.37	\$ 1,649.53	\$ 1,669.31	\$ 1,690.98	\$ 1,711.24	\$ 1,733.43	\$ 1,754.18
<b>= 2013 Family Rate</b>	\$ 2,353.76	\$ 2,382.05	\$ 2,413.07	\$ 2,442.05	\$ 2,473.82	\$ 2,503.51	\$ 2,536.04	\$ 2,566.45	\$ 2,599.76	\$ 2,630.91	\$ 2,665.02	\$ 2,696.92

**Oxford Health Plans (NY), Inc.  
Oxford Health Insurance, Inc.  
POINT OF SERVICE INDIVIDUAL PLAN**

**Rate Change Summary: January 2013 through December 2013**

	<b>Manhattan</b>	<b>All others</b>
<i>Minimum rate change</i>	-9.1%	-9.1%
<i>Maximum rate change</i>	-8.7%	-8.7%
<i>Member weighted average rate change</i>	-8.6%	-8.6%

For each month, the rate change is the same for all renewing members.

**Oxford Health Plans (NY), Inc.  
Oxford Health Insurance, Inc.  
POINT OF SERVICE INDIVIDUAL PLAN**

**2013 Projected Loss Ratios**

Projected loss ratio before application of estimated stop-loss recoveries and Regulation 146	73.0%
Projected loss ratio after application of estimated stop-loss recoveries and Regulation 146	72.3%
Estimated Regulation 146 distribution as percent of incurred claims	-0.9%
Estimated stop-loss recovery as percent of incurred claims	0.0%

*Projections are as of June 19, 2012*

**Oxford Health Plans (NY), Inc.  
Oxford Health Insurance, Inc.  
NEW YORK GRANDFATHERED INDIVIDUAL POS**

**BENEFIT DESCRIPTIONS**

Grandfathered Individual Product POS (not available to new subscribers)			
Medical Care			
Benefit Type	Limits	In Network Cost Share	Out of Network Cost Share
Emergency Room Services	No limit	\$50 (waived if admitted)	Ded. & Coin.
Physician Office visits	No limit	\$15 Copay	Ded. & Coin.
Specialist Office Visits	No limit	\$15 Copay	Ded. & Coin.
Prescription Drugs	Not covered	Not covered	Not covered
Cost Sharing			
Ded. & Coinsurance		none	\$1000, 30%
Maximum out of pocket		none	\$4,500

**Oxford Health Plans (NY), Inc.  
Oxford Health Insurance, Inc.  
POINT OF SERVICE INDIVIDUAL PLAN**

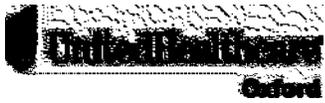
**Commissions & Incentives**

There are no commissions paid on individual products.

**Oxford Health Plans (NY), Inc.  
Oxford Health Insurance, Inc.  
POINT OF SERVICE INDIVIDUAL PLAN**

**Underwriting Guidelines**

This plan is available only to existing subscribers.



48 Monroe Turnpike  
Trumbull, CT 06611

SYS\_DateCurrent

SYS\_Name  
SYS\_Add2  
SYS\_Add3 SYS\_Add4  
SYS\_Add5, SYS\_Add6 SYS\_Zip

RE: Member\_ID

Dear SYS\_Name,

Renewal\_Date marks your anniversary with Oxford as well as the time to renew your coverage. Simply remit your payment, as usual, upon receipt of your bill. Please be aware that *your annual renewal is the only opportunity you have to switch to a different Oxford plan*. You will notice that your bill has been updated to reflect the Renewal\_Date New York renewal rates that are filed with the New York State Insurance Department.

<b><u>Manhattan</u></b>	<b><u>Current</u></b>	<b><u>Renewal</u></b>	<b><u>Non-Manhattan</u></b>	<b><u>Current</u></b>	<b><u>Renewal</u></b>
<b>Individual</b>	<u>CURRENT_IN</u>	<u>Individual_R</u>	<b>Individual</b>	<u>CURRENT</u>	<u>Non_Individua</u>
<b>Parent/Child</b>	<u>CURRENT_PA</u>	<u>Parent_Child</u>	<b>Parent/Child</b>	<u>CUR_NON</u>	<u>Non_Parent_C</u>
<b>Husband/Wife</b>	<u>CURRENT_H</u>	<u>Husband_Wif</u>	<b>Husband/Wife</b>	<u>CUR_NON</u>	<u>Non_Husband</u>
<b>Family</b>	<u>CURRENT_FA</u>	<u>Family_Rate</u>	<b>Family</b>	<u>CUR_NON</u>	<u>Non_Family</u>

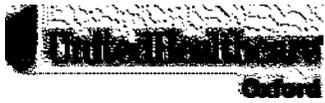
The new rates reflect the significant increase in health care costs in your area. If you have any questions about renewing your coverage with Oxford, please contact a Service Associate at 1-800-767-3840. We will be happy to assist you.

Sincerely,

Oxford Health Plans®

New York  
Group\_ID CSP\_Cd

Renewal\_Date



48 Monroe Turnpike  
Trumbull, CT 06611

SYS\_DateCurrent

SYS\_Name  
SYS\_Add2  
SYS\_Add3 SYS\_Add4  
SYS\_Add5, SYS\_Add6 SYS\_Zip

RE: Member\_ID

Dear SYS\_Name,

Renewal\_Date marks your anniversary with Oxford as well as the time to renew your coverage. Simply remit your payment, as usual, upon receipt of your bill, but please be aware that **your annual renewal is the only opportunity you have to switch to a different Oxford plan.** You will notice that your bill has been updated to reflect the Renewal\_Date New York renewal rates that are filed with the New York Insurance Department.

	<b>Current</b>	<b>Renewal</b>
<b>Individual</b>	<u>CURRENT_IN</u>	<u>Individual_Rate</u>
<b>Parent/Child</b>	<u>CURRENT_P</u>	<u>Parent_Child_Rat</u>
<b>Husband/Wife</b>	<u>CURRENT_H</u>	<u>Husband_Wife</u>
<b>Family</b>	<u>CURRENT_F</u>	<u>Family_Rate</u>

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Oxford Health Plans®

New York  
Group\_ID CSP\_Cd

Renewal\_Date

SYS DateCurrent

SYS Name  
SYS Add2  
SYS Add3 SYS Add4  
SYS Add5, SYS Add6 SYS Zip

RE: Member ID

Dear SYS Name,

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<u>Manhattan</u>	<u>Current</u>	<u>Renewal</u>	<u>Non-Manhattan</u>	<u>Current</u>	<u>Renewal</u>
<b>Individual</b>	<u>CURRENT IN</u>	<u>Individual R</u>	<b>Individual</b>	<u>CURRENT</u>	<u>Non Individua</u>
<b>Parent/Child</b>	<u>CURRENT PA</u>	<u>Parent Child</u>	<b>Parent/Child</b>	<u>CUR NON</u>	<u>Non Parent C</u>
<b>Husband/Wife</b>	<u>CURRENT H</u>	<u>Husband Wif</u>	<b>Husband/Wife</b>	<u>CUR NON</u>	<u>Non Husband</u>
<b>Family</b>	<u>CURRENT FA</u>	<u>Family Rate</u>	<b>Family</b>	<u>CUR NON</u>	<u>Non Family</u>

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Oxford Health Plans®

New York  
Group ID CSP Cd

Renewal Date

SYS\_DateCurrent

SYS\_Name  
SYS\_Add2  
SYS\_Add3 SYS\_Add4  
SYS\_Add5, SYS\_Add6 SYS\_Zip

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	<b>Current</b>	<b>Renewal</b>
<b>Individual</b>	<u>CURRENT_IN</u>	<u>Individual_Rate</u>
<b>Parent/Child</b>	<u>CURRENT_P</u>	<u>Parent_Child_Rat</u>
<b>Husband/Wife</b>	<u>CURRENT_H</u>	<u>Husband_Wife</u>
<b>Family</b>	<u>CURRENT_F</u>	<u>Family_Rate</u>

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