

SERFF Tracking #:

XFRD-128554053

State Tracking #:

2012070156

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 POS CY 2013

Project Name/Number:

/

## Correspondence Summary

### 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

**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 POS CY 2013  
**Project Name/Number:** /

## Note To Filer

**Created By:**

Veng Taing on 10/02/2012 08:39 AM

**Last Edited By:**

Veng Taing

**Submitted On:**

10/02/2012 08:39 AM

**Subject:**

Approval of Revised Rate Manual

**Comments:**

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

SERFF Tracking #:

XFRD-128554053

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Company Tracking #:

State:

New York

Filing Company:

Oxford Health Plans (NY), Inc.

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## Supporting Document Schedules

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

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

**OXFORD HEALTH PLANS (NY), INC.  
POINT OF SERVICE INDIVIDUAL PLAN - POYF  
FORM NO; OHPNY HMO IND POS 3/99  
MANHATTAN AND NON-MANHATTAN REGION**

**PROPOSED POS PREMIUM RATES: 100% Preventive Coverage**

<i>Medical &amp; Pharmacy</i>	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	\$ 2,034.50	\$ 2,058.95	\$ 2,083.69	\$ 2,108.72	\$ 2,136.16	\$ 2,161.80	\$ 2,187.74	\$ 2,213.98	\$ 2,240.53	\$ 2,267.39	\$ 2,294.56	\$ 2,324.32
Parent/Child	\$ 4,093.41	\$ 4,142.61	\$ 4,192.38	\$ 4,242.74	\$ 4,297.95	\$ 4,349.54	\$ 4,401.73	\$ 4,454.53	\$ 4,507.95	\$ 4,561.99	\$ 4,616.65	\$ 4,676.53
Employee/Spouse	\$ 4,069.00	\$ 4,117.90	\$ 4,167.38	\$ 4,217.44	\$ 4,272.32	\$ 4,323.60	\$ 4,375.48	\$ 4,427.96	\$ 4,481.06	\$ 4,534.78	\$ 4,589.12	\$ 4,648.64
Family	\$ 6,256.09	\$ 6,331.27	\$ 6,407.35	\$ 6,484.31	\$ 6,568.69	\$ 6,647.54	\$ 6,727.30	\$ 6,807.99	\$ 6,889.63	\$ 6,972.22	\$ 7,055.77	\$ 7,147.28
<i>Dependent to Age 29</i>	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	\$ 1,439.24	\$ 1,456.54	\$ 1,474.04	\$ 1,491.75	\$ 1,511.16	\$ 1,529.30	\$ 1,547.65	\$ 1,566.21	\$ 1,585.00	\$ 1,604.00	\$ 1,623.21	\$ 1,644.27
Employee/Spouse	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 1,413.88	\$ 1,430.87	\$ 1,448.06	\$ 1,465.45	\$ 1,484.52	\$ 1,502.34	\$ 1,520.37	\$ 1,538.61	\$ 1,557.06	\$ 1,575.72	\$ 1,594.60	\$ 1,615.29

**APPROVED PREMIUM RATES FROM PRIOR RATE PERIOD**

	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	\$ 1,878.24	\$ 1,900.78	\$ 1,923.59	\$ 1,946.67	\$ 1,970.03	\$ 1,993.67	\$ 2,017.59	\$ 2,041.80	\$ 2,066.30	\$ 2,091.10	\$ 2,116.19	\$ 2,141.58
Parent/Child	\$ 3,779.02	\$ 3,824.37	\$ 3,870.26	\$ 3,916.70	\$ 3,963.70	\$ 4,011.26	\$ 4,059.39	\$ 4,108.10	\$ 4,157.40	\$ 4,207.29	\$ 4,257.77	\$ 4,308.86
Employee/Spouse	\$ 3,756.48	\$ 3,801.56	\$ 3,847.18	\$ 3,893.34	\$ 3,940.06	\$ 3,987.34	\$ 4,035.18	\$ 4,083.60	\$ 4,132.60	\$ 4,182.20	\$ 4,232.38	\$ 4,283.16
Family	\$ 5,775.59	\$ 5,844.90	\$ 5,915.04	\$ 5,986.01	\$ 6,057.84	\$ 6,130.54	\$ 6,204.09	\$ 6,278.54	\$ 6,353.87	\$ 6,430.13	\$ 6,507.28	\$ 6,585.36
<i>Dependent to Age 29</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child	\$ 1,328.88	\$ 1,344.83	\$ 1,360.97	\$ 1,377.30	\$ 1,393.82	\$ 1,410.55	\$ 1,427.47	\$ 1,444.60	\$ 1,461.94	\$ 1,479.48	\$ 1,497.23	\$ 1,515.20
Employee/Spouse	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 1,305.57	\$ 1,321.23	\$ 1,337.09	\$ 1,353.13	\$ 1,369.37	\$ 1,385.80	\$ 1,402.43	\$ 1,419.26	\$ 1,436.28	\$ 1,453.52	\$ 1,470.96	\$ 1,488.61

**OXFORD HEALTH PLANS (NY), INC.  
POINT OF SERVICE INDIVIDUAL PLAN - POYF  
FORM NO; OHPNY HMO IND POS 3/99  
MANHATTAN AND NON-MANHATTAN REGION**

**CHANGE IN RATES (YEAR OVER YEAR)**

<i>Medical &amp; Pharmacy</i>	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	\$ 156.26	\$ 158.17	\$ 160.10	\$ 162.05	\$ 166.13	\$ 168.13	\$ 170.15	\$ 172.18	\$ 174.23	\$ 176.29	\$ 178.37	\$ 182.74
Parent/Child	\$ 314.39	\$ 318.24	\$ 322.12	\$ 326.04	\$ 334.25	\$ 338.28	\$ 342.34	\$ 346.43	\$ 350.55	\$ 354.70	\$ 358.88	\$ 367.67
Employee/Spouse	\$ 312.52	\$ 316.34	\$ 320.20	\$ 324.10	\$ 332.26	\$ 336.26	\$ 340.30	\$ 344.36	\$ 348.46	\$ 352.58	\$ 356.74	\$ 365.48
Family	\$ 480.50	\$ 486.37	\$ 492.31	\$ 498.30	\$ 510.85	\$ 517.00	\$ 523.21	\$ 529.45	\$ 535.76	\$ 542.09	\$ 548.49	\$ 561.92

<i>Dependent to Age 29</i>	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	\$ 110.36	\$ 111.71	\$ 113.07	\$ 114.45	\$ 117.34	\$ 118.75	\$ 120.18	\$ 121.61	\$ 123.06	\$ 124.52	\$ 125.98	\$ 129.07
Employee/Spouse	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 108.31	\$ 109.64	\$ 110.97	\$ 112.32	\$ 115.15	\$ 116.54	\$ 117.94	\$ 119.35	\$ 120.78	\$ 122.20	\$ 123.64	\$ 126.68

**PERCENTAGE CHANGE IN RATES (YEAR OVER YEAR)**

<i>Medical &amp; Pharmacy</i>	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	8.3%	8.3%	8.3%	8.3%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.5%
Parent/Child	8.3%	8.3%	8.3%	8.3%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.5%
Employee/Spouse	8.3%	8.3%	8.3%	8.3%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.5%
Family	8.3%	8.3%	8.3%	8.3%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.5%

<i>Dependent to Age 29</i>	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	8.3%	8.3%	8.3%	8.3%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.5%
Employee/Spouse	-	-	-	-	-	-	-	-	-	-	-	-
Family	8.3%	8.3%	8.3%	8.3%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.5%

**OXFORD HEALTH PLANS (NY), INC.  
POINT OF SERVICE INDIVIDUAL PLAN - POYF  
FORM NO; OHPNY HMO IND POS 3/99  
MANHATTAN AND NON-MANHATTAN REGION**

**PROPOSED POS PREMIUM RATES: Preventive Cost Share**

<i>Medical &amp; Pharmacy</i>	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	\$ 2,024.80	\$ 2,049.14	\$ 2,073.76	\$ 2,098.67	\$ 2,125.98	\$ 2,151.50	\$ 2,177.31	\$ 2,203.42	\$ 2,229.84	\$ 2,256.57	\$ 2,283.61	\$ 2,313.22
Parent/Child	\$ 4,073.90	\$ 4,122.87	\$ 4,172.41	\$ 4,222.52	\$ 4,277.47	\$ 4,328.82	\$ 4,380.75	\$ 4,433.28	\$ 4,486.44	\$ 4,540.22	\$ 4,594.62	\$ 4,654.20
Employee/Spouse	\$ 4,049.60	\$ 4,098.28	\$ 4,147.52	\$ 4,197.34	\$ 4,251.96	\$ 4,303.00	\$ 4,354.62	\$ 4,406.84	\$ 4,459.68	\$ 4,513.14	\$ 4,567.22	\$ 4,626.44
Family	\$ 6,226.26	\$ 6,301.11	\$ 6,376.81	\$ 6,453.41	\$ 6,537.39	\$ 6,615.86	\$ 6,695.23	\$ 6,775.52	\$ 6,856.76	\$ 6,938.95	\$ 7,022.10	\$ 7,113.15

<i>Dependent to Age 29</i>	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	\$ 1,432.38	\$ 1,449.60	\$ 1,467.02	\$ 1,484.64	\$ 1,503.96	\$ 1,522.01	\$ 1,540.27	\$ 1,558.74	\$ 1,577.43	\$ 1,596.34	\$ 1,615.47	\$ 1,636.42
Employee/Spouse	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 1,407.13	\$ 1,424.05	\$ 1,441.16	\$ 1,458.47	\$ 1,477.45	\$ 1,495.18	\$ 1,513.12	\$ 1,531.27	\$ 1,549.63	\$ 1,568.20	\$ 1,586.99	\$ 1,607.57

**APPROVED PREMIUM RATES FROM PRIOR RATE PERIOD**

	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	\$ 1,869.28	\$ 1,891.71	\$ 1,914.41	\$ 1,937.38	\$ 1,960.63	\$ 1,984.16	\$ 2,007.97	\$ 2,032.07	\$ 2,056.45	\$ 2,081.13	\$ 2,106.10	\$ 2,131.37
Parent/Child	\$ 3,760.99	\$ 3,806.12	\$ 3,851.79	\$ 3,898.01	\$ 3,944.79	\$ 3,992.13	\$ 4,040.04	\$ 4,088.52	\$ 4,137.58	\$ 4,187.23	\$ 4,237.47	\$ 4,288.32
Employee/Spouse	\$ 3,738.56	\$ 3,783.42	\$ 3,828.82	\$ 3,874.76	\$ 3,921.26	\$ 3,968.32	\$ 4,015.94	\$ 4,064.14	\$ 4,112.90	\$ 4,162.26	\$ 4,212.20	\$ 4,262.74
Family	\$ 5,748.04	\$ 5,817.01	\$ 5,886.81	\$ 5,957.44	\$ 6,028.94	\$ 6,101.29	\$ 6,174.51	\$ 6,248.62	\$ 6,323.58	\$ 6,399.47	\$ 6,476.26	\$ 6,553.96

<i>Dependent to Age 29</i>	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent/Child	\$ 1,322.54	\$ 1,338.41	\$ 1,354.47	\$ 1,370.72	\$ 1,387.17	\$ 1,403.82	\$ 1,420.67	\$ 1,437.72	\$ 1,454.97	\$ 1,472.43	\$ 1,490.09	\$ 1,507.98
Employee/Spouse	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 1,299.34	\$ 1,314.93	\$ 1,330.71	\$ 1,346.67	\$ 1,362.83	\$ 1,379.19	\$ 1,395.74	\$ 1,412.49	\$ 1,429.44	\$ 1,446.59	\$ 1,463.95	\$ 1,481.51

**OXFORD HEALTH PLANS (NY), INC.  
POINT OF SERVICE INDIVIDUAL PLAN - POYF  
FORM NO; OHPNY HMO IND POS 3/99  
MANHATTAN AND NON-MANHATTAN REGION**

**CHANGE IN RATES (YEAR OVER YEAR)**

<i>Medical &amp; Pharmacy</i>	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	\$ 155.52	\$ 157.43	\$ 159.35	\$ 161.29	\$ 165.35	\$ 167.34	\$ 169.34	\$ 171.35	\$ 173.39	\$ 175.44	\$ 177.51	\$ 181.85
Parent/Child	\$ 312.91	\$ 316.75	\$ 320.62	\$ 324.51	\$ 332.68	\$ 336.69	\$ 340.71	\$ 344.76	\$ 348.86	\$ 352.99	\$ 357.15	\$ 365.88
Employee/Spouse	\$ 311.04	\$ 314.86	\$ 318.70	\$ 322.58	\$ 330.70	\$ 334.68	\$ 338.68	\$ 342.70	\$ 346.78	\$ 350.88	\$ 355.02	\$ 363.70
Family	\$ 478.22	\$ 484.10	\$ 490.00	\$ 495.97	\$ 508.45	\$ 514.57	\$ 520.72	\$ 526.90	\$ 533.18	\$ 539.48	\$ 545.84	\$ 559.19

<i>Dependent to Age 29</i>	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	\$ 109.84	\$ 111.19	\$ 112.55	\$ 113.92	\$ 116.79	\$ 118.19	\$ 119.60	\$ 121.02	\$ 122.46	\$ 123.91	\$ 125.38	\$ 128.44
Employee/Spouse	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family	\$ 107.79	\$ 109.12	\$ 110.45	\$ 111.80	\$ 114.62	\$ 115.99	\$ 117.38	\$ 118.78	\$ 120.19	\$ 121.61	\$ 123.04	\$ 126.06

**PERCENTAGE CHANGE IN RATES (YEAR OVER YEAR)**

<i>Medical &amp; Pharmacy</i>	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	8.3%	8.3%	8.3%	8.3%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.5%
Parent/Child	8.3%	8.3%	8.3%	8.3%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.5%
Employee/Spouse	8.3%	8.3%	8.3%	8.3%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.5%
Family	8.3%	8.3%	8.3%	8.3%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.5%

<i>Dependent to Age 29</i>	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	8.3%	8.3%	8.3%	8.3%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.5%
Employee/Spouse	-	-	-	-	-	-	-	-	-	-	-	-
Family	8.3%	8.3%	8.3%	8.3%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.5%

**Oxford Health Plans (NY), Inc.  
 NEW YORK INDIVIDUAL POS  
 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>
	<b>Raise age from 26 to 29</b>
Individual	<b>0.00%</b>
Parent/Child(ren)	<b>35.16%</b>
Employee/Spouse	<b>0.00%</b>
Family	<b>22.60%</b>

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

**Rate Calculation & Example**

*Example: POS, effective 1/1/13*

<b>2012 Individual Rate</b>	\$ 1,878.24
<b>x Trend Adjustment</b>	<u>1.083</u>
<b>= 2013 Individual Rate</b>	\$ 2,034.50

**x Tier factors  
= Final Rates**

Individual	x 1.000	= \$ 2,034.50
Parent/Child(ren)	x 2.012	= \$ 4,093.41
Employee/Spouse	x 2.000	= \$ 4,069.00
Family	x 3.075	= \$ 6,256.09

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

**All Counties**

<i>Minimum rate change</i>	8.3%
<i>Maximum rate change</i>	8.5%
<i>Member weighted average rate change</i>	8.4%

For each month, the rate change is the same for all renewing members (see Exhibit I).

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

**BENEFIT DESCRIPTIONS**

Individual Product POS Standard Benefits			
<b>Emergency Care</b>			
Benefit Type	Limits	In Network Cost Share	Out of Network Cost Share
Ambulance Service	No limit	No copay	Ded. & Coin.
Emergency Room Services	No limit	\$35 (waived if admitted)	Ded. & Coin.
Urgent Care Facilities	No limit	\$10 Copay (waived if admitted)	Not covered
<b>Hospice Services</b>			
Benefit Type	Limits	In Network Cost Share	Out of Network Cost Share
Inpatient Hospice Services	210 days per calendar year (combined in/outpatient days)	No copay	Ded. & Coin.
Outpatient Hospice Services	210 days per calendar year (combined in/outpatient days)	\$10 Copay	Ded. & Coin.
<b>Hospital Care</b>			
Benefit Type	Limits	In Network Cost Share	Out of Network Cost Share
Ambulatory Surgical Center Services	No limit	\$10 Copay per procedure	Ded. & Coin.
Hospital Admissions	No limit	No copay	Ded. & Coin.
Outpatient Hospital Services	No limit	\$10 Copay per visit or test	Ded. & Coin.
Physician Anesthetic Services	No limit	\$10 Copay	Ded. & Coin.
Physician Inpatient Services	No limit	\$10 Copay	Ded. & Coin.
Physician Second Surgical Opinion	No limit	No copay	No subject to Ded. & Coin.
Physician Surgical Services	No limit	\$10 Copay	Ded. & Coin.
Preadmission Testing	No limit	\$10 Copay	Ded. & Coin.
Private Duty	No limit	\$10 Copay	Ded. & Coin.
<b>Maternity Care</b>			
Benefit Type	Limits	In Network Cost Share	Out of Network Cost Share
Delivery	No limit	No copay	Ded. & Coin.
Elective Termination of Pregnancy	One procedure per Member, per calendar year	Subject to inpatient hospital or ambulatory surgery copay, depending on place of service	Ded. & Coin., \$350 maximum
Prenatal and Postnatal Care	No limit	No charge	Ded. & Coin.
<b>Mental Health Care</b>			
Benefit Type	Limits	In Network Cost Share	Out of Network Cost Share
Outpatient Mental Health	30 Non-emergency and three emergency outpatient visits per calendar year	10% of the cost of each visit	Ded. & 10% Coin.
Inpatient Mental Health	30 days per calendar year <sup>2</sup>	No charge	No charge
<b>Other Items</b>			
Benefit Type	Limits	In Network Cost Share	Out of Network Cost Share
DME, Orthotics, and Braces	No limit	No copay required when precertified by Oxford in advanced and ordered by a participating physician	Ded. & Coin.

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

**BENEFIT DESCRIPTIONS**

<b>Home Healthcare</b> <sup>4</sup>	200 Home healthcare visits	\$10 Copay	Coin.
<b>Inpatient Detoxification</b>	30 days per calendar year <sup>2</sup>	No charge	Covered 100% of UCR Not subject to Ded. & Coin.
<b>Medical Supplies</b>	No limit	No charge	Ded. & Coin.
<b>Prosthetic Devices</b>	No limit	No charge	Ded. & Coin.
<b>Skilled Nursing Facility</b>	No limits	No charge	Ded. & Coin.
<b>Outpatient Care</b>			
<b>Benefit Type</b>	<b>Limits</b>	<b>In Network Cost Share</b>	<b>Out of Network Cost Share</b>
<b>Diagnostic mammogram</b> <sup>1</sup>	No limit	\$10 Copay	Ded. & Coin.
<b>Lab Procedures, X-ray exams</b> <sup>1</sup>	No limit	\$10 Copay	Ded. & Coin.
<b>Physician Office visits</b>	No limit	\$10 Copay	Ded. & Coin.
<b>Physician Surgical Services</b>	No limit	\$10 Copay	Ded. & Coin.
<b>Physical Therapy</b>			
<b>Benefit Type</b>	<b>Limits</b>	<b>In Network Cost Share</b>	<b>Out of Network Cost Share</b>
<b>Inpatient PT/ST/OT</b>	No limit	No charge	Ded. & Coin.
<b>Outpatient PT/ST/OT</b>	90 visits per condition, per calendar year	\$10 Copay	Ded. & Coin.
<b>Prescription Drugs</b>			
<b>Benefit Type</b>	<b>Limits</b>	<b>In Network Cost Share</b>	<b>Out of Network Cost Share</b>
<b>In-Network Pharmacy/Medco Health (34 day supply)</b>	No limit	\$5 generic copay and \$10 brand copay after \$100 single/\$300 family ded	Not covered at out-of-network pharmacy
<b>Mail Order/Medco Health (90-day supply)</b>	No limit	\$10 generic copay and \$20 brand copay, with no ded	Not covered at out-of-network pharmacy
<b>Preventive Care</b>			
<b>Benefit Type</b>	<b>Limits</b>	<b>In Network Cost Share</b>	<b>Out of Network Cost Share</b>
<b>Adult Preventive Care</b>	No limit	\$10 Copay	Not covered
<b>Pediatric Preventive Care</b>	No limit	No charge age 0-19	Not covered
<b>Well Woman Exam, Pap Smears, and Mammograms</b>	No limit	\$10 Copay	Ded. & Coin.
<b>Specialty Care</b>			
<b>Benefit Type</b>	<b>Limits</b>	<b>In Network Cost Share</b>	<b>Out of Network Cost Share</b>
<b>Allergy Treatment and Testing</b>	No limit	\$10 Copay	Ded. & Coin.
<b>Blood and Blood Products</b>	No limit	No Copay	Ded. & Coin.
<b>Chemotherapy</b>	No limit	\$10 Copay	Ded. & Coin.
<b>Diabetes Education and Self Management</b>	No limit	\$10 Copay	Ded. & Coin.
<b>Diabetic Supplies</b>	No limit	\$10 Copay per 34-day supply per item	Ded. & Coin.
<b>Hemodialysis</b>	No limit	\$10 Copay	Ded. & Coin.
<b>Oral Surgery</b>	No limit	Subject to inpatient hospital or ambulatory surgery copay, depending on place of service	Ded. & Coin.

<sup>1</sup>Except for Private Duty Nursing, lifetime maximum of \$10,000 (\$5,000 per member per calendar year).  
<sup>2</sup>Only 30 days per Member per calendar year are allowed for both inpatient mental health and inpatient detoxification services  
<sup>3</sup>After hospitalization of three or more days and only if further hospitalization could be required.  
<sup>4</sup> Tests ordered during an office visit do not require an additional copayment.

**Oxford Health Plans (NY), Inc.  
New York Individual POS**

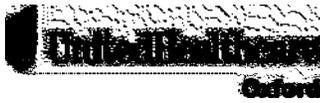
**Commissions & Incentives**

There are no commissions paid on individual products.

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

**Underwriting Guidelines**

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



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>

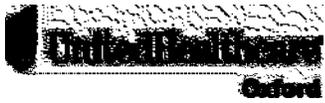
The new rates reflect the significant increase in health care costs in your area. If you have any questions about renewing your coverage with Oxford, please contact a Service Associate at 1-800-767-3840. We will be happy to assist you.

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

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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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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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<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

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SYS\_Add2  
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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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