

State: New York **Filing Company:** Oxford Health Insurance, Inc.
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2015 OHI SG SHOP Exchange
Project Name/Number: 2015 OHI SG SHOP Exchange/

Filing at a Glance

Company: Oxford Health Insurance, Inc.
Product Name: 2015 OHI SG SHOP Exchange
State: New York
TOI: H15G Group Health - Hospital/Surgical/Medical Expense
Sub-TOI: H15G.003 Small Group Only
Filing Type: Prior Approval Exchange Form & Rate Filing
Date Submitted: 06/13/2014
SERFF Tr Num: UHLC-129581383
SERFF Status: Assigned
State Tr Num: 2014060233
State Status:
Co Tr Num:

Implementation: 01/01/2015
Date Requested:
Author(s): 
Reviewer(s): 
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: New York Filing Company: Oxford Health Insurance, Inc.
 TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
 Product Name: 2015 OHI SG SHOP Exchange
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General Information

Project Name: 2015 OHI SG SHOP Exchange Status of Filing in Domicile: Not Filed
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small
 Group Market Type: Employer Overall Rate Impact:
 Filing Status Changed: 06/16/2014 Deemer Date:
 State Status Changed: Submitted By: [REDACTED]
 Created By: [REDACTED]
 Corresponding Filing Tracking Number:
 PPACA: Non-Grandfathered Immed Mkt Reforms
 PPACA Notes: null
 Exchange Intentions: This is Oxford's 2015 SHOP Exchange Filing
 Filing Description:
 2015 OHI SHOP Exchange Plans

Company and Contact

Filing Contact Information

[REDACTED] [REDACTED]
 [REDACTED] [REDACTED]
 [REDACTED] [REDACTED]

Filing Company Information

Oxford Health Insurance, Inc. CoCode: 78026 State of Domicile: New York
 One Penn Plaza FL 8 Group Code: Company Type: Insurance
 New York, NY 10119 Group Name: State ID Number: 78026
 [REDACTED] FEIN Number: 22-2797560

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

State Specific

1. Is a parallel product being submitted for another issuing entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): Yes - OHI SHOP Form Filing, 6/13/14, SERFF Tr Num: UHLC-129590256
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: Commercial
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): No
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains

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an application, advertisement, administrative form, or is a group prefilling notification, out-of-state, or a report filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Rate Only

5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation.): Yes - Prior Approval Rate Adjustment

6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No

7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No

8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No

9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No

10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary, a draft initial notification letter, and a draft numerical summary associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): Yes - State Tr Num: 2014060100, SERFF Tr Num: UHLC-129574728

SERFF Tracking #:

UHLC-129581383

State Tracking #:

2014060233

Company Tracking #:

State:

New York

Filing Company:

Oxford Health Insurance, Inc.

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

2015 OHI SG SHOP Exchange

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		OHI SHOP Rate Manual		New		2015 SG OHI On-Exch Rate Manual.pdf,

Oxford Health Insurance, Inc.

New York Small Group

On-Exchange

Form # OHINY_SHOP_COC_2014

Rate Manual

Rates Effective January 1, 2015

Oxford Health Insurance, Inc.
New York Small Group
On-Exchange
Form # OHINY_SHOP_COC_2014

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Oxford Health Insurance, Inc.
 New York Small Group
 On-Exchange
 Form # OHINY_SHOP_COC_2014

Area Factors

Area Factor is "n/a" for counties outside the service area.

County	DFS Rating Region	Area Factor	County	DFS Rating Region	Area Factor	County	DFS Rating Region	Area Factor
Albany	1	n/a	Delaware	3	n/a	Broome	6	n/a
Columbia	1	n/a	Dutchess	3	1.000	Cayuga	6	n/a
Fulton	1	n/a	Orange	3	1.000	Chemung	6	n/a
Greene	1	n/a	Putnam	3	1.000	Cortland	6	n/a
Montgomery	1	n/a	Sullivan	3	1.000	Onondaga	6	n/a
Rensselaer	1	n/a	Ulster	3	1.000	Schuyler	6	n/a
Saratoga	1	n/a	Bronx	4	1.000	Steuben	6	n/a
Schenectady	1	n/a	Kings	4	1.000	Tioga	6	n/a
Schoharie	1	n/a	New York	4	1.000	Tompkins	6	n/a
Warren	1	n/a	Queens	4	1.000	Chenango	7	n/a
Washington	1	n/a	Richmond	4	1.000	Clinton	7	n/a
Allegany	2	n/a	Rockland	4	1.000	Essex	7	n/a
Cattaraugus	2	n/a	Westchester	4	1.000	Franklin	7	n/a
Chautauqua	2	n/a	Livingston	5	n/a	Hamilton	7	n/a
Erie	2	n/a	Monroe	5	n/a	Herkimer	7	n/a
Genesee	2	n/a	Ontario	5	n/a	Jefferson	7	n/a
Niagara	2	n/a	Seneca	5	n/a	Lewis	7	n/a
Orleans	2	n/a	Wayne	5	n/a	Madison	7	n/a
Wyoming	2	n/a	Yates	5	n/a	Oneida	7	n/a
						Oswego	7	n/a
						Otsego	7	n/a
						St. Lawrence	7	n/a
						Nassau	8	1.000
						Suffolk	8	1.000

Oxford Health Insurance, Inc.
New York Small Group
On-Exchange
Form # OHINY_SHOP_COC_2014
Base Medical and Prescription Drug Rates
All Counties in the Service Area have identical rates.

Effective Quarter	Metal	Plan	Single Rate	Parent / Child(ren) Rate	Couple Rate	Family Rate
2015 Q1	Bronze	Oxford Bronze Gated EPO \$3,000	\$ 516.90	\$ 878.73	\$1,033.80	\$1,473.17
2015 Q1	Silver	Oxford Silver Gated EPO \$2,000	\$ 623.24	\$1,059.51	\$1,246.48	\$1,776.23
2015 Q1	Silver	Oxford Silver Gated PPO \$2,000	\$ 691.92	\$1,176.26	\$1,383.84	\$1,971.97
2015 Q1	Gold	Oxford Gold Gated EPO \$600	\$ 736.77	\$1,252.51	\$1,473.54	\$2,099.79
2015 Q1	Platinum	Oxford Platinum Gated EPO	\$ 869.63	\$1,478.37	\$1,739.26	\$2,478.45
2015 Q1	Platinum	Oxford Platinum Gated PPO	\$ 942.43	\$1,602.13	\$1,884.86	\$2,685.93
2015 Q2	Bronze	Oxford Bronze Gated EPO \$3,000	\$ 530.50	\$ 901.85	\$1,061.00	\$1,511.93
2015 Q2	Silver	Oxford Silver Gated EPO \$2,000	\$ 639.64	\$1,087.39	\$1,279.28	\$1,822.97
2015 Q2	Silver	Oxford Silver Gated PPO \$2,000	\$ 710.13	\$1,207.22	\$1,420.26	\$2,023.87
2015 Q2	Gold	Oxford Gold Gated EPO \$600	\$ 756.16	\$1,285.47	\$1,512.32	\$2,155.06
2015 Q2	Platinum	Oxford Platinum Gated EPO	\$ 892.52	\$1,517.28	\$1,785.04	\$2,543.68
2015 Q2	Platinum	Oxford Platinum Gated PPO	\$ 967.23	\$1,644.29	\$1,934.46	\$2,756.61
2015 Q3	Bronze	Oxford Bronze Gated EPO \$3,000	\$ 544.46	\$ 925.58	\$1,088.92	\$1,551.71
2015 Q3	Silver	Oxford Silver Gated EPO \$2,000	\$ 656.47	\$1,116.00	\$1,312.94	\$1,870.94
2015 Q3	Silver	Oxford Silver Gated PPO \$2,000	\$ 728.82	\$1,238.99	\$1,457.64	\$2,077.14
2015 Q3	Gold	Oxford Gold Gated EPO \$600	\$ 776.06	\$1,319.30	\$1,552.12	\$2,211.77
2015 Q3	Platinum	Oxford Platinum Gated EPO	\$ 916.01	\$1,557.22	\$1,832.02	\$2,610.63
2015 Q3	Platinum	Oxford Platinum Gated PPO	\$ 992.68	\$1,687.56	\$1,985.36	\$2,829.14
2015 Q4	Bronze	Oxford Bronze Gated EPO \$3,000	\$ 558.79	\$ 949.94	\$1,117.58	\$1,592.55
2015 Q4	Silver	Oxford Silver Gated EPO \$2,000	\$ 673.75	\$1,145.38	\$1,347.50	\$1,920.19
2015 Q4	Silver	Oxford Silver Gated PPO \$2,000	\$ 748.00	\$1,271.60	\$1,496.00	\$2,131.80
2015 Q4	Gold	Oxford Gold Gated EPO \$600	\$ 796.48	\$1,354.02	\$1,592.96	\$2,269.97
2015 Q4	Platinum	Oxford Platinum Gated EPO	\$ 940.12	\$1,598.20	\$1,880.24	\$2,679.34
2015 Q4	Platinum	Oxford Platinum Gated PPO	\$1,018.80	\$1,731.96	\$2,037.60	\$2,903.58

Oxford Health Insurance, Inc.
 New York Small Group
 On-Exchange
 Form # OHINY_SHOP_COC_2014
 Ancillary Coverage Rider Rates

	Effective Quarter	Single Rate	Parent / Child(ren) Rate	Couple Rate	Family Rate
<u>Domestic Partner</u>	2015 Q1	\$ -	\$ -	\$ -	\$ -
	2015 Q2	\$ -	\$ -	\$ -	\$ -
	2015 Q3	\$ -	\$ -	\$ -	\$ -
	2015 Q4	\$ -	\$ -	\$ -	\$ -
<u>Dependent Age Cut-off 29</u>	2015 Q1	\$ 12.55	\$ 21.34	\$ 25.10	\$ 35.77
	2015 Q2	\$ 12.88	\$ 21.90	\$ 25.76	\$ 36.71
	2015 Q3	\$ 13.22	\$ 22.47	\$ 26.44	\$ 37.68
	2015 Q4	\$ 13.57	\$ 23.07	\$ 27.14	\$ 38.67
<u>Women's Contraceptive</u>	2015 Q1	\$ (2.95)	\$ (5.02)	\$ (5.90)	\$ (8.41)
	2015 Q2	\$ (3.03)	\$ (5.15)	\$ (6.06)	\$ (8.64)
	2015 Q3	\$ (3.11)	\$ (5.29)	\$ (6.22)	\$ (8.86)
	2015 Q4	\$ (3.19)	\$ (5.42)	\$ (6.38)	\$ (9.09)

Oxford Health Insurance, Inc.
New York Small Group
On-Exchange
Form # OHINY_SHOP_COC_2014
Medical and Rx Drug Benefits

INN = In-Network, OON = Out-of-network, Ded = Deductible, Coin = Coinsurance, MOOP = Maximum Out-of-pocket inc. Deductible,
STD = Subject to Deductible, IP = Inpatient, OP = Outpatient, D&C = Subject to Ded and Coin.
The key to the Prescription Drug plans is on a following page.

Plan Name	Standard EPO \$3000 L Gated OHI	Standard EPO 30/50 L Gated OHI	Standard PPO 30/50 L Gated OHI	Standard EPO 25/40 L Gated OHI	Standard EPO 15/35 L Gated OHI	Standard PPO 15/35 L Gated OHI
Metal	Bronze	Silver	Silver	Gold	Platinum	Platinum
Preventive	100%	100%	100%	100%	100%	100%
INN Ded	\$3,000	\$2,000	\$2,000	\$600	\$0	\$0
INN Coin	50%	30%	30%	20%	10%	10%
INN MOOP	\$6,350	\$5,500	\$5,500	\$4,000	\$2,000	\$2,000
OON Ded	n/a	n/a	\$3,000	n/a	n/a	\$3,000
OON Coin	n/a	n/a	50%	n/a	n/a	30%
OON MOOP	n/a	n/a	\$7,500	n/a	n/a	\$7,500
Family Ded	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single
Family MOOP	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single
PCP Copay	D&C	\$30	\$30	\$25	\$15	\$15
PCP STD?	n/a	Y	Y	Y	N	N
Spec Copay	D&C	\$50	\$50	\$40	\$35	\$35
Spec STD?	n/a	Y	Y	Y	N	N
ER Copay	D&C	\$150	\$150	\$150	\$100	\$100
ER STD?	n/a	Y	Y	Y	N	N
INN OP Surg Copay - ASC	D&C	\$100	\$100	\$100	\$100	\$100
INN OP Surg - ASC STD?	n/a	Y	Y	Y	N	N
INN OP Surg Copay - Hospital	D&C	\$100	\$100	\$100	\$100	\$100
INN OP Surg - Hospital STD?	n/a	Y	Y	Y	N	N
INN IP Copay	D&C	\$1,500	\$1,500	\$1,000	\$500	\$500
INN IP STD?	n/a	Y	Y	Y	N	N
INN IP Copay Max	n/a	n/a	n/a	n/a	n/a	n/a
IP Copay per Admit / Day	n/a	Admit	Admit	Admit	Admit	Admit
PCP Gated?	Y	Y	Y	Y	Y	Y
Network	Liberty	Liberty	Liberty	Liberty	Liberty	Liberty
Prescription Drugs	N	E	E	E	D	D

Oxford Health Insurance, Inc.
 New York Small Group
 On-Exchange
 Form # OHINY_SHOP_COC_2014
 Prescription Drug Benefit Key

Format is [Generic]/[Brand Formulary]/[Brand Non-Formulary].

Letter Code	Prescription Drug Plan
A	\$10/\$20/\$40
B	\$10/\$20/\$50
C	\$10/\$25/\$50
D	\$10/\$30/\$60
E	\$10/\$35/\$70
F	\$10/\$35/\$75
G	\$10/\$65/50% to \$800
H	\$15/50%/50%
I	\$7/\$20/\$40
J	Ded Med/RX then \$10/\$20/\$50
K	Ded Med/RX then \$10/\$25/\$50
L	Ded Med/RX then \$10/\$30/\$60
M	Ded Med/Rx then \$10/\$35/\$60
N	Ded Med/Rx then \$10/\$35/\$70
O	Ded Med/RX then \$10/\$35/\$75
P	Ded Med/Rx then \$10/30%, max \$150/45%, max \$400
Q	Ded Med/Rx then \$15/\$35/\$75
R	Ded Med/RX then \$15/50%/50%
S	Ded Med/Rx then \$20/\$40/\$80
T	Ded Med/Rx then 0%/0%/0%
U	Non-T1 Ded \$100 then \$10/\$25/\$50
V	Non-T1 Ded \$100 then \$10/\$30/\$60
W	Non-T1 Ded \$100 then \$10/\$35/\$60
X	Non-T1 Ded \$100 then \$10/50%/50%
Y	Non-T1 Ded \$100 then \$15/\$30/\$60
Z	Non-T1 Ded \$100 then \$15/\$35/\$75
AA	Non-T1 Ded \$100 then \$15/50%/50%
AB	Non-T1 Ded \$100 then \$7/\$20/\$40
AC	Non-T1 Ded \$150 then \$10/\$25/\$50
AD	Non-T1 Ded \$150 then \$15/50%/50%
AE	Non-T1 Ded \$250 then \$10/\$25/\$50
AF	Non-T1 Ded \$250 then \$10/\$30/\$60
AG	Non-T1 Ded \$250 then \$15/50%/50%
AH	Non-T1 Ded \$250 then \$5/20%, max \$150/35%, max \$400
AI	Non-T1 Ded \$250 then \$7/\$20/\$40
AJ	Non-T1 Ded \$50 then \$10/\$25/\$50
AK	Non-T1 Ded \$50 then \$15/\$35/\$75
AL	Non-T1 Ded \$50 then \$15/50%/50%
AM	Non-T1 Ded \$50 then \$7/\$20/\$40
AN	Non-T1 Ded \$500 then \$10/\$25/\$50
AO	Non-T1 Ded \$500 then \$10/\$30/\$60
AP	Non-T1 Ded \$500 then \$15/50%/50%
AQ	Non-T1 Ded Med/Rx then \$10/30%, max \$150/45%, max \$400
AR	Non-T1 Ded Med/Rx then \$10/50%, max \$150/50%, max \$400
AS	Non-T1 Ded Med/Rx then \$15/\$35/\$75

Oxford Health Insurance, Inc.
New York Small Group
On-Exchange
Form # OHINY_SHOP_COC_2014
Pediatric Dental and Vision Benefits

Benefit Category	NY SHOP - Oxford	NY Commercial SG - Oxford
EHB - Prev & Diagnostic -Ped Dental (for children)	PCP cost share	* 100% after Med Ded for traditional plans * HMO Plans are subject to Copay
Ped Dental Ded (Applies to - Basic Dental Svcs, Major Dental Svcs, Orthodontia, or any combination)	Basic, Major, Preventive & Diagnostic, Orthodontia	Basic, Major, Preventive & Diagnostic, Orthodontia
INN Ped Dental Single Ded	Copay after Ded	* \$100 if copay * Ded if D&C * No ded for HMO
INN Ped Dental Family Ded	Copay after Ded	* \$200 if copay * Ded if D&C * No ded for HMO
EHB - Basic Dental Svcs (e.g. Fillings/extractions) for Children	Copay after Ded	80% after Med or Den Ded
EHB - Major Dental Svcs (e.g. Crowns) for Children	Copay after Ded	50% after Med or Den Ded
EHB - Orthodontia (e.g. braces) for Children	Copay after Ded	50% after Med or Den Ded
Ped Vision Ded (\$/N/A/Inc in Med)	Incl in Med	* N/A if copay/non-HSA plan * Ded if HSA
Ped Vision Ded (Applies to - Routine Vision Exam, Vision Materials, or both)	Both	* No services fall under ded for non-HSA plans * Vision materials for HSA
EHB - Routine Vision Exam for Children	Lesser of PCP cost share or \$30 after Med Ded	* Lesser of PCP copay or \$30 for non-HSA. Does not apply to ded but does apply to OOPM * 100% for HSA (treated like prev svc) and applies to OOPM
EHB - Prev Lens copay for Children	Coins after Med Ded	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 1 for Children	Coins after Med Ded	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 2 for Children	Coins after Med Ded	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 3 for Children	Coins after Med Ded	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 4 for Children	Coins after Med Ded	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 5 for Children	Coins after Med Ded	* 50% for copay * 50% after Ded for HSA
EHB - Prev Contacts for Children	Coins after Med Ded	* 50% for copay * 50% after Ded for HSA

Oxford Health Insurance, Inc.
 New York Small Group
 On-Exchange
 Form # OHINY_SHOP_COC_2014
 Additional Notes

Estimated Commissions as a percent of premium: 3.0%

Expected Loss Ratio (Claims / Premium): 82.0%

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

Sample Calculation

2015 Q1 Oxford Bronze Gated EPO \$3,000
 Domestic Partner, Dependent Age Cut-off 29, and Women's Contraceptive riders

Tier:	Medical + Rx Rate	Domestic Partner Rider	Dependent Age Cut-off 29	Women's Contraceptive Rider	Total Rate
Single rate	\$ 516.90	\$ -	\$ 12.55	\$ (2.95)	\$ 526.50
Parent / Child(ren) rate	\$ 878.73	\$ -	\$ 21.34	\$ (5.02)	\$ 895.05
Couple rate	\$ 1,033.80	\$ -	\$ 25.10	\$ (5.90)	\$ 1,053.00
Family rate	\$ 1,473.17	\$ -	\$ 35.77	\$ (8.41)	\$ 1,500.53

SERFF Tracking #:

UHLC-129581383

State Tracking #:

2014060233

Company Tracking #:

State: New York
 TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
 Product Name: 2015 OHI SG SHOP Exchange
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Filing Company: Oxford Health Insurance, Inc.

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum/Actuarial Certification
Comments:	Cover Letter Actuarial Memo Actuarial Cert
Attachment(s):	2015 OHI SHOP Cover letter.pdf 2015 SG OHI SHOP Act Memo.pdf 2015 OHI SHOP Certification.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2015 OHI On Exchange URRT Part III.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Value Calculations
Comments:	
Attachment(s):	2015 SG OHI On-Exch AVs.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 13-Narrative Summary and Numerical Summary
Comments:	
Attachment(s):	2015 SG OHI On-Exch Ex 13.pdf 2015 SG OHI On-Exch Ex 13.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 14B-Sm Grp Requested Percentage Changes
Comments:	
Attachment(s):	2015 SG OHI On-Exch Ex 14B.pdf 2015 SG OHI On-Exch Ex 14B.xlsx
Item Status:	
Status Date:	

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H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

2015 OHI SG SHOP Exchange

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Satisfied - Item:	Exhibit 15B-Sm Grp Distribution by Rate Adj Percentages
Comments:	
Attachment(s):	2015 SG OHI On-Exch Ex 15B.pdf 2015 SG OHI On-Exch Ex 15B.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Comments:	
Attachment(s):	2015 SG OHI On-Exch Ex 16.pdf 2015 SG OHI On-Exch Ex 16.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 17-Claims Experience for 2011-13 (Sm Grps)
Comments:	
Attachment(s):	2015 SG OHI On-Exch Ex 17.pdf 2015 SG OHI On-Exch Ex 17.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 18-Index Rate Plan-Design Development
Comments:	
Attachment(s):	2015 SG OHI On-Exch Ex 18.pdf 2015 SG OHI On-Exch Ex 18.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 19-Claim Trend, Admin Expenses & Profit
Comments:	
Attachment(s):	2015 SG OHI On-Exch Ex 19.pdf 2015 SG OHI On-Exch Ex 19.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 20-HIOS ID Mapping
Comments:	
Attachment(s):	2015 SG OHI On-Exch Ex 20.pdf 2015 SG OHI On-Exch Ex 20.xlsx

SERFF Tracking #:

UHLC-129581383

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Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 23-Requested 2015 Premium Rates
Comments:	
Attachment(s):	2015 SG OHI On-Exch Ex 23.pdf 2015 SG OHI On-Exch Ex 23.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	PDF versions of the Group and Subscriber Initial Notices.
Attachment(s):	Rate Review_Initial Notice OHI SG_On-Exchange Group.pdf Rate Review_Initial Notice OHI SG_On-Exchange Subscriber.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Final Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	DRAFT 2015 NYSG Group Renewal Letter ABRP-IDEA.pdf DRAFT 2015 NYSG Group Renewal Letter MANUAL.pdf DRAFT 2015 Oxford NY SG Final Notification Letter Subscriber.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Redacted Documents for Web Posting
Comments:	
Attachment(s):	2015 OHI On Exchange URRT Part III_Redacted.pdf 2015 OHI SHOP Certification - redacted .pdf 2015 OHI SHOP Cover letter - redacted.pdf 2015 SG OHI On-Exch Ex 11 - redacted.pdf 2015 SG OHI On-Exch Ex 11 - redacted.xlsx 2015 SG OHI On-Exch Ex 21A- redacted.pdf 2015 SG OHI On-Exch Ex 21A- redacted.xlsx 2015 SG OHI On-Exch Ex 21B - redacted.pdf 2015 SG OHI On-Exch Ex 21B - redacted.xlsx 2015 SG OHI On-Exch Ex 22_redacted.pdf 2015 SG OHI On-Exch Ex 22_redacted.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

UHLC-129581383

State Tracking #:

2014060233

Company Tracking #:

State:

New York

Filing Company:

Oxford Health Insurance, Inc.

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

2015 OHI SG SHOP Exchange

Project Name/Number:

2015 OHI SG SHOP Exchange/

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2015 SG OHI On-Exch URRT.pdf 2015 SG OHI On-Exch URRT.xlsm
Item Status:	
Status Date:	

State:	New York	Filing Company:	Oxford Health Insurance, Inc.
TOI/Sub-TOI:	H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only		
Product Name:	2015 OHI SG SHOP Exchange		
Project Name/Number:	2015 OHI SG SHOP Exchange/		

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June 13, 2014

[Redacted]

New York State Department of Financial Services
Health Bureau
25 Beaver Street
New York, NY 10004

RE: Oxford Health Insurance, Inc.
New York Small Business Health Options Program
Effective January 2015 – December 2015

Dear [Redacted]

This rate filing addresses the development of the New York Small Group Small Business Health Options Program rates for plans written by Oxford Health Insurance, Inc. The rates are effective from January 1, 2015 to December 31, 2015.

Should you have any questions or need any additional information, please contact me at [Redacted]
[Redacted]

Sincerely,

[Redacted]



Oxford Health Insurance, Inc.
New York Small Business Health Options Program Rates
HIOS ID: 85629
Effective January 2015 – December 2015

ACTUARIAL MEMORANDUM

I. Introduction

This rate filing addresses the rate development for the New York Small Business Health Options Program (“SHOP”) plans written by Oxford Health Insurance, Inc. (“OHI”). We plan to offer the New York state-defined standard plan designs in the SHOP exchange. Rates are effective from January 1, 2015 through December 31, 2015. This rate filing is being submitted under Section 3231(e)(1) of the New York State Insurance Law.

II. Determination of the Index Rate

A. Experience Period Claims

Please refer to Exhibit 18 for the development of the index rate. We have used claims incurred between January 1, 2013 and December 31, 2013 paid through February 28, 2014 with an adjustment for claims incurred but not reported (“IBNR”). We excluded experience for sole proprietors consistent with the pricing/filing instructions issued by the New York State Department of Financial Services (“DFS”). The experience includes all other groups active in the period. There are no OHI Small Group grandfathered plans so no exclusion was required. Regulation 146 amounts were removed from the experience period claims. The resulting in-network only experience period claim PMPM excluding Regulation 146 is \$416.63.

B. Average AV Pricing Value

We used the UnitedHealthcare proprietary pricing model to determine the pricing actuarial values (“AVs”) for each of the in-force small group plans on the OHI license. We also assigned gatekeeper and network factors to each existing in-force plan using our latest estimated adjustments. The estimated gatekeeper adjustment is -4.0%, and the estimated Liberty network adjustment is -3.0% versus the Freedom network. Both of these adjustments apply to medical in-network rates only. We then calculated the average pricing AVs, gatekeeper, and network factors based upon the membership distribution within the experience period for OHI. These are shown below.

In-Network Pricing Actuarial Value (AV) Excluding Gatekeeper &	0.805
--	-------

Network	
Average Gatekeeper and Network Benefit Adjustment	0.987

C. Average Induced Demand Adjustment

The induced demand adjustments used in the 2015 rate development are shown below.

Bronze 0.7779
Silver 0.8012
Gold 0.8401
Platinum 0.8946

The resulting factors normalized to the bronze metal level are as follows and fall within the maximum values permitted by DFS.

Bronze 1.00
Silver 1.03
Gold 1.08
Platinum 1.15

We assigned the induced demand factors above to each in-force plan design based upon its HHS calculator metal level and calculated the average induced demand factor of 0.844 for the experience period.

D. Trend Assumptions

The projected annual trend factor is 10.9%. This breaks down into the following components: 4.1% unit cost, 5.5% utilization, and 1.0% trend leveraging. Please note that this trend factor excludes any risk margin.

We have trended the experience period claim PMPM using the 10.9% annual trend factor and the 25 months between the midpoint of the experience period (July 1, 2013) and the midpoint of the average first quarter 2015 rating period (August 1, 2015). Please note that the midpoint of the rating period assumes an average effective date of February 1, 2015 for groups new or renewing in the first quarter of 2015.

The trended incurred in-network claim PMPM of \$517.32 was calculated by multiplying the experience period incurred in-network claim PMPM of \$416.63 by the trend factor of 1.242.

E. Projected Average PMPM Claims

We calculated the experience period in-network index rate PMPM adjusted for pricing AV, induced demand, and gating and network provisions of \$618.45. The trended AV-adjusted experience period in-network index rate PMPM is \$767.93.

F. Market-Wide Index Rate Adjustments

The development of the market wide adjustments is described below.

1. Federal Risk Adjustment:

We have used the risk scores developed by Deloitte and DFS in the 2015 rate development with a 10 % adjustment (moving scores closer to 1.0). This additional adjustment is to account for potential issues with the underlying data since it was not audited. The adjustments are -0.3% for OHP and +0.6% for OHI. The resulting factors used to normalize the experience period claims in the rate development to the statewide average risk level are +2.2% for OHP and -5.1% for OHI.

2. Exchange User Fees: As instructed by DFS, we have not included an adjustment for exchange user fees in the 2015 premium rates. We understand this instruction is due to the fact that the 2014-2015 Executive Budget does not include any Exchange user fees.

3. Essential Health Benefits: While the OHI EPO plan was chosen as the benchmark plan, there are some required modifications to comply with the Essential Health Benefits (“EHB”) provision of PPACA. These changes and the estimated claim impacts are as follows.

Removal of \$1,500 DME Maximum	0.8%
Clinical Trials	0.03%
Habilitative Benefits	0.2%
Federal Mental Health Parity	0.6%
Total	1.6%

The claim cost estimates for these services were developed using national UnitedHealthcare data and the proprietary UnitedHealthcare pricing model.

The EHB line also includes an additional 0.5% adjustment to add pharmacy claims for the groups that did not have pharmacy coverage during the experience period. This adjustment was developed based upon the average pharmacy claim PMPM.

4. Provider Network & Fee Schedule Changes: We do not anticipate any material changes to the existing Freedom or Liberty networks outside of the normal contracting process which is reflected in the unit cost trend projection. This filing also includes a new third network called Gotham.

5. Utilization Management Changes: We do not expect any significant changes to our utilization management procedures.

6. Expected Covered Membership Risk: We are not projecting any material change in the risk profile of the overall small group market enrollment. We believe that the 4% expected statewide morbidity improvement that DFS reflected in its 2014 rate decisions is not materializing, nor do we expect it to occur in 2015. This is mainly

because we do not believe that the small group market is contracting as much as it would have to in order to produce such a significant morbidity improvement. Based upon publicly available filing data, we have estimated that the statewide Small Group enrollment only decreased by 6.9% over the two year period from 2012 to 2014. Please note that this estimate is based upon 1st quarter effective membership. If we assume that half of this decrease is attributable to 2014, then the groups leaving the Small Group market would have to be at a morbidity level 114% above the statewide average level in order to produce a 4% overall decrease in morbidity. However, all measures available to us appear to indicate that the morbidity level of the Small Group market is remaining mostly unchanged in 2014, which is the expected result based upon the small decrease in the estimated market size. Furthermore, we do not believe there are any PIPACA changes from 2014 to 2015 that would lead to a different result in 2015. Please also note that the 2015 rate development already assumes a 1% decrease in expected claims through the exclusion of Sole Proprietors.

7. Distribution of Membership by Rating Region: We are not projecting a significant change in the distribution of members by rating region.
8. Credibility Adjustment: There was an average of 432,303 members in OHI small group plans during the experience period. We consider this to be fully credible and therefore have made no adjustments.
9. SHOP Selection Adjustment: Employees of small groups will be able to select from different carriers and plans when electing coverage in the SHOP exchange. This will result in increased adverse selection and will increase costs. We observe higher costs in the Healthpass business written by Oxford where the employee choice business model is similar. The Healthpass loss ratio was about 9% higher than the New York Oxford's small group average. In order to estimate the impact of this selection in 2015, we have reviewed New York small group loss ratios by the # of plans each group offered. Specifically, we reviewed the loss ratios for groups with 6 to 50 employees since the smaller groups are more likely to only offer 1 plan. The resulting loss ratio for groups with 2+ plans is 17.8% higher than the loss ratio for groups offering only 1 plan. We estimate that 1% of 2015 New York small group membership will purchase coverage in the SHOP. The total selection adjustment is therefore 0.2% (=1% * 17.8%). We then further adjusted the 0.2% to reflect the percentage of the experience period membership that already offers 2+ plans since the experience for those groups was used to calculate the 2015 small group rates. Approximately 41% of the membership is in groups that offer 2+ plans. So the final SHOP selection adjustment to be applied in the OHI small group claim projection is calculated by multiplying the 0.2% by 59% which results in an overall adjustment of 0.1%.

III. Determination of the Premium Rates

A. Plan Level Adjustments

1. Pricing Actuarial Values: Consistent with the calculation of the average pricing AV values for the experience period, we also used the UnitedHealthcare proprietary pricing model to determine the AVs for each of the small group plans on the OHI

license.

2. Induced Demand Adjustments: The development of the induced demand factors is described in Section II(C). We used the same values to calculate the new plan rates as were used to calculate the average induced demand adjustment for the experience period. These values are as follows:

Bronze 0.7779
Silver 0.8012
Gold 0.8401
Platinum 0.8946

3. Provider Network Characteristics: Consistent with the values used to calculate the average experience period network value, we have assumed 1.0 for Freedom and 0.976 for Liberty. This filing also includes a new third network. The corresponding factor for plans in this new network used in the rate development is .917. These factors apply to total rates.
4. Delivery System Characteristics: Consistent with the values used to calculate the average experience period gatekeeper value, we have assumed 1.0 for non-gatekeeper and 0.96 for gatekeeper. These factors apply to the in-network medical portion of the rates only. Please note that the Gatekeeper adjustment has been applied to the Primary Advantage plans since their plan structure essentially acts as a gatekeeper.
5. Utilization Management Practices: We do not expect any significant changes to our utilization management practices.
6. Benefits in Addition to EHB: We are not adding any benefits in addition to EHB that would require a rate adjustment.
7. Administrative Costs (Excluding Exchange User Fees and Profits): The projected 2015 expense percentage for OHI small group is 13.9% excluding exchange user fees and profits. This includes fixed administration (4.2%), commissions (3.0%), state premium taxes and assessments (3.1%), the PPACA insurer fee (3.2%), and the PPACA reinsurance fee (0.5%).
8. Profit: The requested rates reflect an 85.2% target BCR before the application of the PPACA fees and assessments and 82.0% after the application of the PPACA fees and assessments. This reflects projected profit of 4.0% for OHI small group based upon premium including the PPACA fees and assessments. The projected loss ratio using federally prescribed MLR methodology is 88.0%.
9. Addition of Out-of-Network Benefit Option: We developed the out-of-network adjustment factors by separately projecting the out-of-network portions of the experience period claims using the same assumptions used to project the in-network claims when setting the index rate with two additional adjustments. First, since we will not be offering dual license POS plans in the 2015 portfolio, we included the POS out-of-network claims in this projection. We then used the proprietary UnitedHealthcare pricing model to determine the average out-of-network pricing AV.

We determined the new pricing factors by running the out-of-network benefit plan designs through the pricing model and adjusting the projected out-of-network PMPM by the ratio of the new plan pricing AV to the experience period average AV. We have modified the out-of-network deductibles and out-of-pocket maximums on PPO plans. These changes have been reflected in the development of the out-of-network pricing AVs. The second adjustment is to address the additional adverse selection we expect since OHI is practically the only carrier offering out-of-network benefits in the downstate region. To address this, we have applied a 20% adjustment to the out-of-network rates which increases rates on plans with OON benefits by approximately 1.5%.

10. SMC Rate Credit: On May 14, 2014, DFS instructed UnitedHealthcare Insurance Company of New York, Inc. (“UHIC”) to include a \$3.2M dollar credit in the 2015 Small Group rates due to an SMC Pool overage. Since the business on this license has decreased significantly, this would have resulted in a 64% decrease in 2015 rates. Therefore, as discussed with DFS, we have applied the credit to 2015 Small Group rates for OHP, OHI, and UHIC. The resulting credit is 0.1% based upon projected plan year 2015 premium.

B. Census Factors

The requested premium rates reflect the state-mandated tier factors as shown in the table below. We calculated the PMPM-to-single conversion factor of 1.241 using the combined OHP and OHI distribution of members and subscribers for January 2014 as shown in the table below and then adjusted the factor by the ratio of the experience period cost level to the January 2014 cost level. Since there has been a change in contract distribution from 2013 to 2014, we believe this approach most accurately captures this change while still being consistent with the 2013 cost level.

Oxford Small Group Total				
Tier	Members	Subs	Relativity	Conversion Factor
Single	26,019	26,019	1.000	1.262
Parent/Child(ren)	10,005	3,490	1.700	
Couple	10,020	5,010	2.000	
Family	43,040	10,036	2.850	

As described above, we applied a factor of .983 to the 1.262 conversion factor to make the conversion factor consistent with the 2013 cost level. The resulting final conversion factor is 1.241.

C. Area Factors

We propose area factors of 1.0 for all regions.

D. Quarterly Trend Increases

We are requesting 2.6% quarterly increases for the 2nd, 3rd, and 4th quarters of 2015. We calculated this by taking our projected annual trend to the 1/4 power.

IV. Supporting Details

A. HHS Actuarial Value Calculator Adjustments

HHS metal screenshots are included in the filing. All our plans have the NY DFS Standard In-Network benefits. We used the metal AV screenshots provided by DFS, without modification.

B. Trend

We develop forward-looking medical expense estimates based on a number of considerations. As a general matter, we review our own recent/emerging claims experience at the state level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Forward looking utilization levels are developed based on emerging state level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

The projected annual trend factor is 10.9%. This breaks down into the following components: 4.1% unit cost, 5.5% utilization, and 1.0% trend leveraging. Please note that this trend factor excludes any risk margin.

C. Administrative Costs

The projected 2015 expense percentage for OHI's small group is 13.9% excluding exchange user fees and profits but including PPACA fees and assessments. The projected 2014 expense percentages in the 2014 OHI's small group rate filing was 13.2%. The increase in projected expenses is due to the incremental increase in the PPACA Insurer Fee.

D. Profit Assumptions

The requested rates reflect an 85.2% target loss ratio before PPACA fees and assessments. The target loss ratio is 82.0% after PPACA fees and assessments consistent with guidance from DFS. The resulting projected profit percentage is 4.0% relative to premium including PPACA fees.

With respect to the DFS request for information on the company's return on equity ("ROE"), we do not feel that this is an appropriate way to determine future rates due to limitations with the measure as well as the existence of a minimum loss ratio in the law. As shown in the table below, the ROE financial measure is subject to fluctuations from year to year mainly due to the frequency and size of dividend repatriation. ROE is also dependent upon the results of all lines of business and not just small group. In addition, ROE is a fiscal year calculation versus the policy year information provided through this rate filing and, as such, is dependent upon multiple fiscal years and therefore many

financial assumptions that may vary from ultimate actual results. We feel a better measure of our profitability trend is based upon net income for which the values have been generally decreasing as shown in the table below.

Year	ROE	Net Income
FY07	21.8% 7.	2%
FY08	19.4% 6.	5%
FY09	12.2% 3.	4%
FY10	41.2% 5.	4%
FY11	37.4% 5.	8%
FY12	28.8% 5.	8%
FY13	19.6% 4.	9%

Please note: ROE calculated as net income divided by prior year capital and surplus.



Oxford Health Insurance, Inc.

New York Small Group SHOP
Rates Effective January 1, 2015 – December 31, 2015

ACTUARIAL CERTIFICATION

I [REDACTED], am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries.

To the best of my knowledge and based upon the information and data available to me, I certify that:

- (a) The submission is in compliance with all applicable laws and regulations of the State of New York;
- (b) The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOP's) including:
 - ASOP No. 5, Incurred Health and Disability Claims
 - ASOP No. 8, Regulatory Filings for Health Plan Entities
 - ASOP No. 12, Risk Clarification
 - ASOP No. 23, Data Quality
 - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/ Casualty Coverages
 - ASOP No. 41, Actuarial Communications
- (c) The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York;
- (d) The benefits are reasonable in relation to the premiums charged; and
- (e) The rates are not unfairly discriminatory.

[REDACTED]

[REDACTED]

UnitedHealthcare

June 13, 2014

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For Oxford Health Insurance, Inc.

State of New York Rate Review

General Information

Purpose: The purpose of this actuarial memorandum is to provide information relevant to the Part I Uniform Rate Review Template (URRT).

Company Identifying Information:

- **Company Legal Name:** Oxford Health Insurance, Inc.
- **State:** New York
- **HIOS Issuer ID:** 85629
- **Market:** Small Group
- **Effective Date:** 1/1/2015 – 12/31/2015

Company Contact Information:

- **Primary Contact Name:** [REDACTED]
- **Primary Contact Telephone Number:** [REDACTED]
- **Primary Contact Email Address:** [REDACTED]

Proposed Rate Increase

Oxford Health Insurance, Inc. ("OHI") is filing rates for benefit plans written under existing policy forms and certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA). The average requested annual rate increase for 1st quarter renewals is 11.3%. In addition to new rates effective 1/1/2015, we are also filing 2.6% quarterly trend increases for each of the last three quarters in 2015.

Reasons for Rate Increase

The rate filing we have made is seeking an increase mainly related to rising medical costs. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. There are many different medical, or health care, cost trends that contribute to increases in the overall U.S. health care spending each year. These trend factors affect health insurance premiums, which will mean a premium increase to cover costs. The 2nd, 3rd, and 4th quarter 2015 quarterly increases of 2.6% are based upon projected annual increases in utilization trend (5.5%), unit cost trend (4.1%), and benefit leveraging (1.0%).

Experience Period Premiums and Claims

- **Experience Period:** The experience period is 1/1/2013 to 12/31/2013 paid through 2/28/2014.
- **Premiums (net of MLR Rebate) in Experience Period:** Earned premiums for the experience period are shown in Part I. The earned premiums are the sum of the actual premium amounts in the experience period for all small group OHI policies with the exception of sole proprietors which were removed per instructions received from the New York State Department of Financial Services ("DFS"). OHI

does not anticipate paying any MLR rebates for this company for the months included in the experience period.

- **Allowed and Incurred Claims Incurred During the Experience Period:** The incurred and allowed claims were extracted from internal data warehouses and financial reports and include fee-for-service medical claims, fee-for-service pharmacy claims, graduate medical expense, HCRA hospital surcharge, pharmacy rebates, and capitations. We added estimates of incurred but not reported ("IBNR") claims to the incurred and allowed claims. In order to calculate the IBNR amounts, we used a completion factor method based on actual adjudicated claims as well as taking the current inventory into account. We also use seasonality estimates to help guide our picks where completion factors may not have been credible.

Benefit Categories

Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors

- **Changes in the Morbidity of the Population Insured:** No changes in the average morbidity are assumed.
- **Changes in Benefits:** We have estimated that the cost increase of adding benefits to comply with the Essential Health Benefits ("EHB") provision is 1.6%. This estimate was developed using the UnitedHealthcare proprietary pricing model. The EHB line also includes an additional 0.5% adjustment to add pharmacy claims for the groups that did not have pharmacy coverage during the experience period. This adjustment was developed based upon the average pharmacy claim PMPM.
- **Changes in Demographics:** No changes in demographics are assumed.
- **Other Adjustments:** The claim projection includes an adjustment factor of +0.1% to reflect the anticipated adverse selection and increased cost that we estimate will occur due to the employee choice model being implemented in the New York SHOP. In addition, the rate development includes a 0.1% credit for SMC Pool coverage as instructed by NY DFS.
- **Trend Factors:** UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. As a general matter, we review our own recent/emerging claims experience at the state level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Forward looking utilization levels are developed based on emerging state level data, supplemented by regional and/or national level utilization data.

Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

The projected annual trend factor is 10.9%. This breaks down into the following components: 4.1% unit cost, 5.5% utilization, and 1.0% trend leveraging. Please note that this trend factor excludes any risk margin.

Credibility

There was an average of 432,303 members in OHI small group plans during the experience period. We consider this to be fully credible and therefore have made no adjustments.

Paid to Allowed Ratio

We have developed the average paid to allowed factor for the projection period based upon a combination of the distribution of the Oxford small group members by plan and the pricing actuarial values for those plans.

Risk Adjustment and Reinsurance

- **Projected Risk Adjustments:** DFS and Deloitte performed risk adjustment modeling based upon data received from New York health plans. We analyzed the results of this analysis and made a slight adjustment based upon this review. As a result, we project OHI will be a net receiver and have included a 5.1% reduction to the index rate to account for this.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** We have assumed a payment of \$3.32 PMPM for the reinsurance fee. We have assumed no reinsurance recoveries since it is not applicable to small group.

Non-Benefit Expenses and Risk Margin

The 7.2% administrative expense load includes general administration (4.2%) and broker commissions (3.0%). We have estimated the expenses included in the development of the proposed rates based upon actual historical expenses and financial projections.

Projected Profit & Risk Margin

The projected profit and risk margin is 4.0% before state and federal income taxes and 2.6% after.

Taxes and Fees

The 8.2% includes state premium tax and assessments (3.1%), PPACA Insurer fee (3.2%), and state and federal income taxes (2.0%). This excludes the \$3.32 PMPM reinsurance fee.

Projected Loss Ratio

The projected loss ratio using federally prescribed MLR methodology is 88.0%.

Index Rate

The index rate of the experience period is \$516.61 and reflects the total allowed claims PMPM from the experience period for EHB benefits only. The index rate for the projection period is \$670.40. We applied 6 months of trend, at our 2015 annual trend rate of 10.9%, to the projection period index rate. This accounts for Small Group quarterly trend, under the assumption that members are equally distributed among the quarters.

AV Metal Values

HHS metal screenshots are included in the filing. For plans using the NY DFS Standard In-Network benefits, we used the screenshots provided by DFS, without modification. For other plans, we calculated federal metal AVs using the HHS AV calculator. We made some modifications to the inputs, which are described below. We only changed the inputs; the final metal AVs came directly from the calculator output. We used only permitted factors in determining the metal AVs. We assumed that the difference between EHBs covered by our plans and those included in the calculator's continuance tables was negligible.

1. We always used 99.999% coinsurance instead of 100% due to unreasonable calculator outputs we observed in testing.
2. We converted copays after deductible (including Rx) to equivalent coinsurance values based on average unit costs from the continuance tables in the calculator.
3. We specially handled the inpatient and outpatient facility copays. Our inpatient copays cover only the facility portion of the service cost, but the HHS AV calculator inpatient copay line corresponds to both facility and professional charges. Our outpatient facility copay does not cover all services included under outpatient facility in the HHS calculator. Therefore we used the 2-tier function of the HHS calculator to more accurately value these copays. On tier 1, the inpatient and / or outpatient copays are applied (converted to coinsurance if appropriate, as discussed above). On tier 2, inpatient and outpatient facility are covered at the plan's general coinsurance level. We used the following weights, which are derived from our company's pricing model, on tier 1:
 - a. 73% if there is an outpatient facility copay but no inpatient facility copay;
 - b. 80% if there is a copay on both; and,
 - c. 100% if there is a copay on neither.

4. Our Rx plans do not have separate copays for Specialty drugs. For the Specialty drug copay calculator input, we calculated the approximate average copay for specialty drugs as the weighted average of the copays in the other 3 tiers, based on the distribution of specialty drugs among those tiers in our data.
5. The AV calculator does not support an Outpatient Facility copay. For such plans, we converted the copay to coinsurance based on the average unit cost from the calculator's continuance tables. For plans with a 2-tier OP surgery copay (Free-standing and Hospital), in the calculator we used the average of the two with 50% weight on each, which was reasonable based on our data.
6. Some plans within this portfolio have different cost-sharing features for family coverage (i.e., when two or more people are covered by the plan) from the cost-sharing features for individual coverage. For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable for individuals in the actuarial value calculation.

I certify that the values were developed in accordance with generally accepted actuarial principles and methodologies.

AV Pricing Values

The AV pricing values in Worksheet 2 reflect the product of plan relativities from the proprietary UnitedHealthcare pricing model, utilization adjustments, gatekeeper adjustments, and network adjustments. The relativities from the UnitedHealthcare model reflect the cost sharing differences between plans and do not include any adjustments for health status or utilization. The utilization adjustments were also determined by the proprietary UnitedHealthcare pricing model and only reflect utilization differences due to the levels of cost sharing. For the gatekeeper adjustment, we have assumed factors of 1.0 for non-gatekeeper and 0.96 for gatekeeper. For the network differences, we have assumed factors of 1.0 for Freedom and 0.976 for Liberty. These adjustments do not reflect any differences in anticipated risk status. Please note that the gatekeeper factors apply to in-network medical claims only.

Membership Projections

We are not projecting any significant changes in membership.

Terminated Products

No products are being terminated.

Plan Type

Not applicable.

Warning Alerts

Not applicable

Reliance

Not applicable.

Actuarial Certification

I, [REDACTED] am an Associate of the Society of Actuaries and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Proprietary & Confidential

Sincerely,

[Redacted signature block]

[Redacted name]

UnitedHealthcare
48 Monroe Turnpike
Trumbull, CT 06611

[Redacted contact information]

Oxford Platinum Gated EPO

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.28%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93.75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

88.12%

Platinum

Oxford Platinum Gated PPO

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.28%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93.75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

88.12%

Platinum

Oxford Gold Gated EPO \$600

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$600.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	96.12%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93.22%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

79.05%

Metal Tier:

Gold

Oxford Silver Gated EPO \$2,000

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$5,500.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical								
Emergency Room Services	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		\$150.00	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92.34%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs								
Generics	<input type="checkbox"/> All	<input type="checkbox"/> All		\$10.00	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.69%

Silver

Oxford Silver Gated PPO \$2,000

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$5,500.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92.34%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.69%

Silver

Oxford Bronze Gated EPO \$3,000

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$3,000.00
Coinsurance (%, Insurer's Cost Share)			50.00%
OOP Maximum (\$)			\$6,350.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.99%

Bronze

EXHIBIT 13: NUMERICAL SUMMARY

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Tracking #: UHLC-129581383
Market Segment: Small Groups On Exchange

A. Average 2014 and 2015 Premium Rates:

Premium Rates are based on the following criteria:

- 1) The average monthly premium rates for 1st quarter rates for Employee Only.
- 2) The average arithmetic premium rates for all plans combined and for all regions combined.
- 3) Rates include Through Age 29, Domestic Partner and Family Planning Coverages.

	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	\$816.59	\$667.06	\$594.75	\$484.52	N/A
2015 Premium Rates	\$918.58	\$749.32	\$670.13	\$529.45	N/A

B. Weighted Average Annual Percentage Requested Adjustments*:

	2014 to 2015
Requested Rate Adjustment	12.1%

C. Weighted Average Annual Percentage Requested Adjustments for each of the Past Three Years [If Applicable]*:

	2011 to 2012	2012 to 2013	2013 to 2014
Average Rate Adjustment	N/A	N/A	N/A

D. Average Medical Loss Ratios [MLR] for All Policies Impacted [Ratios of Incurred Claims to Earned Premiums] [If Applicable]*:

	2011	2012	2013
MLR	N/A	N/A	N/A

E. Claim Trend Rates and Average Ratios to Earned Premiums [If Applicable]*:

	2013	2014	2015
Annual Claim Trend Rates	N/A	10.5%	10.9%
Expense Ratios	N/A	13.2%	13.9%
Pre Tax Profit Ratios	N/A	5.5%	4.0%

* If product was not offered in a particular year, indicate "N/A" in the applicable box.

EXHIBIT 14 - PART B: SUMMARY OF REQUESTED PERCENTAGE CHANGES TO EXISTING RATES

-- for Small Group Medical Plans

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Tracking #: UHLC-129581383
Market Segment: Small Groups On Exchange

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	1/1/2015	Platinum	99 - All Regions	EPO	EPO	12.41%	12.41%	12.41%
Small Group	1/1/2015	Gold	99 - All Regions	EPO	EPO	12.35%	12.35%	12.35%
Small Group	1/1/2015	Silver	99 - All Regions	EPO	EPO	12.35%	12.35%	12.35%
Small Group	1/1/2015	Bronze	99 - All Regions	EPO	EPO	9.22%	9.22%	9.22%
Small Group	1/1/2015	Platinum	99 - All Regions	PPO	PPO	12.60%	12.60%	12.60%
Small Group	1/1/2015	Silver	99 - All Regions	PPO	PPO	13.01%	13.01%	13.01%
Small Group	4/1/2015	Platinum	99 - All Regions	EPO	EPO	12.52%	12.52%	12.52%
Small Group	4/1/2015	Gold	99 - All Regions	EPO	EPO	12.46%	12.46%	12.46%
Small Group	4/1/2015	Silver	99 - All Regions	EPO	EPO	12.47%	12.47%	12.47%
Small Group	4/1/2015	Bronze	99 - All Regions	EPO	EPO	9.33%	9.33%	9.33%
Small Group	4/1/2015	Platinum	99 - All Regions	PPO	PPO	12.71%	12.71%	12.71%
Small Group	4/1/2015	Silver	99 - All Regions	PPO	PPO	13.13%	13.13%	13.13%
Small Group	7/1/2015	Platinum	99 - All Regions	EPO	EPO	12.63%	12.63%	12.63%
Small Group	7/1/2015	Gold	99 - All Regions	EPO	EPO	12.58%	12.58%	12.58%
Small Group	7/1/2015	Silver	99 - All Regions	EPO	EPO	12.58%	12.58%	12.58%
Small Group	7/1/2015	Bronze	99 - All Regions	EPO	EPO	9.45%	9.45%	9.45%
Small Group	7/1/2015	Platinum	99 - All Regions	PPO	PPO	12.83%	12.83%	12.83%
Small Group	7/1/2015	Silver	99 - All Regions	PPO	PPO	13.24%	13.24%	13.24%
Small Group	10/1/2015	Platinum	99 - All Regions	EPO	EPO	12.75%	12.75%	12.75%
Small Group	10/1/2015	Gold	99 - All Regions	EPO	EPO	12.69%	12.69%	12.69%
Small Group	10/1/2015	Silver	99 - All Regions	EPO	EPO	12.70%	12.70%	12.70%
Small Group	10/1/2015	Bronze	99 - All Regions	EPO	EPO	9.56%	9.56%	9.56%
Small Group	10/1/2015	Platinum	99 - All Regions	PPO	PPO	12.94%	12.94%	12.94%
Small Group	10/1/2015	Silver	99 - All Regions	PPO	PPO	13.36%	13.36%	13.36%

EXHIBIT 15 - PART B: DISTRIBUTION OF CONTRACTS BY REQUESTED PERCENT ADJUSTMENTS FOR SMALL GROUP PRODUCTS

Company Name: Oxford Health Insurance, Inc.
 NAIC Code: 76026
 SERFF Tracking #: UHLIC-129581383
 Market Segment: Small Groups On Exchange

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level	Rating Region	Weighted Avg Change %	Annualized Premiums as of	Total # of Members as of	Total # of Contracts as of	Number of Members with Requested Percentage Rate Change at Renewal										
								3/31/2014	Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%
Small Group	1/1/2015	Platinum	99 - All Regions	11.4%	\$ 2,077,566	249	n/a	0	0	0	0	249	0	0	0	0	0	0
Small Group	1/1/2015	Gold	99 - All Regions	11.4%	\$ 892,529	130	n/a	0	0	0	0	130	0	0	0	0	0	0
Small Group	1/1/2015	Silver	99 - All Regions	11.4%	\$ 2,294,279	403	n/a	0	0	0	0	403	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	99 - All Regions	9.3%	\$ 133,459	30	n/a	0	0	0	30	0	0	0	0	0	0	0
Market Segment Total:				11.4%	\$ 5,397,833	812	n/a	0	0	0	30	782	0	0	0	0	0	0

EXHIBIT 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)										Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)												
15.1 Beginning date of the experience period (mm/dd/yy)	15.2 Ending Date of the experience period (mm/dd/yy)	15.3 Member months for experience period	15.4 Earned premiums for experience period (\$)	15.5 Standardized earned premiums for experience period (\$)	15.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	15.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	15.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) (\$)	15.9 Adjustment to the incurred claims for the period due to payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts from the pool as a positive value) (\$)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	16.1 Beginning date of the experience period (mm/dd/yy)	16.2 Ending Date of the experience period (mm/dd/yy)	16.3 Member months for experience period	16.4 Earned premiums for experience period (\$)	16.5 Standardized earned premiums for experience period (\$)	16.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	16.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	16.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) (\$)	16.9 Adjustment to the incurred claims for the period due to payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts from the pool as a positive value) (\$)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)			
XX	01/01/12	12/31/12	3,054,665	1,392,990,493	1,601,732,065	1,064,092,114	1,116,789,405	0	3,738,375	156,792,263	XX	01/01/11	12/31/11	2,154,929	982,390,359	1,204,307,744	762,841,003	777,784,450	0	4,252,051	126,844,931	XX
XX	01/01/12	12/31/12	901,125	454,414,656	513,905,980	357,314,451	360,052,189	0	1,102,819	49,301,000	XX	01/01/11	12/31/11	954,933	455,540,704	561,057,381	372,830,601	365,116,540	0	1,884,249	57,915,180	XX
XX	01/01/12	12/31/12	648,075	424,843,742	502,072,033	339,287,659	342,046,948	0	793,130	43,287,162	XX	01/01/11	12/31/11	728,326,00	447,887,270	566,132,319	367,607,084	361,602,895	0	1,437,114	53,171,827	XX
XX	01/01/12	12/31/12	126,407	62,312,171	71,709,739	47,004,322	49,401,284	0	154,700	7,013,735	XX	01/01/11	12/31/11	112,458,00	53,128,806	64,484,202	41,123,383	43,975,253	0	221,899	6,859,921	XX
XX	01/01/12	12/31/12	81,746	44,398,585	50,234,903	32,593,261	34,699,651	0	100,043	4,816,954	XX	01/01/11	12/31/11	75,360,00	36,406,499	44,628,418	25,968,607	27,959,902	0	148,698	4,628,541	XX
XX	01/01/12	12/31/12	12,096	8,174,736	9,752,676	6,087,944	9,321,115	0	14,803	832,921	XX	01/01/11	12/31/11	18,601,00	11,828,531	14,906,110	8,612,498	11,230,008	0	36,703	1,404,248	XX
XX	01/01/12	12/31/12	4,824,114	2,387,134,383	2,749,407,397	1,846,379,750	1,912,310,592	0	5,903,870	262,044,036	XX	01/01/11	12/31/11	4,044,607	1,987,182,170	2,455,516,174	1,578,983,176	1,587,669,048	0	7,980,715	250,824,647	XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX

Exhibit 18 - Index Rate/Plan-Design Level Adjustment Worksheet

Company Name: Oxford Health Insurance, Inc.
 NAIC Code: 78026
 SERFF Number: UHLC-129581383
 Market Segment : Small Groups On Exchange

Separate column for each plan design (on or off Exchange)

Line #	General					
1	Product*	EPO	EPO	PPO	EPO	EPO
2	Product ID*	85629NY001	85629NY001	85629NY002	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Bronze	Silver	Silver	Gold	Platinum
4	AV Metal Value (HHS Calculator)*	62.0%	70.7%	70.7%	79.0%	88.1%
5	AV Pricing Value (total, risk pool experience based)*	62.0%	72.7%	72.7%	82.0%	91.0%
6	Plan Type*	EPO	EPO	PPO	EPO	EPO
7	Plan Name*	Oxford Bronze Gated EPO \$3,000	Oxford Silver Gated EPO \$2,000	Oxford Silver Gated PPO \$2,000	Oxford Gold Gated EPO \$600	Oxford Platinum Gated EPO
8	HIOS Plan ID*	85629NY0010028	85629NY0010023	85629NY0020012	85629NY0010018	85629NY0010013
9	Exchange Plan?*	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

Experience Period Index Rate

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period	\$ 2,161,348,155				
10B	Member-Months for Latest Experience Period	5,187,640				
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	416.63				
11	Average Pricing Actuarial Value reflected in experience period	0.674				
12	AV Adjusted Experience Period Index Rate PMPM (L10C / L11)	618.46	618.46	618.46	618.46	618.46

7	Plan Name*	Oxford Bronze Gated EPO \$3,000	Oxford Silver Gated EPO \$2,000	Oxford Silver Gated PPO \$2,000	Oxford Gold Gated EPO \$600	Oxford Platinum Gated EPO
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**Market Wide Adjustments to the AV
Adjusted Experience Period Index Rate**

13	Impact of adjusting experience period data to EHB benefit level	1.021				
14	Market wide adjustment for changes in provider network **	1.000				
15	Market wide adjustment for fee schedule changes **	1.000				
16	Market wide adjustment for utilization management changes **	1.000				
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **	1.000				
18	Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **	1.000				
19	Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]	1.000				
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1.000				
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)	0.949				
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	1.000				
23	Impact of adjustments due to experience period claim data not being sufficiently credible	1.000				
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	1.242				
25	Other 1 (specify)	1.000				
26	Other 2 (specify)	1.000				
27	Other 3 (specify)	1.000				
28	Impact of Market Wide Adjustments (product L13 through L27)	1.203	1.203	1.203	1.203	1.203

** Not Included in Claim Trend Adjustment

7	Plan Name*	Oxford Bronze Gated EPO \$3,000	Oxford Silver Gated EPO \$2,000	Oxford Silver Gated PPO \$2,000	Oxford Gold Gated EPO \$600	Oxford Platinum Gated EPO
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Plan Level Adjustments

29	Pricing actuarial value (without induced demand factor) #	0.620	0.727	0.727	0.820	0.910
30	Pricing actuarial value (only the induced demand factor) #	0.778	0.801	0.801	0.840	0.895
31	Impact of provider network characteristics ##	0.976	0.976	0.976	0.976	0.976
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices ##	0.968	0.968	0.968	0.968	0.968
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.170	1.170	1.170	1.170	1.170
37	Profit/Contribution to surplus margins	1.042	1.042	1.042	1.042	1.042
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.111	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000
41	SHOP Selection, Reg 146 Payback	1.000	1.000	1.000	1.000	1.000
42	Pediatric Dental and Vision	1.009	1.008	1.007	1.007	1.006
43	Impact of Plan Level Adjustments (product L29 through L42)	0.560	0.675	0.749	0.798	0.942

Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

44	TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)	416.54	502.23	557.58	593.72	700.79
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Exhibit 18 - Index Rate/Plan-Design Level Adjustment Worksheet

Company Name: Oxford Health Insurance, Inc.
 NAIC Code: 78026
 SERFF Number: UHLC-129581383
 Market Segment : Small Groups On Exchange

<u>Line #</u>	<u>General</u>	
1	Product*	PPO
2	Product ID*	85629NY002
3	Metal Level (or catastrophic)*	Platinum
4	AV Metal Value (HHS Calculator)*	88.1%
5	AV Pricing Value (total, risk pool experience based)*	91.0%
6	Plan Type*	PPO
7	Plan Name*	Oxford Platinum Gated PPO
8	HIOS Plan ID*	85629NY0020007
9	Exchange Plan?*	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

Experience Period Index Rate

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period	
10B	Member-Months for Latest Experience Period	
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	
11	Average Pricing Actuarial Value reflected in experience period	
12	AV Adjusted Experience Period Index Rate PMPM (L10C / L11)	618.46

7		Plan Name* Oxford Platinum Gated PPO
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**Market Wide Adjustments to the AV
Adjusted Experience Period Index Rate**

13	Impact of adjusting experience period data to EHB benefit level	
14	Market wide adjustment for changes in provider network **	
15	Market wide adjustment for fee schedule changes **	
16	Market wide adjustment for utilization management changes **	
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **	
18	Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **	
19	Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]	
20	Adjustment for changes in distribution of risk pool membership by rating regions **	
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)	
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	
23	Impact of adjustments due to experience period claim data not being sufficiently credible	
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	
25	Other 1 (specify)	
26	Other 2 (specify)	
27	Other 3 (specify)	
28	Impact of Market Wide Adjustments (product L13 through L27)	1.203

** Not Included in Claim Trend Adjustment

7	Plan Name*	Oxford Platinum Gated PPO
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Plan Level Adjustments

29	Pricing actuarial value (without induced demand factor) #	0.910
30	Pricing actuarial value (only the induced demand factor) #	0.895
31	Impact of provider network characteristics ##	0.976
32	Impact of delivery system characteristics ##	1.000
33	Impact of utilization management practices ##	0.968
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.170
37	Profit/Contribution to surplus margins	1.042
38	Impact of eligibility categories (catastrophic plans only)	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.084
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000
41	SHOP Selection, Reg 146 Payback	1.000
42	Pediatric Dental and Vision	1.005
43	Impact of Plan Level Adjustments (product L29 through L42)	1.021

Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

44	TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)	759.45
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EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: Oxford Health Insurance, Inc.
 NAIC Code: 78026
 SERFF Number: UHLC-129581383
 Market Segment: Small Groups On Exchange

- 1) This exhibit is to help DFS reconcile the 14 digit HIOS IDs used to the different plan designs and to reconcile the rate manual to the binder rate template.
- 2) The HIOS IDs should be without the variants after the hyphen.
- 3) Column 3: Enter Metal Level. Use drop down menu.
- 4) Column 4: Enter On/Off Plan Designation. Use drop down menu.
- 5) Column 5: Enter Standard/Non Standard Plan Designation. Use drop down menu.
- 6) Column 6: Enter coverage of children to 26th birthday (26) or to 30th birthday. Use drop down menu.
- 7) Column 7: Enter Yes/No for coverage of Domestic Partner. Use drop down menu.
- 8) Column 8: Enter Yes/No for coverage of Family Planning. Use drop down menu.
- 9) Column 9: Enter Yes/No for coverage of Embedded Pediatric Dental. Use drop down menu.
- 10) Column 10: Enter Yes/No for coverage of Out of Network Benefits [PPO or POS]. Use drop down menu.
- 11) Column 11: Indicate if the plan design includes benefits in addition to the EHB benefits (yes) or (no). Use drop down menu.
- 12) This exhibit must be submitted as an Excel and as PDF file.

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
85629NY0010013	Oxford Platinum Gated EPO	Platinum	BOTH	NO	26	NO	INCLUDED	YES	YES	NO
85629NY0010003	Oxford Platinum Gated EPO	Platinum	BOTH	NO	26	NO	EXCLUDED	YES	YES	NO
85629NY0010001	Oxford Platinum Gated EPO	Platinum	BOTH	NO	26	YES	INCLUDED	YES	YES	NO
85629NY0010015	Oxford Platinum Gated EPO	Platinum	BOTH	NO	26	YES	EXCLUDED	YES	YES	NO
85629NY0010002	Oxford Platinum Gated EPO	Platinum	BOTH	NO	29	NO	INCLUDED	YES	YES	NO
85629NY0010014	Oxford Platinum Gated EPO	Platinum	BOTH	NO	29	YES	INCLUDED	YES	YES	NO
85629NY0010016	Oxford Platinum Gated EPO	Platinum	BOTH	NO	29	NO	EXCLUDED	YES	YES	NO
85629NY0010017	Oxford Platinum Gated EPO	Platinum	BOTH	NO	29	YES	EXCLUDED	YES	YES	NO
85629NY0020007	Oxford Platinum Gated PPO	Platinum	BOTH	NO	26	NO	INCLUDED	YES	YES	NO
85629NY0020003	Oxford Platinum Gated PPO	Platinum	BOTH	NO	26	NO	EXCLUDED	YES	YES	NO
85629NY0020001	Oxford Platinum Gated PPO	Platinum	BOTH	NO	26	YES	INCLUDED	YES	YES	NO
85629NY0020009	Oxford Platinum Gated PPO	Platinum	BOTH	NO	26	YES	EXCLUDED	YES	YES	NO
85629NY0020002	Oxford Platinum Gated PPO	Platinum	BOTH	NO	29	NO	INCLUDED	YES	YES	NO
85629NY0020008	Oxford Platinum Gated PPO	Platinum	BOTH	NO	29	YES	INCLUDED	YES	YES	NO
85629NY0020010	Oxford Platinum Gated PPO	Platinum	BOTH	NO	29	NO	EXCLUDED	YES	YES	NO
85629NY0020011	Oxford Platinum Gated PPO	Platinum	BOTH	NO	29	YES	EXCLUDED	YES	YES	NO
85629NY0010018	Oxford Gold Gated EPO \$600	Gold	BOTH	NO	26	NO	INCLUDED	YES	YES	NO
85629NY0010006	Oxford Gold Gated EPO \$600	Gold	BOTH	NO	26	NO	EXCLUDED	YES	YES	NO
85629NY0010004	Oxford Gold Gated EPO \$600	Gold	BOTH	NO	26	YES	INCLUDED	YES	YES	NO
85629NY0010020	Oxford Gold Gated EPO \$600	Gold	BOTH	NO	26	YES	EXCLUDED	YES	YES	NO
85629NY0010005	Oxford Gold Gated EPO \$600	Gold	BOTH	NO	29	NO	INCLUDED	YES	YES	NO
85629NY0010019	Oxford Gold Gated EPO \$600	Gold	BOTH	NO	29	YES	INCLUDED	YES	YES	NO
85629NY0010021	Oxford Gold Gated EPO \$600	Gold	BOTH	NO	29	NO	EXCLUDED	YES	YES	NO
85629NY0010022	Oxford Gold Gated EPO \$600	Gold	BOTH	NO	29	YES	EXCLUDED	YES	YES	NO
85629NY0010023	Oxford Silver Gated EPO \$2,000	Silver	BOTH	NO	26	NO	INCLUDED	YES	YES	NO
85629NY0010009	Oxford Silver Gated EPO \$2,000	Silver	BOTH	NO	26	NO	EXCLUDED	YES	YES	NO
85629NY0010007	Oxford Silver Gated EPO \$2,000	Silver	BOTH	NO	26	YES	INCLUDED	YES	YES	NO
85629NY0010025	Oxford Silver Gated EPO \$2,000	Silver	BOTH	NO	26	YES	EXCLUDED	YES	YES	NO
85629NY0010008	Oxford Silver Gated EPO \$2,000	Silver	BOTH	NO	29	NO	INCLUDED	YES	YES	NO
85629NY0010024	Oxford Silver Gated EPO \$2,000	Silver	BOTH	NO	29	YES	INCLUDED	YES	YES	NO
85629NY0010026	Oxford Silver Gated EPO \$2,000	Silver	BOTH	NO	29	NO	EXCLUDED	YES	YES	NO
85629NY0010027	Oxford Silver Gated EPO \$2,000	Silver	BOTH	NO	29	YES	EXCLUDED	YES	YES	NO
85629NY0020012	Oxford Silver Gated PPO \$2,000	Silver	BOTH	NO	26	NO	INCLUDED	YES	YES	NO
85629NY0020006	Oxford Silver Gated PPO \$2,000	Silver	BOTH	NO	26	NO	EXCLUDED	YES	YES	NO
85629NY0020004	Oxford Silver Gated PPO \$2,000	Silver	BOTH	NO	26	YES	INCLUDED	YES	YES	NO
85629NY0020014	Oxford Silver Gated PPO \$2,000	Silver	BOTH	NO	26	YES	EXCLUDED	YES	YES	NO
85629NY0020005	Oxford Silver Gated PPO \$2,000	Silver	BOTH	NO	29	NO	INCLUDED	YES	YES	NO
85629NY0020013	Oxford Silver Gated PPO \$2,000	Silver	BOTH	NO	29	YES	INCLUDED	YES	YES	NO
85629NY0020015	Oxford Silver Gated PPO \$2,000	Silver	BOTH	NO	29	NO	EXCLUDED	YES	YES	NO
85629NY0020016	Oxford Silver Gated PPO \$2,000	Silver	BOTH	NO	29	YES	EXCLUDED	YES	YES	NO
85629NY0010028	Oxford Bronze Gated EPO \$3,000	Bronze	BOTH	NO	26	NO	INCLUDED	YES	YES	NO
85629NY0010012	Oxford Bronze Gated EPO \$3,000	Bronze	BOTH	NO	26	NO	EXCLUDED	YES	YES	NO
85629NY0010010	Oxford Bronze Gated EPO \$3,000	Bronze	BOTH	NO	26	YES	INCLUDED	YES	YES	NO
85629NY0010030	Oxford Bronze Gated EPO \$3,000	Bronze	BOTH	NO	26	YES	EXCLUDED	YES	YES	NO
85629NY0010011	Oxford Bronze Gated EPO \$3,000	Bronze	BOTH	NO	29	NO	INCLUDED	YES	YES	NO
85629NY0010029	Oxford Bronze Gated EPO \$3,000	Bronze	BOTH	NO	29	YES	INCLUDED	YES	YES	NO
85629NY0010031	Oxford Bronze Gated EPO \$3,000	Bronze	BOTH	NO	29	NO	EXCLUDED	YES	YES	NO
85629NY0010032	Oxford Bronze Gated EPO \$3,000	Bronze	BOTH	NO	29	YES	EXCLUDED	YES	YES	NO

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: Oxford Health Insurance, Inc.
 NAIC Code: 78026
 SERFF Number: UHLC-129581383
 Market Segment: Small Groups On Exchange

- 1) Purpose of this Exhibit is to summarize all Premium Rates for all Metal Levels and for all Regions.
- 2) Premium rates are Calendar Year 2015 premium rates for Individual Only on Individual Plans and First Quarter 2015 premium rates for Employee Only on Small Group Plans.
- 3) Premium rates are only for plans with the following benefit provisions:
 - (a) Through Age 29; **and**
 - (b) With Domestic Partner; **and**
 - (c) With Family Planning.
- 4) This exhibit must be submitted as an Excel and as a PDF file.

SUMMARY OF REQUESTED 2015 PREMIUM RATES													
1. HIOS ID PLAN (14 Digits)	2. Metal Level or Catastrophic	3. Exchange [Ind/Sml Grp]	4. On/Off Exchange	5. Plan Type [Std or Non Std]	6. Pediatric Dental [Yes/No]	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
						Albany	Buffalo	Mid-Hudson	New York	Rochester	Syracuse	Utica	Long Island
85629NY0010014	Platinum	SG	On	Standard	Yes	n/a	n/a	882	882	n/a	n/a	n/a	882
85629NY0020008	Platinum	SG	On	Standard	Yes	n/a	n/a	955	955	n/a	n/a	n/a	955
85629NY0010019	Gold	SG	On	Standard	Yes	n/a	n/a	749	749	n/a	n/a	n/a	749
85629NY0010024	Silver	SG	On	Standard	Yes	n/a	n/a	636	636	n/a	n/a	n/a	636
85629NY0020013	Silver	SG	On	Standard	Yes	n/a	n/a	704	704	n/a	n/a	n/a	704
85629NY0010029	Bronze	SG	On	Standard	Yes	n/a	n/a	529	529	n/a	n/a	n/a	529



<Date>

<BA First Name> <BA Last Name>

<Group Name>, <Group #>

<Group Address 1>

<Group Address 2>

<City>, <State> <Zip>

Re: Notice of Proposed Premium Rate Change

<Plan Name>

Dear <BA First Name> <BA Last Name>:

Oxford Health Insurance, Inc. (OHI) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

Proposed Premium Rate Changes

The requested percentage change to your group's premium is shown in the attached exhibit. Please use the plan name listed above to reference the rate increase for your plan.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features that your group policyholder selects on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

Rising medical expenses are the main reason for the requested increase. A number of factors contribute to these rising costs, including increases in the cost of medical services and increases in the amount of services used. We have prepared a narrative summary that provides a more detailed explanation of the reasons why we are seeking a premium rate adjustment. This summary will be posted both on our website and DFS's website for at least 30 days from the date of our rate filing. Our rate application will be posted on DFS's website and additional information will be available on companyprofiles.healthcare.gov.

30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact OHI for additional information at:

Oxford
NY Prior Approval
P.O. Box 862
Monroe, CT 06468
888-201-4216
www.oxfordhealth.com

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY, 10004
Email: premiumrateincreases@dfs.ny.gov
DFS Website: www.dfs.ny.gov/healthinsurancepremiums

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer
2. The name of your plan
3. Whether you have individual or group coverage
4. Your Plan Name, which is <Plan Name>

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

Oxford website: www.oxfordhealth.com Go to the *Employer Messages* section.

DFS website: www.dfs.ny.gov/healthinsurancepremiums

Notice of Approved Premium Rate

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

Sincerely,



Howard C. Margolies
Vice President
Small Business, New York



Oxford Health Insurance, Inc. - Small Group On Exchange

Plan Name	Annual Requested Increase by Quarter			
	Dep Age 26		Dep Age 29	
	Q1	Q2	Q1	Q2
Platinum				
P Standard EPO 15/35 L Gated OHI	12.4%	12.5%	12.4%	12.5%
P Standard PPO 15/35 L Gated OHI	12.6%	12.7%	12.6%	12.7%
Gold				
G Standard EPO 25/40 L Gated OHI	12.3%	12.5%	12.3%	12.4%
Silver				
S Standard EPO 30/50 L Gated OHI	12.4%	12.5%	12.3%	12.4%
S Standard PPO 30/50 L Gated OHI	13.0%	13.1%	13.0%	13.1%
Bronze				
B Standard EPO 50% L Gated OHI	9.2%	9.3%	9.3%	9.4%

Key:

P = Platinum

G = Gold

S = Silver

B = Bronze

L = Liberty Network

When copay shows #/#, first # is PCP copayment & second # is Specialist copayment.



<Date>

<Subscriber First Name> <Subscriber Last Name>

<Group Name>, <Group #>

<Address 1>

<Address 2>

<City>, <State> <Zip>

Re: Notice of Proposed Premium Rate Change

<Plan Name>

Dear <Subscriber First Name> <Subscriber Last Name>:

Oxford Health Insurance, Inc. (OHI) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

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Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features you select on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

Rising medical expenses are the main reason for the requested increase. A number of factors contribute to these rising costs, including increases in the cost of medical services and increases in the amount of services used. We have prepared a narrative summary that provides a more detailed explanation of the reasons why we are seeking a premium rate adjustment. This summary will be posted both on our website and DFS's website for at least 30 days from the date of our rate filing. Our rate application will be posted on DFS's website and additional information will be available on companyprofiles.healthcare.gov.

30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact OHI for additional information at:

Oxford
NY Prior Approval
P.O. Box 862
Monroe, CT 06468
800-444-6222
www.oxfordhealth.com

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY, 10004
Email: premiumrateincreases@dfs.ny.gov
DFS Website: www.dfs.ny.gov/healthinsurancepremiums

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer
2. The name of your plan
3. Whether you have individual or group coverage
4. Your Plan Name, which is <Plan Name>

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

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DFS website: www.dfs.ny.gov/healthinsurancepremiums

Notice of Approved Premium Rate

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

Sincerely,



Howard C. Margolies
Vice President
Small Business, New York



Oxford Health Insurance, Inc. - Small Group On Exchange

Plan Name	Annual Requested Increase by Quarter			
	Dep Age 26		Dep Age 29	
	Q1	Q2	Q1	Q2
Platinum				
P Standard EPO 15/35 L Gated OHI	12.4%	12.5%	12.4%	12.5%
P Standard PPO 15/35 L Gated OHI	12.6%	12.7%	12.6%	12.7%
Gold				
G Standard EPO 25/40 L Gated OHI	12.3%	12.5%	12.3%	12.4%
Silver				
S Standard EPO 30/50 L Gated OHI	12.4%	12.5%	12.3%	12.4%
S Standard PPO 30/50 L Gated OHI	13.0%	13.1%	13.0%	13.1%
Bronze				
B Standard EPO 50% L Gated OHI	9.2%	9.3%	9.3%	9.4%

Key:

P = Platinum

G = Gold

S = Silver

B = Bronze

L = Liberty Network

When copay shows #/#, first # is PCP copayment & second # is Specialist copayment.



<Date>

<BA Name>
<Group Name>
<Address>
<City>, <State> <ZIP>

RE: Renewal Information for: <Group Name>, Group #: <Group # >; <CSP Code>

Dear <BA Name>,

Thank you for allowing UnitedHealthcare to serve your health benefit plan needs with an Oxford¹ plan. Your company's policy is scheduled to renew on <effective date>. Please review this renewal package to understand your options and learn about the tools available to help you determine which plan(s) best meet your business needs.

In addition, please review your **Summary of Benefits and Coverage (SBC)**,² which you can now access using our Oxford small group online enrollment tool, Idea Management SystemSM (IDEA) so that you fully understand your benefits and member cost shares.

You can choose the proposed Affordable Care Act (ACA) compliant plan(s) or, if you prefer, you may also choose any of the other Oxford plans we offer in the New York small group market. **Please note that if no action is taken prior to your effective date, you will be renewed automatically into the plan described in this packet and billed accordingly.**

Our Oxford portfolio includes a variety of products with a wide range of affordable and flexible health plan solutions. We also offer dedicated service for members and employers, comprehensive online resources and health coach programs, plus a variety of disease management programs and services.

We know how important it is to find the right physician. That's why we offer a choice of robust local provider networks as well as access to our national provider network when traveling outside of the Oxford service area:

- Our **Freedom Network** offers your employees access to more than [104,000] physicians and other health care professionals at more than [173,000] locations in the tri-state region of New York, New Jersey and Connecticut – of which nearly [60,000] of those physicians have their practice in New York.³
- The **Liberty Network**, a subset of our Freedom Network, tends to be a more affordable option for many employers and provides access to over [70,000] physicians and other health care professionals at more than [121,000] office locations.³
- **[Oxford Metro Network]**
- The **UnitedHealthcare Choice Plus national network** is available with most plans and provides your employees seamless access to more than [739,000] physicians, [5,600] hospitals and [65,000] pharmacies across the United States.⁴

(over)

We also understand how important it is for employers to have the ability to offer their employees a comprehensive benefit package. If you are interested in purchasing specialty benefits, look no further. We offer a full suite of dental, vision, life and disability products in addition to our medical products.

- **Pre-packaged specialty benefits** are available to New York small group employers with more than two employees through Oxford Benefit Management (OBM). This bundled solution combines dental and vision products with several health and wellness programs, including an Employee Assistance Program (EAP) with WorkLife services, health discounts and an optional life benefit. More details can be found at www.oxfordbenefitmanagement.com.⁵
- **Stand-alone specialty benefits** are also available to New York small group employers with more than two employees, which include basic life insurance, supplemental life insurance, dental insurance, vision insurance and long-term disability insurance. More details can be found at www.uhcspecialtybenefits.com.⁵

Plus, you don't have to wait to add specialty products to your benefit package. You can add these benefits at any time. If you have any questions regarding your replacement coverage, prefer to speak to someone directly, or if you would like more information on a specialty benefits quote, please contact your broker or General Agent, or contact Client Services at **1-888-201-4216** or by email at groupservices@oxfordhealth.com.

We are also here to help you with our online systems and can provide copies of any materials you may not be able to access. We look forward to a continued and long-lasting relationship, serving you and your employees.

Sincerely,

Client Services
Enclosures
CC: <Broker>

¹ Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

² **Please Note:** As of Sept. 23, 2012, the Affordable Care Act (ACA) requires all health plan issuers (i.e., UnitedHealthcare and Oxford) and group health plans to provide new and renewing groups and members a Summary of Benefits and Coverage (SBC) for their health benefit plan. This notification provides information regarding when and how SBCs will be made available to you and when you need to provide it to your members. All assumed renewal plan SBCs are made available through IDEA and the employer portal of oxfordhealth.com within 60 days of your renewal date. If, for any reason, the assumed renewal SBC is not successfully loaded to IDEA or the Employer portal, a hard copy will be mailed within 30 days of your renewal date. The information related to when you must provide the SBCs to your members is found directly on IDEA and the Employer portal. A paper copy is available upon request by calling Client Services. At this time we are relying upon the employer group to deliver the SBCs to its employees and their dependents.

³ [As of Dec. 31, 2012]; represents all participating providers except ancillary providers. Dental and complementary and alternative medicine providers are included (~6 percent of the total without chiropractors who are considered specialists). Providers who are multiple boarded are counted multiple times. Tri-state area includes Connecticut, New Jersey and certain New York counties (Ulster, Sullivan, Dutchess, Orange, Putnam, Rockland, Westchester, Bronx, New York, Queens, Kings, Richmond, Nassau and Suffolk).

⁴ As of [Q3 2013]. UnitedHealth Networks national network statistics. Not available with Liberty HMO.

⁵ Oxford Benefit Management (OBM) packages are not available in all states and state-specific requirements may cause limitations or variations to the plans. Packaged Savings is not available for this product. OBM Benefit options may vary by group size. Components are subject to change. UnitedHealthcare Life and Disability products are provided by Unimerica Life Insurance Company of New York. In New York, the Life Insurance product is provided on Form LASD-POL-LIFE NY (05/03) and the Disability product on Form LASD-POL-ADD/DIS NY (05/03). Unimerica Life Insurance Company of New York is located in New York. UnitedHealthcare Dental plans are provided by or through UnitedHealthcare Insurance Company of New York, NY. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by Dental Benefit Providers, Inc. UnitedHealthcare Vision[®] plans are provided by UnitedHealthcare Insurance Company of New York, NY. UnitedHealthcare Vision[®] benefits and administrative services are provided by or through Spectera, Inc. UnitedHealthcare Insurance Company of New York is located in New York, NY.

Renewal Rates and Plan Information¹

Below is a high level description of your plan changes as well as your new rates. Small group plan designs are now identified by four “metallic” benefit coverage levels: Bronze, Silver, Gold and Platinum. These designations indicate the relative value of the covered benefits, from Bronze (lowest) to Platinum (highest). Please review your SBC (available online) for more information about the benefits and member cost shares for this plan. You may also call Client Services to request a paper copy of your SBC.

PLAN INFORMATION

PLAN DESIGN	EXISTING	REPLACEMENT
Metallic Level	N/A	<Data>
Network	<Data>	<Data>
Office Visit Copayment	<Data>	<Data>
Package Description	<Data>	<Data>
Prescription	<Data>	<Data>
Out-of-Network Coinsurance	<Data>	<Data>
Out-of-Network Deductible	<Data>	<Data>
Out-of Network Reimbursement ² Amount (where available)	<Data>	<Data>
Other Benefit Information (formerly Riders)	<Data>	<Data>

MONTHLY PREMIUMS

TIERS	EXISTING RATES		REPLACEMENT RATES	
	Employee #	Rate	Employee #	Rate
Single	<# of EEs>	<\$0.00>	<# of EEs>	<\$0.00>
Couple	<# of EEs>	<\$0.00>	<# of EEs>	<\$0.00>
Parent/Children	<# of EEs>	<\$0.00>	<# of EEs>	<\$0.00>
Family	<# of EEs>	<\$0.00>	<# of EEs>	<\$0.00>
Premium Total	<Total # of EEs>	<Total \$0.00>	<Total # of EEs>	<Total \$0.00>

COMPLETING YOUR RENEWAL

Details about your plan can be reviewed and submitted through IDEA. Simply log onto the Employer portal of oxfordhealth.com, click on the “My Account” tab and you will see the IDEA link. Once in IDEA, you will be able to review your proposed plan as well as explore other ACA compliant plan options. You will also be able to view the SBC for your ACA compliant replacement plan to help you better understand your group coverage. If you complete the plan selection through IDEA, information can be submitted up to the last day of the month prior to your effective date. Our IDEA tool is in the process of being updated and may not be available to New York groups with one employee.³ Please contact Individual Product Sales at 1-800-969-7480 for assistance.

Renewing into your ACA compliant plan

- We will **automatically renew your group into the above plan.** Unless your group is selected for an audit, you do not need to take any further action.

Renewing into an alternative ACA compliant plan

You also may choose any other ACA compliant small group plan we offer. To do so, you **must submit** the following documents. Using IDEA will speed up the process by creating the required forms from the information you provide and will generate an electronic record for your files. You may also send by mail to the Oxford Enrollment Department at 14 Central Park Drive, Hooksett, NH 03106.

- A completed *New York Small Group Annual Certification Form*, which is needed to ensure that your group is covered within the correct ACA definition. This form is included in this package and available through oxfordhealth.com.

(over)

- Tax documentation: Examples of acceptable documents include a *Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return Form (NYS-45)*, *Form 11-20S* and *K1 Schedule C*. If you filed a consolidated tax return as an affiliated group, please provide your most recent *IRS form 851*. See enclosed *Instruction Sheet* for details.
- If you are not submitting information online through IDEA, a letter of request on company letterhead signed by an authorized contact detailing requested changes along with a signed rate sheet must be submitted. If you are moving into a different product underwritten by another licensed company (e.g., HMO to EPO), you may also be asked to submit the appropriate application.

OTHER CHANGES THAT MAY IMPACT YOUR RENEWAL

[Below are some additional modifications that we wanted to bring to your attention:]

ADDITIONAL INFORMATION

- **Audits**: We may conduct an audit of your group to confirm that the group meets eligibility and/or participation requirements. At that time, additional documentation may be required. Please visit oxfordhealth.com to review the *New York Small Group (1-50) Underwriting Requirements*, which gives more detail about our participation (does not apply to HMO products) and eligibility requirements for small group coverage. Our lock box administrator automatically cashes all premium checks upon receipt. If your group does not meet eligibility and participation requirements, your cashed check does not obligate us to replace your coverage. Further, if you submit payment that exceeds any outstanding balance, and your group is not moved into a replacement plan, we will refund the additional amount.
- **Age 29 Rider**: The law extends the availability of health insurance coverage to young adults through the age of 29. This expansion assists young adults who do not have access to employer-sponsored health insurance. This Rider is still an option for groups wishing to purchase this coverage. If the group does not purchase this Rider, the young adult option is available, which permits eligible young adults to continue their coverage through a parent's health insurance coverage once they reach age 26 without contribution from the employer. Young adults may also have this coverage if they meet other eligibility criteria.
- **Actuarial Value and Health Savings Accounts (HSAs)**: If you are currently offering or considering offering an HSA plan to your employees, you will need to understand how the contributions you make to your employees' HSAs can affect the actuarial value of your health plan. If you would like more information on HSA Contribution Requirements under the ACA, please visit the "Tools & Resources" section of the Employer portal of oxfordhealth.com.

¹ Premium rates and/or product forms included herein have been filed and are subject to approval by regulators. We reserve the right to modify this quote if needed, once final approval is received. The rates quoted above or your total premium may change if benefits are required to be added to your plan during the plan year or if your census changes.

² All small group plans that have out-of-network benefits use a Medicare-based reimbursement methodology for out-of-network claims. Please see your Certificate of Coverage for more information. Please note that when we use a relative value scale based on difficulty, time, work, risk and resources of the service; the scale for certain services may be provided by our affiliate OptumInsight. Our HMO and EPO products do not have out-of-network benefits; however, if we are required to reimburse for services from a nonparticipating provider, reimbursement is based upon seventieth (70th) percentile FairHealth data. In certain instances, members may not be billed for the amounts above their cost share.

³ New York has changed the small group size to "1-50" employees from "2-50" employees. A small group with one employee requires that the business employ an individual who is not the owner. When a business is owned only by an individual or an individual and his or her spouse, these individuals are not considered "employees" and the benefit plan is not considered a one employee group health plan.



<Date>

<BA Name>
<Group Name>
<Address>
<City>, <State> <ZIP>

RE: Renewal Information for: <Group Name>, Group #: <Group # >; <CSP Code>

Dear <BA Name>,

Thank you for allowing UnitedHealthcare to serve your health benefit plan needs with an Oxford¹ plan. Your company's policy is scheduled to renew on **<effective date>**. Please review this renewal package to understand your options and learn about the tools available to help you determine which plan(s) best meet your business needs.

In addition, please review your **Summary of Benefits and Coverage (SBC)**,² which you can now access from the Employer portal of **oxfordhealth.com**, so that you fully understand your benefits and member cost shares.

You can choose to renew into your proposed Affordable Care Act (ACA) compliant plan or, if you prefer, you may also choose any of the other Oxford plans we offer in the New York small group market. **Please note that if no action is taken prior to renewal, you will be renewed automatically into the plan described in this renewal packet and billed accordingly.**

Our Oxford portfolio includes a variety of products with a wide range of affordable and flexible health plan solutions. We also offer dedicated service for members and employers, comprehensive online resources and health coach programs, plus a variety of disease management programs and services.

We know how important it is to find the right physician. That's why we offer a choice of robust local provider networks as well as access to our national provider network when traveling outside of the Oxford service area:

- Our **Freedom Network** offers your employees access to more than [104,000] physicians and other health care professionals at more than [173,000] locations in the tri-state region of New York, New Jersey and Connecticut – of which nearly [60,000] of those physicians have their practice in New York.³
- The **Liberty Network**, a subset of our Freedom Network, tends to be a more affordable option for many employers and provides access to over [70,000] physicians and other health care professionals at more than [121,000] office locations.³
- **[Oxford Metro Network]**
- The **UnitedHealthcare Choice Plus national network** is available with most plans and provides your employees seamless access to more than [739,000] physicians, 5,600 hospitals and 65,000 pharmacies across the United States.⁴

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We also understand how important it is for employers to have the ability to offer their employees a comprehensive benefit package. If you are interested in purchasing specialty benefits, look no further. UnitedHealthcare offers a full suite of dental, vision, life and disability products in addition to our medical products.

- **Pre-packaged specialty benefits** are available to New York small group employers with more than two employees through Oxford Benefit Management (OBM). This bundled solution combines dental and vision products with several health and wellness programs, including an Employee Assistance Program (EAP) with WorkLife services, health discounts and an optional life benefit. More details can be found at www.oxfordbenefitmanagement.com.⁵
- **Stand-alone specialty benefits** are also available to New York small group employers with more than two employees, which include basic life insurance, supplemental life insurance, dental insurance, vision insurance and long-term disability insurance. More details can be found at www.uhcspecialtybenefits.com.⁵

Plus, you don't have to wait for your renewal period to add specialty products to your benefit package. You can add these benefits at any time. If you have any questions regarding your renewal, prefer to speak to someone directly, or if you would like more information on a specialty benefits quote, please contact your broker or General Agent, or contact Client Services at **1-888-201-4216** or by email at groupservices@oxfordhealth.com.

We are also here to help you with our online systems and can provide copies of any materials you may not be able to access. We look forward to a continued and long-lasting relationship, serving you and your employees.

Sincerely,

Client Services

Enclosures

cc: <Broker>

¹ Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

² **Please Note:** As of Sept. 23, 2012, the Affordable Care Act (ACA) requires all health plan issuers (i.e., UnitedHealthcare and Oxford) and group health plans to provide new and renewing groups and members a Summary of Benefits and Coverage (SBC) for their health benefit plan. This notification provides information regarding when and how SBCs will be made available to you and when you need to provide it to your members. All assumed renewal plan SBCs are made available through Idea Management SystemSM (IDEA) and the Employer portal of oxfordhealth.com within 60 days of your renewal date. If, for any reason, the assumed renewal SBC is not successfully loaded to IDEA or the employer portal, a hard copy will be mailed within 30 days of your renewal date. The information related to when you must provide the SBCs to your members is found directly on IDEA and the employer portal. A paper copy is available upon request by calling Client Services.

³ [As of Dec. 31, 2012]; represents all participating providers except ancillary providers. Dental and complementary and alternative medicine providers are included (~6 percent of the total without chiropractors who are considered specialists). Providers who are multiple boarded are counted multiple times. Tri-state area includes Connecticut, New Jersey and certain New York counties (Ulster, Sullivan, Dutchess, Orange, Putnam, Rockland, Westchester, Bronx, New York, Queens, Kings, Richmond, Nassau and Suffolk).

⁴ As of [Q3 2013.] UnitedHealth Networks national network statistics. Not available with Liberty HMO.

⁵ Oxford Benefit Management (OBM) packages are not available in all states and state-specific requirements may cause limitations or variations to the plans. Packaged Savings is not available for this product. OBM Benefit options may vary by group size. Components are subject to change. UnitedHealthcare Life and Disability products are provided by Unimerica Life Insurance Company of New York. In New York, the Life Insurance product is provided on Form LASD-POL-LIFE NY (05/03) and the Disability product on Form LASD-POL-ADD/DIS NY (05/03). Unimerica Life Insurance Company of New York is located in New York. UnitedHealthcare Dental plans are provided by or through UnitedHealthcare Insurance Company of New York, NY. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by Dental Benefit Providers, Inc. UnitedHealthcare Vision[®] plans are provided by UnitedHealthcare Insurance Company of New York, NY. UnitedHealthcare Vision[®] benefits and administrative services are provided by or through Spectera, Inc. UnitedHealthcare Insurance Company of New York is located in New York, NY.

Renewal Rates and Plan Information⁶

Below is a high level description of your plan changes as well as your renewal rates. Small group plan designs are now identified by four “metallic” benefit coverage levels: Bronze, Silver, Gold and Platinum. These designations indicate the relative value of the covered benefits, from Bronze (lowest) to Platinum (highest). Please review your SBC (available online) for more information about the benefits and member cost shares for this plan. You may also call Client Services to request a paper copy of your SBC.

PLAN INFORMATION

PLAN DESIGN	EXISTING	RENEWAL
Metallic Level	N/A	<Data>
Network	<Data>	<Data>
Office Visit Copayment	<Data>	<Data>
Package Description	<Data>	<Data>
Prescription	<Data>	<Data>
Out-of-Network Coinsurance	<Data>	<Data>
Out-of-Network Deductible	<Data>	<Data>
Out-of Network Reimbursement ⁷ Amount (where available)	<Data>	<Data>
Other Benefit Information (formerly Riders)	<Data>	<Data>

MONTHLY PREMIUMS

TIERS	EXISTING RATES		RENEWAL RATES	
	Employee #	Rate	Employee #	Rate
Single	<# of EEs>	<\$0.00>	<# of EEs>	<\$0.00>
Couple	<# of EEs>	<\$0.00>	<# of EEs>	<\$0.00>
Parent/Children	<# of EEs>	<\$0.00>	<# of EEs>	<\$0.00>
Family	<# of EEs>	<\$0.00>	<# of EEs>	<\$0.00>
Premium Total	<Total # of EEs>	<Total \$0.00>	<Total # of EEs>	<Total \$0.00>

COMPLETING YOUR RENEWAL

The SBC for your ACA compliant plan is now available to help you better understand your group coverage. You can access your SBC by logging on to the Employer portal of oxfordhealth.com. Then select “Request” from the top navigation bar on the home page. From there, select “Summary of Benefits and Coverage.” You will have the option to search for the appropriate SBC based on your Contract Specific Package (CSP). The SBC shows you the plan details for your proposed ACA compliant plan. You may also explore other available ACA compliant plan options. If your group has one employee, please work with your broker, general agent or contact Individual Product Sales at 1-800-969-7480 to help you in this process.⁸

Renewing into your ACA compliant plan

- We will **automatically renew your group into the above plan**. Unless your group is selected for an audit, you do not need to take any further action.

Renewing into an alternative ACA compliant plan

You also may choose any other ACA compliant small group plan we offer. To do so, you **must submit** the following documents to the Oxford Enrollment Department at 14 Central Park Drive, Hooksett, NH 03106.

- A completed *New York Small Group Annual Certification Form*, which is needed to ensure that your group is covered within the correct ACA definition. This form is included in this renewal package and available through oxfordhealth.com.

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- Tax documentation: Examples of acceptable documents include a *Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return Form (NYS-45)*, *Form 11-20S* and *K1 Schedule C*. If you filed a consolidated tax return as an affiliated group, please provide your most recent *IRS form 851*. See enclosed *Instruction Sheet* for details.
- A letter of request on company letterhead signed by an authorized contact detailing requested changes along with a signed rate sheet must be submitted. If you are moving into a different product underwritten by another licensed company (e.g., HMO to EPO), you may also be asked to submit the appropriate application.

OTHER CHANGES THAT MAY IMPACT YOUR RENEWAL

[Below are some additional modifications that we wanted to bring to your attention:]

ADDITIONAL INFORMATION

- **Audits**: We may conduct an audit of your group to confirm that the group meets eligibility and/or participation requirements. At that time, additional documentation may be required. Please visit oxfordhealth.com to review the *New York Small Group (1-50) Underwriting Requirements*, which gives more detail about our participation (does not apply to HMO products) and eligibility requirements for small group coverage. Our lock box administrator automatically cashes all premium checks upon receipt. If your group does not meet eligibility and participation requirements, your cashed check does not obligate us to renew your coverage. Further, if you submit payment that exceeds any outstanding balance, and your group is not renewed, we will refund the additional amount.
- **Age 29 Rider**: The law extends the availability of health insurance coverage to young adults through the age of 29. This expansion assists young adults who do not have access to employer-sponsored health insurance. This Rider is still an option for groups wishing to purchase this coverage. If the group does not purchase this Rider, the young adult option is available, which permits eligible young adults to continue their coverage through a parent's health insurance coverage once they reach age 26 without contribution from the employer. Young adults may also have this coverage if they meet other eligibility criteria.
- **Actuarial Value and Health Savings Accounts (HSAs)**: If you are currently offering or considering offering an HSA plan to your employees, you will need to understand how the contributions you make to your employees' HSAs can affect the actuarial value of your health plan. If you would like more information on HSA Contribution Requirements under the ACA, please visit the "Tools & Resources" section of the Employer portal of oxfordhealth.com.

⁶ Premium rates and/or product forms included herein have been filed and are subject to approval by regulators. We reserve the right to modify this quote if needed, once final approval is received. The rates quoted above or your total premium may change if benefits are required to be added to your plan during the plan year or if your census changes.

⁷ All small group plans that have out-of-network benefits use a Medicare-based reimbursement methodology for out-of-network claims. Please see your Certificate of Coverage for more information. Please note that when we will use a relative value scale based on difficulty, time, work, risk and resources of the service; the scale for certain services may be provided by our Affiliate OptumInsight. Our HMO and EPO products do not have out-of-network benefits, however, if we are required to reimburse for services from a non-participating provider reimbursement is based upon seventieth (70th) percentile FairHealth data. In certain instances, members may not be billed for the amounts above their cost-share.

⁸ New York has changed the small group size to "1-50" employees from "2-50" employees. A small group with one employee requires that the business employ an individual who is not the owner. When a business is owned only by an individual or an individual and his or her spouse, these individuals are not considered "employees" and the benefit plan is not considered a one employee group health plan.



<Date>

<Subscriber First Name> <Subscriber Last Name>
<Address 1>
<Address 2>
<City>, <State> <Zip>

Notice of Premium Rate Adjustment Decision
<Group Name>, <Group # >; <CSP Code>
THIS IS NOT A BILL

Dear <Subscriber First Name> <Subscriber Last Name>,

In <Month YYYY>, we wrote to you to tell groups and their employees about a rate application we were filing with the New York State Department of Financial Services (DFS). Your group’s Oxford¹ plan is scheduled to renew on <Effective Date>. The information below shows your group’s current rates and approved renewal rates. These renewal rates reflect the total premiums your group must pay. Your individual contribution will be established by your employer.

Renewal rates are effective for twelve months beginning on <Effective Date>. The rates listed below could change if (1) your group makes benefit changes, (2) benefits are required to be added during the plan year and/or (3) your group becomes a large group before renewal (has 50 or more eligible employees).

MONTHLY PREMIUMS FOR <PLAN DESIGN NAME>

TIERS	CURRENT RATES	RENEWAL RATES
	Rate	Rate
Single	<Curr Single Rate>	<Renew Single Rate>
Couple	<Curr Couple Rate>	<Renew Couple Rate>
Parent/Children	<Curr P/CH Rate>	<Renew P/CH Rate>
Family	<Curr Fam Rate>	<Renew Fam Rate>

Please contact your employer for information about your contribution or for more information about the upcoming renewal.

Sincerely,

Howard C. Margolies
Vice President
Small Business, New York

¹ Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For Oxford Health Insurance, Inc.

State of New York Rate Review

General Information

Purpose: The purpose of this actuarial memorandum is to provide information relevant to the Part I Uniform Rate Review Template (URRT).

Company Identifying Information:

- **Company Legal Name:** Oxford Health Insurance, Inc.
- **State:** New York
- **HIOS Issuer ID:** 85629
- **Market:** Small Group
- **Effective Date:** 1/1/2015 – 12/31/2015

Company Contact Information:

- **Primary Contact Name:** [REDACTED]
- **Primary Contact Telephone Number:** [REDACTED]
- **Primary Contact Email Address:** [REDACTED]

Proposed Rate Increase

Oxford Health Insurance, Inc. ("OHI") is filing rates for benefit plans written under existing policy forms and certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA). The average requested annual rate increase for 1st quarter renewals is 11.3%. In addition to new rates effective 1/1/2015, we are also filing 2.6% quarterly trend increases for each of the last three quarters in 2015.

Reasons for Rate Increase

The rate filing we have made is seeking an increase mainly related to rising medical costs. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. There are many different medical, or health care, cost trends that contribute to increases in the overall U.S. health care spending each year. These trend factors affect health insurance premiums, which will mean a premium increase to cover costs. The 2nd, 3rd, and 4th quarter 2015 quarterly increases of 2.6% are based upon projected annual increases in utilization trend (5.5%), unit cost trend (4.1%), and benefit leveraging (1.0%).

Experience Period Premiums and Claims

- **Experience Period:** The experience period is 1/1/2013 to 12/31/2013 paid through 2/28/2014.
- **Premiums (net of MLR Rebate) in Experience Period:** Earned premiums for the experience period are shown in Part I. The earned premiums are the sum of the actual premium amounts in the experience period for all small group OHI policies with the exception of sole proprietors which were removed per instructions received from the New York State Department of Financial Services ("DFS"). OHI

does not anticipate paying any MLR rebates for this company for the months included in the experience period.

- **Allowed and Incurred Claims Incurred During the Experience Period:** The incurred and allowed claims were extracted from internal data warehouses and financial reports and include fee-for-service medical claims, fee-for-service pharmacy claims, graduate medical expense, HCRA hospital surcharge, pharmacy rebates, and capitations. We added estimates of incurred but not reported ("IBNR") claims to the incurred and allowed claims. In order to calculate the IBNR amounts, we used a completion factor method based on actual adjudicated claims as well as taking the current inventory into account. We also use seasonality estimates to help guide our picks where completion factors may not have been credible.

Benefit Categories

Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors

- **Changes in the Morbidity of the Population Insured:** No changes in the average morbidity are assumed.
- **Changes in Benefits:** We have estimated that the cost increase of adding benefits to comply with the Essential Health Benefits ("EHB") provision is 1.6%. This estimate was developed using the UnitedHealthcare proprietary pricing model. The EHB line also includes an additional 0.5% adjustment to add pharmacy claims for the groups that did not have pharmacy coverage during the experience period. This adjustment was developed based upon the average pharmacy claim PMPM.
- **Changes in Demographics:** No changes in demographics are assumed.
- **Other Adjustments:** The claim projection includes an adjustment factor of +0.1% to reflect the anticipated adverse selection and increased cost that we estimate will occur due to the employee choice model being implemented in the New York SHOP. In addition, the rate development includes a 0.1% credit for SMC Pool coverage as instructed by NY DFS.
- **Trend Factors:** UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. As a general matter, we review our own recent/emerging claims experience at the state level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Forward looking utilization levels are developed based on emerging state level data, supplemented by regional and/or national level utilization data.

Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

The projected annual trend factor is 10.9%. This breaks down into the following components: 4.1% unit cost, 5.5% utilization, and 1.0% trend leveraging. Please note that this trend factor excludes any risk margin.

Credibility

There was an average of 432,303 members in OHI small group plans during the experience period. We consider this to be fully credible and therefore have made no adjustments.

Paid to Allowed Ratio

We have developed the average paid to allowed factor for the projection period based upon a combination of the distribution of the Oxford small group members by plan and the pricing actuarial values for those plans.

Risk Adjustment and Reinsurance

- **Projected Risk Adjustments:** DFS and Deloitte performed risk adjustment modeling based upon data received from New York health plans. We analyzed the results of this analysis and made a slight adjustment based upon this review. As a result, we project OHI will be a net receiver and have included a 5.1% reduction to the index rate to account for this.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** We have assumed a payment of \$3.32 PMPM for the reinsurance fee. We have assumed no reinsurance recoveries since it is not applicable to small group.

Non-Benefit Expenses and Risk Margin

The 7.2% administrative expense load includes general administration (4.2%) and broker commissions (3.0%). We have estimated the expenses included in the development of the proposed rates based upon actual historical expenses and financial projections.

Projected Profit & Risk Margin

The projected profit and risk margin is 4.0% before state and federal income taxes and 2.6% after.

Taxes and Fees

The 8.2% includes state premium tax and assessments (3.1%), PPACA Insurer fee (3.2%), and state and federal income taxes (2.0%). This excludes the \$3.32 PMPM reinsurance fee.

Projected Loss Ratio

The projected loss ratio using federally prescribed MLR methodology is 88.0%.

Index Rate

The index rate of the experience period is \$516.61 and reflects the total allowed claims PMPM from the experience period for EHB benefits only. The index rate for the projection period is \$670.40. We applied 6 months of trend, at our 2015 annual trend rate of 10.9%, to the projection period index rate. This accounts for Small Group quarterly trend, under the assumption that members are equally distributed among the quarters.

AV Metal Values

HHS metal screenshots are included in the filing. For plans using the NY DFS Standard In-Network benefits, we used the screenshots provided by DFS, without modification. For other plans, we calculated federal metal AVs using the HHS AV calculator. We made some modifications to the inputs, which are described below. We only changed the inputs; the final metal AVs came directly from the calculator output. We used only permitted factors in determining the metal AVs. We assumed that the difference between EHBs covered by our plans and those included in the calculator's continuance tables was negligible.

1. We always used 99.999% coinsurance instead of 100% due to unreasonable calculator outputs we observed in testing.
2. We converted copays after deductible (including Rx) to equivalent coinsurance values based on average unit costs from the continuance tables in the calculator.
3. We specially handled the inpatient and outpatient facility copays. Our inpatient copays cover only the facility portion of the service cost, but the HHS AV calculator inpatient copay line corresponds to both facility and professional charges. Our outpatient facility copay does not cover all services included under outpatient facility in the HHS calculator. Therefore we used the 2-tier function of the HHS calculator to more accurately value these copays. On tier 1, the inpatient and / or outpatient copays are applied (converted to coinsurance if appropriate, as discussed above). On tier 2, inpatient and outpatient facility are covered at the plan's general coinsurance level. We used the following weights, which are derived from our company's pricing model, on tier 1:
 - a. 73% if there is an outpatient facility copay but no inpatient facility copay;
 - b. 80% if there is a copay on both; and,
 - c. 100% if there is a copay on neither.

4. Our Rx plans do not have separate copays for Specialty drugs. For the Specialty drug copay calculator input, we calculated the approximate average copay for specialty drugs as the weighted average of the copays in the other 3 tiers, based on the distribution of specialty drugs among those tiers in our data.
5. The AV calculator does not support an Outpatient Facility copay. For such plans, we converted the copay to coinsurance based on the average unit cost from the calculator's continuance tables. For plans with a 2-tier OP surgery copay (Free-standing and Hospital), in the calculator we used the average of the two with 50% weight on each, which was reasonable based on our data.
6. Some plans within this portfolio have different cost-sharing features for family coverage (i.e., when two or more people are covered by the plan) from the cost-sharing features for individual coverage. For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable for individuals in the actuarial value calculation.

I certify that the values were developed in accordance with generally accepted actuarial principles and methodologies.

AV Pricing Values

The AV pricing values in Worksheet 2 reflect the product of plan relativities from the proprietary UnitedHealthcare pricing model, utilization adjustments, gatekeeper adjustments, and network adjustments. The relativities from the UnitedHealthcare model reflect the cost sharing differences between plans and do not include any adjustments for health status or utilization. The utilization adjustments were also determined by the proprietary UnitedHealthcare pricing model and only reflect utilization differences due to the levels of cost sharing. For the gatekeeper adjustment, we have assumed factors of 1.0 for non-gatekeeper and 0.96 for gatekeeper. For the network differences, we have assumed factors of 1.0 for Freedom and 0.976 for Liberty. These adjustments do not reflect any differences in anticipated risk status. Please note that the gatekeeper factors apply to in-network medical claims only.

Membership Projections

We are not projecting any significant changes in membership.

Terminated Products

No products are being terminated.

Plan Type

Not applicable.

Warning Alerts

Not applicable

Reliance

Not applicable.

Actuarial Certification

I, [REDACTED], am an Associate of the Society of Actuaries and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Proprietary & Confidential

Sincerely,

[Redacted signature block]



Oxford Health Insurance, Inc.

New York Small Group SHOP
Rates Effective January 1, 2015 – December 31, 2015

ACTUARIAL CERTIFICATION

I, [REDACTED], am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries.

To the best of my knowledge and based upon the information and data available to me, I certify that:

- (a) The submission is in compliance with all applicable laws and regulations of the State of New York;
- (b) The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOP's) including:
 - ASOP No. 5, Incurred Health and Disability Claims
 - ASOP No. 8, Regulatory Filings for Health Plan Entities
 - ASOP No. 12, Risk Clarification
 - ASOP No. 23, Data Quality
 - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/ Casualty Coverages
 - ASOP No. 41, Actuarial Communications
- (c) The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York;
- (d) The benefits are reasonable in relation to the premiums charged; and
- (e) The rates are not unfairly discriminatory.

[REDACTED]

June 13, 2014

UnitedHealthcare



June 13, 2014

[REDACTED]
New York State Department of Financial Services
Health Bureau
25 Beaver Street
New York, NY 10004

RE: Oxford Health Insurance, Inc.
New York Small Business Health Options Program
Effective January 2015 – December 2015

Dear [REDACTED]

This rate filing addresses the development of the New York Small Group Small Business Health Options Program rates for plans written by Oxford Health Insurance, Inc. The rates are effective from January 1, 2015 to December 31, 2015.

Should you have any questions or need any additional information, please contact me at [REDACTED]
[REDACTED]

Sincerely,

[REDACTED]

EXHIBIT 21A

EXHIBIT 21A: HOSPITAL UNIT COST DEVELOPMENT - INPATIENT SERVICES

Company Name: Oxford Health Insurance, Inc.
 NAIC Code: 78026
 SERFF Number: UHLC-129581383
 Market Segment: Small Groups On Exchange

- 1) This exhibit shows a history of fee schedule increases by hospital for **INPATIENT services**.
- 2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the provider name.
- 3) Enter in column 4 the allowed charges by hospital over a recent 12 month period which will be used as the hospital weights.
- 4) Enter the Small Group Market allowed charges for calendar year 2013; Charges should be only be for hospital inpatient services.
- 5) Enter in column 5 the actual or estimated percentage fee increase for that hospital over the proposed rate period (2015 over 2014).
- 6) Enter in column 6 the actual or estimated percentage fee increase for that hospital for the year immediately preceding the rate period (2014 over 2013).
- 7) Enter in column 7 the actual or estimated percentage fee increase for that hospital for the second year immediately preceding the rate period (2013 over 2012).
- 8) At the end, add a total row and show the sum of the weights and the weighted average of columns 5, 6, and 7.
- 9) The provider list need not include all hospitals but must include data for the hospitals comprising 90% of the New York State total allowed charges for the Small Group Market in calendar year 2013 used to develop the weights.
- 10) A redacted version of this exhibit can be created for posting on the DFS website as part of posting the rate adjustment submission.
- 11) This exhibit must be submitted as an Excel and as a PDF file.

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
107845	133957095	NEW YORK PRESBYTERIAN HEALTH SYSTEM				
1859162	111562701	NORTH SHORE-LIJ HEALTH SYSTEM				
695425	131624096	MT SINAI HEALTH SYSTEM				
138790	133971298	NYU HEALTH SYSTEM				
2404659	131624082	MEMORIAL SLOAN KETTERING CANCER CTR				
393029	131624135	HOSPITAL FOR SPECIAL SURGERY				
582188	131624070	NORTH SHORE-LIJ HEALTH SYSTEM				
258249	133964321	WESTCHESTER MEDICAL CENTER				
278661	112241326	NORTH SHORE-LIJ HEALTH SYSTEM				
403442	112050523	LONG ISLAND HEALTH NETWORK				
520815	111633486	LONG ISLAND HEALTH NETWORK				
244193	113243405	STONY BROOK UNIVERSITY HOSPITAL				
212175	135564934	MT SINAI HEALTH SYSTEM				
683437	131740114	MONTEFIORE MEDICAL CENTER				
1140889	132997301	MT SINAI HEALTH SYSTEM				
70337	111635081	MAIMONIDES MEDICAL CENTER				
460334	131740130	WHITE PLAINS HOSPITAL CENTER				
152458	111630914	NORTH SHORE-LIJ HEALTH SYSTEM				
11085	112868878	NORTH SHORE-LIJ HEALTH SYSTEM				
445166	131740118	NORTHERN WESTCHESTER HOSP CTR				
727841	111667761	NORTH SHORE-LIJ HEALTH SYSTEM				
561679	111631796	NEW YORK PRESBYTERIAN HEALTH SYSTEM				
718631	111888924	LONG ISLAND HEALTH NETWORK				
540098	111352310	LONG ISLAND HEALTH NETWORK				
450454	111839362	NEW YORK PRESBYTERIAN HEALTH SYSTEM				
282392	111639818	LONG ISLAND HEALTH NETWORK				
135916	131740110	LAWRENCE HOSPITAL				
314422	132655001	NEW YORK CITY HEALTH AND HOSPITALS CORPOR				
461400	113241243	NORTH SHORE-LIJ HEALTH SYSTEM				
1952964	061562701	LONG ISLAND HEALTH NETWORK				
		TOTAL				

EXHIBIT 21B: HOSPITAL UNIT COST DEVELOPMENT - OUTPATIENT SERVICES

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: UHLC-129581383
Market Segment: Small Groups On Exchange

- 1) This exhibit shows a history of fee schedule increases by hospital for **OUTPATIENT services**.
- 2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the provider name.
- 3) Enter in column 4 the allowed charges by hospital over a recent 12 month period which will be used as the hospital weights.
- 4) Enter in Small Group Market allowed charges for calendar year 2013; Charges should be only be for hospital outpatient services.
- 5) Enter in column 5 the actual or estimated percentage fee increase for that hospital over the proposed rate period (2015 over 2014).
- 6) Enter in column 6 the actual or estimated percentage fee increase for that hospital for the year immediately preceding the rate period (2014 over 2013).
- 7) Enter in column 7 the actual or estimated percentage fee increase for that hospital for the second year immediately preceding the rate period (2013 over 2012).
- 8) At the end, add a total row and show the sum of the weights and the weighted average of columns 5, 6, and 7.
- 9) The provider list need not include all hospitals but must include data for the hospitals comprising 90% of the New York State total allowed charges for the Small Group Market in calendar year 2013 used to develop the weights.
- 10) A redacted version of this exhibit can be created for posting on the DFS website as part of posting the rate adjustment submission.
- 11) This exhibit must be submitted as an Excel and as a PDF file.

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
138790	133971298	NYU HEALTH SYSTEM				
2404859	131624082	MEMORIAL SLOAN KETTERING CANCER CTR				
107845	133957095	NEW YORK PRESBYTERIAN HEALTH SYSTEM				
1859162	111562701	NORTH SHORE-LIJ HEALTH SYSTEM				
393029	131624135	HOSPITAL FOR SPECIAL SURGERY				
695425	131624096	MT SINAI HEALTH SYSTEM				
278661	112241326	NORTH SHORE-LIJ HEALTH SYSTEM				
520815	111633486	LONG ISLAND HEALTH NETWORK				
683437	131740114	MONTEFIORE MEDICAL CENTER				
582188	131624070	NORTH SHORE-LIJ HEALTH SYSTEM				
403442	112050523	LONG ISLAND HEALTH NETWORK				
460334	131740130	WHITE PLAINS HOSPITAL CENTER				
445166	131740118	NORTHERN WESTCHESTER HOSP CTR				
212175	135564934	MT SINAI HEALTH SYSTEM				
244193	113243405	STONY BROOK UNIVERSITY HOSPITAL				
540098	111352310	LONG ISLAND HEALTH NETWORK				
88434	111667765	SOUTHAMPTON HOSPITAL				
406997	131725076	PHELPS MEMORIAL HOSPITAL CTR				
718631	111888924	LONG ISLAND HEALTH NETWORK				
282392	111639818	LONG ISLAND HEALTH NETWORK				
152458	111630914	NORTH SHORE-LIJ HEALTH SYSTEM				
1140889	132997301	MT SINAI HEALTH SYSTEM				
135916	131740110	LAWRENCE HOSPITAL				
11085	112868878	NORTH SHORE-LIJ HEALTH SYSTEM				
391462	135562304	MT SINAI HEALTH SYSTEM				
727841	111667761	NORTH SHORE-LIJ HEALTH SYSTEM				
507541	131740120	HUDSON VALLEY HOSPITAL				
450454	111839362	NEW YORK PRESBYTERIAN HEALTH SYSTEM				
1952964	061562701	LONG ISLAND HEALTH NETWORK				
258249	133964321	WESTCHESTER MEDICAL CENTER				
70337	111635081	MAIMONIDES MEDICAL CENTER				
351952	111661359	EAST END HOSPITAL ALLIANCE				
		TOTAL				

EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS

Company Name: Oxford Health Insurance, Inc.
 NAIC Code: 78026
 SERFF Number: UHLC-129581383
 Market Segment: Small Groups Off Exchange

- 1) Information requested applies to New York State business only, for all rating regions combined for Small Groups and Small Group Healthy New York Plans. (Small Group Sole Proprietor plan to be excluded)
- 2) Include riders that may be available with policy forms. Discontinued policy forms and products are to be included in the Exhibit.
- 3) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- 4) This exhibit must be submitted as an Excel file and as a PDF file.

Experience Period:	1/1/13 - 12/31/13						1/1/12 - 12/31/12					
	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
1. Medical and Hospital												
Inpatient Hospital												
Inpatient Mental Health												
Inpatient Alcohol and Sub. Abuse												
Newborn Birth Services												
Primary Care												
Physician Specialty Services												
Ambulatory Surgery												
Other Professional Services												
Special Therapies												
Out-of-Area Other												
Emergency Room												
Outpatient Mental Health												
Outpatient Drug & Alcohol Treatment												
Dental (excluding Orthodontia)												
Pharmacy												
Durable Medical Equipment												
Home Health Care												
Transportation - Emergent												
Diagnostic Testing, Lab & X-Ray												
Family Planning												
Vision Care (incl. eyeglasses)												
Pharmacy (Non Prescription Drugs)												
Speech & Hearing												
Other Medical												
Total Medical & Hospital												

1/1/11 - 12/31/11

2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
[REDACTED]					

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y	
1	Unified Rate Review v2.0.2																							
2																								
3	Company Legal Name:	Oxford Health Insurance, Inc.										State:	NY											
4	HIOS Issuer ID:	85629										Market:	Small Group											
5	Effective Date of Rate Change(s):	1/1/2015																						
6																								
7																								
8	Market Level Calculations (Same for all Plans)																							
9																								
10																								
11	Section I: Experience period data																							
12	Experience Period:	1/1/2013		to	12/31/2013																			
13		<u>Experience Period</u>																						
14		<u>Aggregate Amount</u>	<u>PMPM</u>	<u>% of Prem</u>																				
15	Premiums (net of MLR Rebate) in Experience Period:	\$2,643,578,355	\$509.59	100.00%																				
16	Incurred Claims in Experience Period	\$2,204,076,473	424.87	83.37%																				
17	Allowed Claims:	\$2,679,992,263	516.61	101.38%																				
18	Index Rate of Experience Period			\$517.00																				
19	Experience Period Member Months	5,187,640																						
20	Section II: Allowed Claims, PMPM basis																							
21		Experience Period		Projection Period:		1/1/2015		to	12/31/2015		Mid-point to Mid-point, Experience to Projection:				24 months									
22		<u>on Actual Experience Allowed</u>			<u>Adj't. from Experience to Projection Period</u>				<u>Annualized Trend Factors</u>				<u>Projections, before credibility Adjustment</u>				<u>Credibility Manual</u>							
23	Benefit Category	<u>Utilization Description</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Pop'l risk Morbidity</u>	<u>Other</u>	<u>Cost</u>	<u>Util</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>									
24	Inpatient Hospital	Days	293.80	\$4,445.46	\$108.84	1.000	1.022	1.041	1.055	327.00	\$4,921.17	\$134.10	0.00	\$0.00	\$0.00	\$0.00								
25	Outpatient Hospital	Services	6,057.86	163.89	82.74	1.000	1.022	1.041	1.055	6,742.55	181.43	101.94	0.00	0.00	0.00	0.00								
26	Professional	Services	19,984.03	98.21	163.56	1.000	1.022	1.041	1.055	22,242.73	108.72	201.53	0.00	0.00	0.00	0.00								
27	Other Medical	Services	6,002.22	126.42	63.23	1.000	1.022	1.041	1.055	6,680.62	139.94	77.91	0.00	0.00	0.00	0.00								
28	Capitation	Services	659.63	138.99	7.64	1.000	1.022	1.041	1.055	734.19	153.86	9.41	0.00	0.00	0.00	0.00								
29	Prescription Drug	Prescriptions	9,520.49	114.20	90.61	1.000	1.022	1.041	1.055	10,596.54	126.43	111.64	0.00	0.00	0.00	0.00								
30	Total				\$516.61								\$636.53					\$0.00						
31																								
32	Section III: Projected Experience:																							
33	Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)										100.00%				0.00%									
34	Paid to Allowed Average Factor in Projection Period														0.808									
35	Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM														\$514.00				\$15,420,049					
36	Projected Risk Adjustments PMPM														26.16				784,931					
37	Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM														\$487.84				\$14,635,117					
38	Projected ACA reinsurance recoveries, net of rein prem, PMPM														-3.32				(99,677)					
39	Projected Incurred Claims														\$491.16				\$14,734,794					
40	Administrative Expense Load														7.17%				42.90					
41	Profit & Risk Load														2.62%				15.69					
42	Taxes & Fees														8.17%				48.92					
43	Single Risk Pool Gross Premium Avg. Rate, PMPM														\$598.67				\$17,960,054					
44	Index Rate for Projection Period														\$670.40									
45	% increase over Experience Period														17.48%									
46	% increase, annualized:														8.39%									
47	Projected Member Months																		30,000					
48																								
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																							
50																								

Product-Plan Data Collection

Company Legal Name:
 HIOS Issuer ID:
 Effective Date of Rate Change(s):

Oxford Health Insurance, Inc.
85629
1/1/2015

State: **NY**
 Market: **Small Group**

Product/Plan Level Calculations

Total Incurred claims, payable with issuer funds	\$15,055,919	\$0	\$2,988,680	\$2,532,077	\$2,141,905	\$1,776,444	\$3,238,874	\$2,377,940
Net Amt of Rein	\$0							
Net Amt of Risk Adj	\$0							
Incurred Claims PMPM	\$501.86	#DIV/0!	\$597.74	\$506.42	\$428.38	\$355.29	\$647.77	\$475.59
Allowed Claims PMPM	\$632.86	#DIV/0!	\$656.70	\$617.35	\$589.48	\$567.50	\$711.68	\$654.44
EHB portion of Allowed Claims, PMPM	\$632.86	#DIV/0!	\$656.70	\$617.35	\$589.48	\$567.50	\$711.68	\$654.44