

State: New York **Filing Company:** Oxford Health Plans (NY), Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: 2015 OHP SG OFFX Plans
Project Name/Number: 2015 OHP SG OFFX Plans/

Filing at a Glance

Company: Oxford Health Plans (NY), Inc.
Product Name: 2015 OHP SG OFFX Plans
State: New York
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.004F Small Group Only - HMO
Filing Type: Prior Approval Off Exchange Form & Rate Filing
Date Submitted: 06/17/2014
SERFF Tr Num: UHLC-129597451
SERFF Status: Assigned
State Tr Num: 2014060337
State Status:
Co Tr Num:

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

State Filing Description:

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General Information

Project Name: 2015 OHP SG OFFX Plans	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: 06/18/2014	Deemer Date:
State Status Changed:	Submitted By: [REDACTED]
Created By: [REDACTED]	
Corresponding Filing Tracking Number:	

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:
 2015 OHP SG Off Exchange Plans.

We resubmitted without the forms at the direction of DFS.

Company and Contact

Filing Contact Information

[REDACTED]	[REDACTED]
48 Monroe Tpk	[REDACTED]
Trumbull, CT 06611	[REDACTED]

Filing Company Information

Oxford Health Plans (NY), Inc.	CoCode: 95479	State of Domicile: New York
One Penn Plaza FL 8	Group Code:	Company Type: HMO
New York, NY 10119	Group Name:	State ID Number: 95479
[REDACTED]	FEIN Number: 06-1181200	

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 - OHP SG Off Exch Form Filing & OHP Healthy NY Form Filing, 6/13/14, SERFF Tr Num: UHLC-129590082 & UHLC-129590410, respectively
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: HMO
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York?

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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 an application, advertisement, administrative form, or is a group prefiling 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: 2014060101, SERFF Tr Num: UHLC-129574780

SERFF Tracking #:

UHLC-129597451

State Tracking #:

2014060337

Company Tracking #:**State:**

New York

Filing Company:

Oxford Health Plans (NY), Inc.

TOI/Sub-TOI:

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Product Name:

2015 OHP SG OFFX Plans

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2015 OHP SG OFFX Plans/

Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Exhibit 13-Narrative Summary and Numerical Summary	[REDACTED]	06/18/2014	06/18/2014

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
We resubmitted without the forms at the direction of DFS.	Note To Reviewer	[REDACTED]	06/17/2014	06/17/2014

SERFF Tracking #:

UHLC-129597451

State Tracking #:

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Amendment Letter

Submitted Date: 06/18/2014

Comments:

Amended to include the Narrative Summary.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibit 13-Narrative Summary and Numerical Summary
Comments:	
Attachment(s):	Ex 13 OHP SG OFFX - 2015 Narrative Summary Final.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Exhibit 13-Narrative Summary and Numerical Summary</i>
Comments:	
Attachment(s):	<i>2015 SG OHP Off-Exch Ex 13.pdf 2015 SG OHP Off-Exch Ex 13.xlsx</i>

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Note To Reviewer

Created By:

██████████ on 06/17/2014 04:59 PM

Last Edited By:

Submitted On:

06/17/2014 05:01 PM

Subject:

We resubmitted without the forms at the direction of DFS.

Comments:

We resubmitted without the forms at the direction of DFS.

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UHLC-129597451

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Rate Information

Rate data applies to filing.

Filing Method:

Prior Approval

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

01/01/2014

Filing Method of Last Filing:

Prior Approval

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Oxford Health Plans (NY), Inc.	Increase	15.610%	15.610%	\$314,592,829	234,717	\$1,590,569,519	22.150%	15.610%

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Rate Review Detail

COMPANY:

Company Name: Oxford Health Plans (NY), Inc.
 HHS Issuer Id: 26420

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Off Exchange OHP SG Products			234717

Trend Factors: We are proposing quarterly rate increases of 2.6% for each of the 2nd, 3rd, and 4th quarters of 2014 effective dates.

FORMS:

New Policy Forms:
 Affected Forms:
 Other Affected Forms: OHPNY_SG_COC_2014

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly
 Member Months: 2,831,122
 Benefit Change: Increase
 Percent Change Requested: Min: 15.61 Max: 22.15 Avg: 15.61

PRIOR RATE:

Total Earned Premium: 1,590,569,519.00
 Total Incurred Claims: 1,466,368,017.00
 Annual \$: Min: 415.02 Max: 596.46 Avg: 435.18

REQUESTED RATE:

Projected Earned Premium: 1,905,162,349.00
 Projected Incurred Claims: 1,562,233,126.00
 Annual \$: Min: 502.05 Max: 683.33 Avg: 589.55

SERFF Tracking #:

UHLC-129597451

State Tracking #:

2014060337

Company Tracking #:**State:**

New York

Filing Company:

Oxford Health Plans (NY), Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

2015 OHP SG OFFX Plans

Project Name/Number:

2015 OHP SG OFFX Plans/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		OHP SG OFF Exch Rate Manual		New		2015 SG OHP Off-Exch Rate Manual.pdf,
2		Underwriting Guidelines		New		Oxford New York Small Group (1-50) Underwriting Requirements final.pdf,

Oxford Health Plans (NY), Inc.

New York Small Group

Off-Exchange

Form # OHPNY_SG_COC_2014

Rate Manual

Rates Effective January 1, 2015

Oxford Health Plans (NY), Inc.
New York Small Group
Off-Exchange
Form # OHPNY_SG_COC_2014

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Oxford Health Plans (NY), Inc.
 New York Small Group
 Off-Exchange
 Form # OHPNY_SG_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 Plans (NY), Inc.
 New York Small Group
 Off-Exchange
 Form # OHPNY_SG_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	Gold	HMO 30/60 L Gated OHP	\$ 731.59	\$ 1,243.70	\$ 1,463.18	\$ 2,085.03
2015 Q1	Gold	HNY Standard HMO L Gated OHP	\$ 623.01	\$ 1,059.12	\$ 1,246.02	\$ 1,775.58
2015 Q1	Platinum	HMO 20/40 L Gated OHP	\$ 847.96	\$ 1,441.53	\$ 1,695.92	\$ 2,416.69
2015 Q2	Gold	HMO 30/60 L Gated OHP	\$ 750.84	\$ 1,276.43	\$ 1,501.68	\$ 2,139.89
2015 Q2	Gold	HNY Standard HMO L Gated OHP	\$ 639.41	\$ 1,087.00	\$ 1,278.82	\$ 1,822.32
2015 Q2	Platinum	HMO 20/40 L Gated OHP	\$ 870.28	\$ 1,479.48	\$ 1,740.56	\$ 2,480.30
2015 Q3	Gold	HMO 30/60 L Gated OHP	\$ 770.60	\$ 1,310.02	\$ 1,541.20	\$ 2,196.21
2015 Q3	Gold	HNY Standard HMO L Gated OHP	\$ 656.24	\$ 1,115.61	\$ 1,312.48	\$ 1,870.28
2015 Q3	Platinum	HMO 20/40 L Gated OHP	\$ 893.18	\$ 1,518.41	\$ 1,786.36	\$ 2,545.56
2015 Q4	Gold	HMO 30/60 L Gated OHP	\$ 790.88	\$ 1,344.50	\$ 1,581.76	\$ 2,254.01
2015 Q4	Gold	HNY Standard HMO L Gated OHP	\$ 673.51	\$ 1,144.97	\$ 1,347.02	\$ 1,919.50
2015 Q4	Platinum	HMO 20/40 L Gated OHP	\$ 916.69	\$ 1,558.37	\$ 1,833.38	\$ 2,612.57

Oxford Health Plans (NY), Inc.
 New York Small Group
 Off-Exchange
 Form # OHPNY_SG_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	\$ 10.79	\$ 18.34	\$ 21.58	\$ 30.75
	2015 Q2	\$ 11.07	\$ 18.82	\$ 22.14	\$ 31.55
	2015 Q3	\$ 11.36	\$ 19.31	\$ 22.72	\$ 32.38
	2015 Q4	\$ 11.66	\$ 19.82	\$ 23.32	\$ 33.23
<u>Women's Contraceptive</u>	2015 Q1	\$ (3.14)	\$ (5.34)	\$ (6.28)	\$ (8.95)
	2015 Q2	\$ (3.22)	\$ (5.47)	\$ (6.44)	\$ (9.18)
	2015 Q3	\$ (3.30)	\$ (5.61)	\$ (6.60)	\$ (9.41)
	2015 Q4	\$ (3.39)	\$ (5.76)	\$ (6.78)	\$ (9.66)

Oxford Health Plans (NY), Inc.
 New York Small Group
 Off-Exchange
 Form # OHPNY_SG_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	HMO 30/60 L Gated OHP	HNY Standard HMO L Gated OHP	HMO 20/40 L Gated OHP
Metal	Gold	Gold	Platinum
Preventive	100%	100%	100%
INN Ded	\$1,000	\$600	\$0
INN Coin	0%	20%	0%
INN MOOP	\$4,000	\$4,000	\$3,000
OON Ded	n/a	n/a	n/a
OON Coin	n/a	n/a	n/a
OON MOOP	n/a	n/a	n/a
Family Ded	2x Single	2x Single	2x Single
Family MOOP	2x Single	2x Single	2x Single
PCP Copay	\$30	\$25	\$20
PCP STD?	N	Y	N
Spec Copay	\$60	\$40	\$40
Spec STD?	N	Y	N
ER Copay	\$200	\$150	\$150
ER STD?	N	Y	N
INN OP Surg Copay - ASC	\$150	\$100	\$150
INN OP Surg - ASC STD?	Y	Y	N
INN OP Surg Copay - Hospital	\$250	\$100	\$250
INN OP Surg - Hospital STD?	Y	Y	N
INN IP Copay	\$500	\$1,000	\$500
INN IP STD?	Y	Y	N
INN IP Copay Max	\$2,000	n/a	\$1,000
IP Copay per Admit / Day	Day	Admit	Day
PCP Gated?	Y	Y	Y
Network	Liberty	Liberty	Liberty
Prescription Drugs	Z	E	V

Oxford Health Plans (NY), Inc.
 New York Small Group
 Off-Exchange
 Form # OHPNY_SG_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 Plans (NY), Inc.
 New York Small Group
 Off-Exchange
 Form # OHPNY_SG_COC_2014
 Pediatric Dental and Vision Benefits

Benefit Category	NY Commercial SG - Oxford
EHB - Prev & Diagnostic -Ped Dental (for children)	* 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
INN Ped Dental Single Ded	* \$100 if copay * Ded if D&C * No ded for HMO
INN Ped Dental Family Ded	* \$200 if copay * Ded if D&C * No ded for HMO
EHB - Basic Dental Svcs (e.g. Fillings/extractions) for Children	80% after Med or Den Ded
EHB - Major Dental Svcs (e.g. Crowns) for Children	50% after Med or Den Ded
EHB - Orthodontia (e.g. braces) for Children	50% after Med or Den Ded
Ped Vision Ded (\$/N/A/Inc in Med)	* N/A if copay/non-HSA plan * Ded if HSA
Ped Vision Ded (Applies to - Routine Vision Exam, Vision Materials, or both)	* No services fall under ded for non-HSA plans * Vision materials for HSA
EHB - Routine Vision Exam for Children	* 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	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 1 for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 2 for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 3 for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 4 for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 5 for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Contacts for Children	* 50% for copay * 50% after Ded for HSA

Oxford Health Plans (NY), Inc.
 New York Small Group
 Off-Exchange
 Form # OHPNY_SG_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 HMO 20/40 L Gated OHP
 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	\$ 847.96	\$ -	\$ 10.79	\$ (3.14)	\$ 855.61
Parent / Child(ren) rate	\$ 1,441.53	\$ -	\$ 18.34	\$ (5.34)	\$ 1,454.53
Couple rate	\$ 1,695.92	\$ -	\$ 21.58	\$ (6.28)	\$ 1,711.22
Family rate	\$ 2,416.69	\$ -	\$ 30.75	\$ (8.95)	\$ 2,438.49

ALL GROUPS – OXFORD HEALTH INSURANCE, INC. (OHI) & OXFORD HEALTH PLANS (NY), INC. (OHP)

I. The following underwriting requirements apply to all applications or renewals of coverage on our OHP HMO and our OHI insurance products.

A. Group Size Requirements: To be eligible for small group coverage, a group must be located in a county where we offer Oxford products (see Section I.C for more information about the Service Area) and has at least one (1) but not more than fifty (50) eligible employees. (See Section I.B for the definition of eligible employees.) The following are not counted toward group size:

- any person who performs services for the company that are reported on an IRS 1099 form (such a person is not an employee and is not eligible for coverage); or
- any former employee who is covered through retiree benefits, the Consolidated Omnibus Budget Reconciliation Act (COBRA) or state continuation.
- an individual business owner and his or her spouse (typically known as “sole proprietors”), when there are no other eligible employees. To qualify as a “group”, at least one other person must be employed and eligible for coverage. The employee does not have to accept the coverage offered, so long as the employee is eligible. (See special exception below for corporations and Section II.B.)
 - i. A business owner and his or her spouse are not considered a group of one (1) and will need to purchase individual coverage. For purposes of determining the existence of a group, spouses are not considered employees even if they are on the payroll.
 - ii. Partnerships - There must be one employee eligible for coverage for a partnership to be considered a group health plan. (A plan with multiple owners and spouses without employees is not considered a group.)
 - iii. Special rule for Corporations (LLCs, S and C Corporations) - An eligible employee is not required if the corporation has at least two owners who are not married.

If the employer does not offer group health coverage to all eligible employees, group size will be calculated based on the number of eligible employees in the Service Area or Expanded Service Area (if applicable). (See Section I.B-C and II.D.)

Groups that no longer meet the small group size requirements will be offered coverage in accordance with their appropriate market segment. If we learn this during an audit, the offering of the appropriate product may occur after we send information about small group replacement options. (See Section I.E-F for information about audits and documentation requirements.)

B. Eligibility: Only those eligible employees and eligible former employees who meet the below requirements can be enrolled in Oxford small group products. The enrolled employees and former employees (and their eligible dependents) must live, work or reside in the Service Area or if applicable the Expanded Service Area (See Section I.C for more information).

- Eligible employees who may enroll: Active permanent employees of the employer and of all subsidiaries or affiliates of a corporate employer who work 20 or more hours per week and are eligible for health benefits under the employer’s group health plan. Business owners who work 20 hours per week and work for a business considered a group under Section I.A are eligible to enroll. (See Section I.A, Bullet 3 for more information.) Eligible employees do not include:
 - any person who performs services for the company that are reported on an IRS 1099 form (such a person is not an employee and is not eligible for coverage);
 - any former employee who is covered through retiree benefits, COBRA or state continuation;
 - any employee who does not live, work or reside in the United States;
 - co-employees of a Professional Employer Organization (PEO), Employee Leasing Company (ELC) or other such entity that is a co-employer with a client of client-site employees; or
 - an individual proprietor and his or her spouse (“sole proprietors”) when at least one other person is not employed. (See Section I. A, Bullet 3, above.)

- Eligible Former Employees who may enroll: Former employees eligible for COBRA or state continuation can be enrolled in Oxford small group products for the period allowed by law. If the employer offers retiree benefits, all eligible retired former employees, can be enrolled in Oxford small group products.
- Valid Employer Class(es): An employer may elect to offer coverage to a class of employees based on conditions pertaining to employment: geographic situs of employment, earnings, method of compensation, hours and occupational duties. Employees who work less than 20 hours per week are not eligible employees and may not enroll in any Oxford products.
Example: Employer may elect to offer coverage only employees who work at least 40 hours per week.

C. Oxford Service Area:

- Our Oxford Service Area consists of the counties where we are licensed and authorized to sell products and have approved products and rates. Our Service Area consists of Bronx, Dutchess, Kings, New York, Orange, Putnam, Queens, Richmond, Rockland, Nassau, Suffolk, Sullivan, Ulster & Westchester counties. Members covered through our OHP products must live, work or reside in these counties.
- For our OHI products, an Expanded Service Area allows members to live, work or reside in areas outside of the Oxford Service Area. (See Section II.D. for more information about the Expanded Service Area.)

D. Multiple Plan Design Rules:

- Multiple plan design options can be offered as point of enrollment (POE) (e.g., High Plan vs. Low Plan) or by class distinction (e.g., Salaried vs. Hourly).
- Additional multiple plan design rules apply to OHI (see next section).
- If a renewing group makes a plan change, the OHI multiple plan design rules (below) will apply.

E. Documentation Requirements: We require documents from new groups as part of a group's initial enrollment and for groups making changes on renewal. If documents are not provided within the required timeframe, the group will be denied enrollment. Most documentation can be submitted using IDEA, our online enrollment tool. We also may audit a new or renewing group before or after enrollment/renewal. If post enrollment/renewal, an audit shows the group did not meet the requirements at the time of enrollment and was not eligible for coverage, the group will be terminated.

Required documents:

- Group Application (new business) or Certification Form (renewing business)
- Eligible waivers (required for all new business, renewing groups on audit and groups renewing into a new market segment)
- The Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return Form (NYS-45) or alternative tax documentation detailed in "Instruction Sheet – Oxford NYSG Tax Form Submissions."

Additional documentation may be required upon audit.

F. Additional Requirements for Healthy New York small groups (OHP):

- New and renewing groups must apply for and meet the eligibility requirements of the Healthy New York law and regulations, this includes the required employer contribution.
- The group size, required hours for eligible employees and Service Area described above in Sections I.A - I.C apply to all Healthy New small groups.
- Groups may be subject to audit at any time during the year and additional documentation may be required.
- On January 1, 2014, Healthy New York small group coverage will be replaced with a new ACA compliant plan at the Gold level to meet new legal requirements and will have new rates. This will be the only Healthy New York plan design option available.
- Although the plan design will change on January 1, Healthy New York small groups will remain on their current renewal cycle and must meet all requirements as part of the group's recertification, including Healthy New York documentation requirements. A renewing group that does not submit recertification information timely will be terminated and will need to reapply for coverage.

II. The following additional requirements apply to all applications or renewals of coverage on our OHI insurance products:

A. Open Enrollment Period (New Business):

- From November 15 through December 31, the minimum participation requirements in Sections II.B and II.C will not apply to **new** groups applying for coverage. For example a group with a 1/1/14 **new business** date would be eligible to enroll from November 15 – December 31, 2013.

B. Minimum Participation – Calculation:

- A minimum of 60 percent of all eligible employees, after valid waivers, with a minimum of two employees (one of which must be a W-2 non-owner non-spouse) must be enrolled.
 - Valid waivers consist of: Spousal, Medicare, Medicaid and Veteran’s Coverage.
 - If the group offers retiree coverage, a minimum of 60 percent of all eligible employees after valid waivers and all eligible former retired employees must be enrolled. (Additional documentation may be required on audit to confirm retirees’ eligibility for coverage.)
- To determine total enrollment for the purpose of calculating participation, we will count both eligible employees and eligible former retired employees (if applicable) enrolled in both OHI and OHP products. Former employees enrolled through COBRA or state continuation are not counted.

C. Minimum Participation – Other Employer Sponsored Coverage:

- Other employer sponsored health insurance coverage may not be offered alongside OHI products. Because our participation requirement is 60%, this would prevent both carriers from meeting New York state minimum participation requirements.
- Other employer sponsored HMO coverage may be offered alongside OHI products, but is not considered a valid waiver and may impact a group’s ability to meet minimum participation requirements for OHI products.

D. Expanded Service Area - Eligible Employees Located Outside of the Oxford Service Area: A Rider to our plans provides out-of-area enrollment options for eligible employees (defined in Section I.B) who live, work or reside in a state outside of the Oxford Service Area (defined in Section I.C, Bullet 1). Enrollment on our NY products is allowed only to the extent allowed in the eligible employees' location. (As noted in Section I.C, Bullet 1, the Employer must be located in one of the counties in the Oxford Service Area.)

- OHI Gatekeeper plans– For plans that require referrals from a Primary Care Physician (PCP) to other Participating Providers, an eligible employee may live, work or reside in the state of NY, NJ or CT.
- OHI Non-gatekeeper plans – For plans that do not require referrals from a Primary Care Physician, eligible employees may live, work, or reside in a state in which we are authorized to deliver a Certificate of Coverage. The list of locations may change from time to time due to regulatory requirements. This list presently includes NY, NJ, CT and other states outside of the New York tri-state area.

E. Classes: Coverage may be limited to specific class(es) of employees if they are the only employees offered coverage on the New York OHI product.

- Class(es) may be determined only by conditions pertaining to employment: geographic situs of employment, earnings, method of compensation, hours and occupational duties. As noted previously, our products are not available to cover employees who work less than 20 hours per week.
- Example: Employer only offers coverage to employees who work 40 hours per week.
- Example: If employer only offers coverage to a management class, coverage is available for the class. However, if the group offers coverage to both management and non-management employees in the New York service area, both classes must be covered by Oxford; OHI coverage is not available only for the management class.

F. Multiple plan design rules:

- Groups may select two OHI plan design options as long as there is enrollment in both plans.
- More than two OHI plan design options will not be allowed.

ⁱ These guidelines may be updated from time to time and are subject to regulatory approval.

SERFF Tracking #:

UHLC-129597451

State Tracking #:

2014060337

Company Tracking #:

State:

New York

Filing Company:

Oxford Health Plans (NY), Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

2015 OHP SG OFFX Plans

Project Name/Number:

2015 OHP SG OFFX Plans/

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum/Actuarial Certification
Comments:	Cover Letter Actuarial Memo Actuarial Cert
Attachment(s):	2015 OHP Cover letter.pdf 2015 SG OHP Off-Exch Act Memo.pdf 2015 OHP Certification.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2015 OHP Off Exchange URRT Part III.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Value Calculations
Comments:	
Attachment(s):	2015 SG OHP Off-Exch AVs.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 13-Narrative Summary and Numerical Summary
Comments:	
Attachment(s):	Ex 13 OHP SG OFFX - 2015 Narrative Summary Final.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Exhibit 14A-Indiv Requested Percentage Changes
Bypass Reason:	N/A for this small group rate filing.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 14B-Sm Grp Requested Percentage Changes
Comments:	

SERFF Tracking #:

UHLC-129597451

State Tracking #:

2014060337

Company Tracking #:

State:

New York

Filing Company:

Oxford Health Plans (NY), Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

2015 OHP SG OFFX Plans

Project Name/Number:

2015 OHP SG OFFX Plans/

Attachment(s):	2015 SG OHP Off-Exch Ex 14B.pdf 2015 SG OHP Off-Exch Ex 14B.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 15B-Sm Grp Distribution by Rate Adj Percentages
Comments:	
Attachment(s):	2015 SG OHP Off-Exch Ex 15B.pdf 2015 SG OHP Off-Exch Ex 15B.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Comments:	
Attachment(s):	2015 SG OHP Off-Exch Ex 16.pdf 2015 SG OHP Off-Exch Ex 16.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 17-Claims Experience for 2011-13 (Sm Grps)
Comments:	
Attachment(s):	2015 SG OHP Off-Exch Ex 17.pdf 2015 SG OHP Off-Exch Ex 17.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 18-Index Rate Plan-Design Development
Comments:	
Attachment(s):	2015 SG OHP Off-Exch Ex 18.pdf 2015 SG OHP Off-Exch Ex 18.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 19-Claim Trend, Admin Expenses & Profit
Comments:	
Attachment(s):	2015 SG OHP Off-Exch Ex 19.pdf 2015 SG OHP Off-Exch Ex 19.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

UHLC-129597451

State Tracking #:

2014060337

Company Tracking #:

State:

New York

Filing Company:

Oxford Health Plans (NY), Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

2015 OHP SG OFFX Plans

Project Name/Number:

2015 OHP SG OFFX Plans/

Satisfied - Item:	Exhibit 20-HIOS ID Mapping
Comments:	
Attachment(s):	2015 SG OHP Off-Exch Ex 20.pdf 2015 SG OHP Off-Exch Ex 20.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 22-Utilization Information
Comments:	
Attachment(s):	2015 SG OHP Off-Exch Ex 22.pdf 2015 SG OHP Off-Exch Ex 22.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 23-Requested 2015 Premium Rates
Comments:	
Attachment(s):	2015 SG OHP Off-Exch Ex 23.pdf 2015 SG OHP Off-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 OHP SG_Off-Exchange Group.pdf Rate Review_Initial Notice OHP SG_Off-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:	

SERFF Tracking #:

UHLC-129597451

State Tracking #:

2014060337

Company Tracking #:**State:**

New York

Filing Company:

Oxford Health Plans (NY), Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

2015 OHP SG OFFX Plans

Project Name/Number:

2015 OHP SG OFFX Plans/

Attachment(s):	2015 SG OHP Off-Exch Ex 21B - redacted.pdf 2015 SG OHP Off-Exch Ex 21B - redacted.xlsx 2015 OHP Certification - redacted.pdf 2015 OHP Cover letter - redacted.pdf 2015 OHP Off Exchange URRT Part III_Redacted.pdf 2015 SG OHP Off-Exch Ex 11 - redacted.pdf 2015 SG OHP Off-Exch Ex 11 - redacted.xlsx 2015 SG OHP Off-Exch Ex 21A- redacted.pdf 2015 SG OHP Off-Exch Ex 21A- redacted.xlsx 2015 SG OHP Off-Exch Ex 22_Redacted.pdf 2015 SG OHP Off-Exch Ex 22_Redacted.xlsx
Item Status:	
Status Date:	

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

State:	New York	Filing Company:	Oxford Health Plans (NY), Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	2015 OHP SG OFFX Plans		
Project Name/Number:	2015 OHP SG OFFX Plans/		

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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 Plans (NY), Inc.
NY Small Group HMO Off-Exchange
Effective January 2015 – December 2015

Dear [REDACTED]

This rate filing addresses the development of the New York Small Group Liberty HMO Off-Exchange rates for plans written by Oxford Health Plans (NY), Inc. The rates are effective from January 2015 to December 2015.

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

Sincerely,

[REDACTED]
[REDACTED]
UnitedHealthcare
48 Monroe Turnpike
Trumbull, CT 06611
[REDACTED]



**Oxford Health Plans (NY), Inc.
New York Small Group Off-Exchange Rates
HIOS ID: 26420
Effective January 2015 – December 2015**

ACTUARIAL MEMORANDUM

I. Introduction

This rate filing addresses the rate development for the New York Small Group plans written by Oxford Health Plans (NY), Inc. (“OHP”). Rates are effective from January 1, 2015 through December 31, 2015. This rate filing is being submitted under Section 4308(c) 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 OHP Small Group grandfathered plans so no exclusion was required. Regulation 146 amounts and Stop Loss receipts were removed from the experience period claims. The resulting in-network only experience period claim PM PM excluding Regulation 146 is \$424.97.

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 OHP 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 OHP. These are shown below.

In-Network Pricing Actuarial Value (AV) Excluding Gatekeeper & Network 0.886	
--	--

Average Gatekeeper and Network Benefit Adjustment	0.939
---	-------

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 0.892 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 \$527.67 was calculated by multiplying the experience period incurred in-network claim PMPM of \$424.97 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 \$572.21. The trended AV-adjusted experience period in-network index rate PMPM is \$710.50.

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 1.4% 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.

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 212,717 members in OHP 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 OHP 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 OHP 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. 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.

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 2014 expense percentage for OHP small group is 15.1% excluding exchange user fees and profits. This includes fixed administration (4.9%), commissions (3.0%), state premium taxes and assessments (3.5%), 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 2.9% for OHP small group based upon premium including the PPACA fees and assessments. The projected loss ratio using federally prescribed MLR methodology is 88.4%.

9. Addition of Out-of-Network Benefit Option: The proposed OHP plan portfolio does not include any POS plans.

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 $\frac{1}{4}$ power.

IV. Supporting Details

A. HHS Actuarial Value Calculator Adjustments

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.

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 OHP's small group is 15.1% excluding exchange user fees and profits but including PPACA fees and assessments. The projected 2014 expense percentages in the 2014 OHP's small group rate filing was 13.9%. The increase in projected expenses is due to the incremental increase in the PPACA

Insurer Fee and a reduction in the projected OHP premium PM PM due to the discontinuation of the POS plans.

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 2.9% 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	20.1%	8.7%
FY08	13.1%	8.7%
FY09	11.7%	7.2%
FY10	15.1%	5.5%
FY11	13.2%	5.5%
FY12	9.4%	4.3%
FY13	6.6%	3.1%

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



Oxford Health Plans (NY), Inc.

New York Small Group HMO Product
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 Plans (NY), 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 Plans (NY), Inc.
- **State:** New York
- **HIOS Issuer ID:** 26420
- **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 Plans (NY), Inc. ("OHP") 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 15.6%. 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 OHP policies with the exception of sole proprietors which were removed per instructions received from the New York State Department of Financial Services

("DFS"). OHP 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 1.4% 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 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 212,717 members in OHP 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 OHP will be a net payer and have included a 2.2% increase to the index rate to account for this.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** We have assumed a payment of \$3.09 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 7.9% administrative expense load includes general administration (4.9%) 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 2.9% before state and federal income taxes and 1.8% after.

Taxes and Fees

The 8.2% includes state premium tax and assessments (3.5%), PPACA Insurer fee (3.2%), and state and federal income taxes (1.5%). This excludes the \$3.09 PMPM reinsurance fee.

Projected Loss Ratio

The projected loss ratio using federally prescribed MLR methodology is 88.4%.

Index Rate

The index rate of the experience period is \$485.00 and reflects the total allowed claims PMPM from the experience period for EHB benefits only. The index rate for the projection period is \$635.66. 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 text block]

UnitedHealthcare
48 Monroe Turnpike
Trumbull, CT 06611

[Redacted text block]

HMO 20/40 L Gated OHP

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 checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	0.00%
OOP Maximum (\$)	\$3,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	0.00%
OOP Maximum (\$)	\$3,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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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 type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$40.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$40.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$40.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$40.00
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"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$36.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$36.00
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$500.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$500.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	81%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	81%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	2
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:

88.147695%

Metal Tier:

Platinum

HMO 30/60 L Gated OHP

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 checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

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

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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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 type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$200.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$200.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	97%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00
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"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$36.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$36.00
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$500.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$500.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
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:

81.220935%

Metal Tier:

Gold

HNY Standard HMO L Gated OHP

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 (\$)			

[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 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:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.05%

Gold

EXHIBIT 13: NARRATIVE SUMMARY

Company: Oxford Health Plans (NY), Inc.
NAIC Code: 95479
SERFF Tracking #: UHLC-129581305
Market Segment: Small Groups Off Exchange

We have prepared this Narrative Summary as further explanation of the letter you recently received from us outlining our annual proposed premium rate adjustment filing(s) with the New York State Department of Financial Services (DFS). This Narrative Summary will remain posted here, on our website, for a minimum of 30 calendar days from the date of our letter to you, our policyholder, or subscriber. Please read this information carefully. If you have any questions, please contact us or DFS within 30 days, as stated in our letter.

Rate Component Overview

The main components of a premium rate charged by an insurer are the medical costs and administrative expenses we incur for providing health care benefits coverage.

Medical costs are the main portion of the premium. Medical costs include items such as physician office visits, inpatient and outpatient care, covered prescription drugs and new mandated benefits. Medical costs also include taxes and assessments associated with medical services. New York state law requires that at least 82% of the premium, or 82 cents of each premium dollar, is to be paid towards medical costs. The remaining 18% is used for administrative expenses (e.g. claims processing, customer service, system maintenance, operating costs of web portals, consumer education and support tools), taxes & fees (e.g. Section 332 assessment and premium tax, PPACA Insurer's Fee and Reinsurance Assessment), and profit.

Current Rate Increase Components

The new premiums will apply to all groups that renew or enroll during 2015. Please see the attached Numerical Summary with the average requested rate changes and the plan grid with the requested plan level rate changes. 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.

We develop forward-looking medical expense estimates based on a number of considerations. We review claims data and expenses to determine what the expected costs and expenses will be for a future period when deciding whether to seek a premium increase or decrease. As a general matter, we review our own recent claims data with utilization (# of services), unit cost (reimbursement cost for a health service), and benefit leveraging (impact of member cost-share). Future trends are developed based on a projection of each component. Forward looking utilization levels are developed based on recent data, supplemented by regional and/or national level utilization data. 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% benefit leveraging.

EXHIBIT 13: NARRATIVE SUMMARY

A part of the medical costs includes a pooling technique established under PPACA called Federal Risk Adjustment. This attempts to equalize risk within the New York Small Group market, and requires carriers to set rates at the statewide average risk level. The change in the adjustment factor from 2014 to 2015 rates for Federal Risk Adjustment decreased the requested rate increase by 3.0%. As noted above, there are also fees and assessments related to PPACA. These amounts apply to all business starting January 1, 2014. These fees and assessments account for 0.4% of the overall requested rate increase.

The requested rate changes also include the impacts of plan relativity changes due to pricing model updates (rate increases or decreases depending on the plan) and benefit changes (rate neutral or decreases depending on the plan). Specific information regarding the benefit changes will be communicated separately to those in impacted plans.

Final Rate Increase

The Superintendent of Financial Services may approve (as requested), modify or deny the proposed rate adjustment. Your final premium will account for the rate adjustment approved by the New York State DFS, as well as any changes to your benefit plan design chosen and your group's census upon renewal. If you are a subscriber of a group plan, please contact your employer for information about how this information affects your premium contribution.

EXHIBIT 13: NUMERICAL SUMMARY

Company Name: Oxford Health Plans (NY), Inc.
NAIC Code: 95479
SERFF Tracking #: UHLC-129581305
Market Segment: Small Groups Off 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	\$742.33	\$580.74	N/A	N/A	N/A
2015 Premium Rates	\$858.75	\$688.09	N/A	N/A	N/A

B. Weighted Average Annual Percentage Requested Adjustments*:

	2014 to 2015
Requested Rate Adjustment	15.8%

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	22.1%	18.9%	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	83.2%	82.6%	86.8%

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

	2013	2014	2015
Annual Claim Trend Rates	12.5%	10.5%	10.9%
Expense Ratios	11.7%	13.1%	15.1%
Pre Tax Profit Ratios	4.4%	5.5%	2.9%

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



Oxford Health Plans (NY), Inc. - Small Group Off Exchange

Plan Name	Annual Requested Increase by Quarter			
	Dep Age 26		Dep Age 29	
	Q1	Q2	Q1	Q2
Platinum				
P HMO 20/40 L Gated OHP	15.7%	15.8%	15.7%	15.8%
Gold				
G HMO 30/60 L Gated OHP	15.6%	15.7%	15.6%	15.7%
G HNY HMO 25/40 L Gated OHP	22.2%	22.3%	22.0%	22.1%

Key:

P = Platinum

G = Gold

L = Liberty Network

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

NY-14-405

NYSO OHP Off-Exchange Group Grid

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

-- for Small Group Medical Plans

Company Name: Oxford Health Plans (NY), Inc.
NAIC Code: 95479
SERFF Tracking #: UHLC-129581305
Market Segment: Small Groups Off 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	HMO	HMO	15.68%	15.68%	15.68%
Small Group	1/1/2015	Gold	99 - All Regions	HMO	HMO	15.61%	15.61%	15.61%
Small Group	1/1/2015	Gold	99 - All Regions	HNY	HNY	22.15%	22.15%	22.15%
Small Group	4/1/2015	Platinum	99 - All Regions	HMO	HMO	15.80%	15.80%	15.80%
Small Group	4/1/2015	Gold	99 - All Regions	HMO	HMO	15.73%	15.73%	15.73%
Small Group	4/1/2015	Gold	99 - All Regions	HNY	HNY	22.28%	22.28%	22.28%
Small Group	7/1/2015	Platinum	99 - All Regions	HMO	HMO	15.92%	15.92%	15.92%
Small Group	7/1/2015	Gold	99 - All Regions	HMO	HMO	15.85%	15.85%	15.85%
Small Group	7/1/2015	Gold	99 - All Regions	HNY	HNY	22.40%	22.40%	22.40%
Small Group	10/1/2015	Platinum	99 - All Regions	HMO	HMO	16.04%	16.04%	16.04%
Small Group	10/1/2015	Gold	99 - All Regions	HMO	HMO	15.97%	15.97%	15.97%
Small Group	10/1/2015	Gold	99 - All Regions	HNY	HNY	22.52%	22.52%	22.52%

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

Company Name: Oxford Health Plans (NY), Inc.
 NAIC Code: 95479
 SERFF Tracking #: UHLC-129581305
 Market Segment: Small Groups Off 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%
Small Group	1/1/2015	Platinum	99 - All Regions	0.0%	\$ 20,265,329	2,859	n/a	0	0	0	0	0	2,859	0	0	0	0
Small Group	1/1/2015	Gold	99 - All Regions	15.6%	\$ 263,132,016	43,001	n/a	0	0	0	0	0	43,001	0	0	0	0
Small Group	1/1/2015	Silver	99 - All Regions	0.0%	\$ -	-	n/a	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	99 - All Regions	0.0%	\$ -	-	n/a	0	0	0	0	0	0	0	0	0	0
Market Segment Total:				14.5%	\$ 283,397,345	45,860	n/a	0	0	0	0	0	45,860	0	0	0	0

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

Company Name: Oxford Health Plans (NY), Inc.
 NAIC Code: 95479
 SERFF Number: OHPNY_SG_COC_2014
 Market Segment: Small Groups Off Exchange

- 1) Complete a separate ROW for each base medical policy form included in the rate adjustment filing.
 - Information requested applies to New York State business only and for all rating regions combined.
 - Include riders that may be available with that policy form in each policy form response. Discontinued policy forms and products are to be included in the Exhibit.
 - Insert additional rows as needed to include all base medical policy forms included in a particular market segment for Small Groups, Small Group Sole Proprietors and Small Group HNY Business.
 - Add a row with the aggregate values for that entire market segment (including any Small Group Healthy NY and enter an appropriate identifier in column 1b (such as TOTAL).
- 2) In Column 4, market segment refers to Small Group, Small Group Sole Proprietors and Small Group Healthy NY Business.
- 3) Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, and Consumer Health Plans. Indicate appropriate designation for policy form, etc.
- 4) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with DFS.
- 5) Paid claims in Columns 14.6, 15.6 and 16.6 are all claims paid during experience period regardless of incurred dates.
- 6) Note that many cells include a drop down list. Use the drop down list for entries.
- 7) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- 8) This exhibit must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form											Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identification	3. Effective date of rate change (mm/dd/yy)	4. Market Segment [drop down menu]	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change	14.1 Beginning Date of the experience period (mm/dd/yy)	14.2 Ending Date of the experience period (mm/dd/yy)	14.3 Member months for experience period	14.4 Earned premiums for experience period (\$)	14.5 Standardized earned premiums for experience period (\$)	14.6 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 (\$)	14.7 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 (\$)	14.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools as a negative value (\$)	14.9 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) (\$)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)		
OHINY EPO	HMO	HMO	HMO	01/01/2015	SG-All Others	EPO	Yes	Closed	34,017	189,398	XX	01/01/13	12/31/13	2,234,964	1,017,644,727	1,114,589,726	852,010,642	854,835,753	0	22,469,838	108,606,188	XX
OHINY SB	POS	POS	PPO	01/01/2015	SG-All Others	PPO	Yes	Closed	5,039	24,181	XX	01/01/13	12/31/13	317,637	298,793,679	325,635,452	260,274,364	254,078,852	0	3,193,453	31,888,184	XX
OHINY EPO	HMO	HMO	HMO	01/01/2015	SG-Sole P	EPO	Yes	Closed	8	1,074	XX	01/01/13	12/31/13	14,748	7,872,602	8,604,302	8,129,200	8,159,795	0	148,273	840,188	XX
OHINY SB	POS	POS	PPO	01/01/2015	SG-Sole P	PPO	Yes	Closed	30	182	XX	01/01/13	12/31/13	2,691	3,085,583	3,401,141	5,250,642	5,475,959	0	27,055	329,303	XX
OHPNY_SG	Healthy NY	Healthy NY	HMO	01/01/2015	SG-HNY	HMO	Yes	Closed	5,921	21,138	XX	01/01/13	12/31/13	278,574	102,275,796	114,904,303	110,076,614	112,199,831	(24,179,420)	0	10,915,189	XX
OHPNY_SG	Healthy NY	Healthy NY	HMO	01/01/2015	SG-Sole P	HMO	Yes	Closed	122	2,115	XX	01/01/13	12/31/13	35,235	13,064,961	16,217,616	18,378,863	18,342,257	(3,058,296)	0	1,394,333	XX
Total									45,137	238,088	XX	01/01/13	12/31/13	2,883,849	1,442,737,349	1,583,352,540	1,254,120,325	1,253,092,446	(27,237,717)	25,838,619	153,973,386	XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX

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 from the Regulation 146 pool or the federal risk sharing pool (enter receipts to 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 to 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	2,115,421	857,666,744	1,046,318,130	660,730,256	684,756,611	0	23,858,919	101,453,557	XX	01/01/11	12/31/11	1,461,339	547,034,470	725,521,482	414,033,665	442,557,930	0	8,043,024	76,336,927	XX
XX	01/01/12	12/31/12	399,241	336,878,002	405,095,074	266,061,786	268,996,444	0	4,502,867	31,931,044	XX	01/01/11	12/31/11	434,725	351,044,233	441,293,200	285,563,963	281,609,797	0	2,392,671	38,081,505	XX
XX	01/01/12	12/31/12	17,173	8,026,053	9,787,553	7,953,141	8,515,948	0	193,687	949,403	XX	01/01/11	12/31/11	15,811.00	6,668,992	8,919,451	5,643,287	6,323,335	0	87,022	930,637	XX
XX	01/01/12	12/31/12	3,491	3,509,130	4,261,190	4,122,786	4,062,770	0	39,373	332,613	XX	01/01/11	12/31/11	11,186.00	10,279,660	12,956,855	10,977,563	12,347,915	0	61,566	1,115,144	XX
XX	01/01/12	12/31/12	301,723	97,914,407	128,942,742	105,328,697	104,653,879	(25,593,028)	0	13,487,916	XX	01/01/11	12/31/11	244,163	69,554,706	108,507,886	73,992,716	80,910,423	-19,126,777	0	9,489,193	XX
XX	01/01/12	12/31/12	39,881	13,102,438	18,133,692	16,762,195	17,138,925	(3,382,823)	0	1,804,888	XX	01/01/11	12/31/11	37,000	10,392,068	16,217,616	15,087,097	15,533,057	-2,898,436	0	1,417,767	XX
XX	01/01/12	12/31/12	2,876,930	1,317,096,774	1,612,538,381	1,060,958,860	1,088,124,577	(28,975,852)	28,594,846	149,959,422	XX	01/01/11	12/31/11	2,204,224	994,974,129	1,313,416,490	805,298,292	839,282,457	(22,025,212)	10,584,283	127,371,173	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 Plans (NY), Inc.
 NAIC Code: 95479
 SERFF Number: UHLC-129581305
 Market Segment : Small Groups Off Exchange

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

Line #	General			
1	Product*	HMO	HMO	HMO
2	Product ID*	26420NY002	26420NY002	26420NY002
3	Metal Level (or catastrophic)*	Platinum	Gold	Gold
4	AV Metal Value (HHS Calculator)*	88.1%	81.2%	79.0%
5	AV Pricing Value (total, risk pool experience based)*	89.2%	81.8%	82.0%
6	Plan Type*	HMO	HMO	HMO
7	Plan Name*	HMO 20/40 L Gated OHP	HMO 30/60 L Gated OHP	HNY Standard HMO L Gated OHP
8	HIOS Plan ID*	26420NY0020004	26420NY0020020	26420NY0020045
9	Exchange Plan?*	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	\$ 1,203,134,704		
10B	Member-Months for Latest Experience Period	2,831,122		
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	424.97		
11	Average Pricing Actuarial Value reflected in experience period	0.743		
12	AV Adjusted Experience Period Index Rate PMPM (L10C / L11)	572.21	572.21	572.21

7	Plan Name*	HMO 20/40 L Gated OHP	HMO 30/60 L Gated OHP	HNY Standard HMO L Gated OHP
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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	1.030		
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)	1.022		
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)	1.308	1.308	1.308

** Not Included in Claim Trend Adjustment

7	Plan Name*	HMO 20/40 L Gated OHP	HMO 30/60 L Gated OHP	HNY Standard HMO L Gated OHP
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Plan Level Adjustments

29	Pricing actuarial value (without induced demand factor) #	0.892	0.818	0.820
30	Pricing actuarial value (only the induced demand factor) #	0.895	0.840	0.840
31	Impact of provider network characteristics ##	0.966	0.966	0.966
32	Impact of delivery system characteristics ##	1.000	1.000	1.000
33	Impact of utilization management practices ##	0.968	0.968	0.968
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.184	1.184	1.184
37	Profit/Contribution to surplus margins	1.030	1.030	1.030
38	Impact of eligibility categories (catastrophic plans only)	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	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	0.849
41	SHOP Selection, Reg 146 Payback	0.999	0.999	0.999
42	Pediatric Dental and Vision	1.006	1.007	1.008
43	Impact of Plan Level Adjustments (product L29 through L42)	0.913	0.788	0.671

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)	683.32	589.55	502.05
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EXHIBIT 19 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN

Company Name: Oxford Health Plans (NY), Inc.
 NAIC Code: 95479
 SERFF Number: UHLG-129581305
 Market Segment: Small Groups Off Exchange

- 1) Complete a separate ROW for Metal Level/Product
 - Information should be for all the benefits included in that plan design including any riders (medical, drugs, etc).
 - Enter in column 1 the Metal Tier level. Use the drop down menu.
 - Enter in column 2 the plan designation as to On/Off Plan and Std/Non Standard Plan. Use the drop down menu.
 - Enter in column 3 the Estimated Membership as of a recent date mm/dd/yyyy; enter the date in column heading.
 - Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.
- 2) The average claim trend is the average annualized claim trend that is used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).
- 3) Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components and profit margin included in the requested rates and the average annual claim trend assumed.
- 4) Enter the corresponding information requested for the immediately prior rate and form filing. This refers to the various expense components in the requested rates submitted for the immediately prior rate and form filing and the average claim trend assumed. If there is no immediately prior rate and form filing, enter the data from the initial rate and form filing.
- 5) **ACA Fees** are to be entered in columns 6.5 and 16.5.
- 6) This exhibit must be submitted as an Excel file and as a PDF file.

		For the rate period included in this rate adjustment filing											For the rate period included in this rate adjustment filing							
1. Metal Level [drop down menu]	2. On/Off Exchange Designation and Standard/Non Std [drop down menu]	3. Estimated Membership as of 05/31/2014	4.1 Period assumed beginning date (mm/dd/yy)	4.2 Period assumed ending date (mm/dd/yy)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contribu- tion to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10	
Platinum	Off Non Std	4,017	XX 01/01/15	12/31/15	10.95%	0.94%	0.00%	3.00%	2.03%	4.22%	4.87%	15.06%	1.83%	0.10%	3.55%	0.96%	33.24%	0.00%	17.96%	XX
Gold	Off Non Std	56,135	XX 01/01/15	12/31/15	10.95%	0.94%	0.00%	3.00%	2.03%	4.22%	4.87%	15.06%	1.83%	0.10%	3.55%	0.96%	33.24%	0.00%	17.96%	XX

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

		For the rate period included in the prior rate and form filing										For the rate period included in the prior rate and form filing									
1. Metal Level [drop down menu]	2. On/Off Exchange Designation and Standard/Non Std [drop down menu]	3. Estimated Membership as of 05/31/2014		14.1 Period assumed - beginning date (mm/dd/yy)	14.2 Period assumed - ending date (mm/dd/yy)	15. Average annual claim trend assumed	16.1 Regulatory authority licenses and fees, including New York State 332 assessment Health Care Exhibit - as a % of gross premium	16.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement	16.3 Commissions and broker fees - as a % of gross premium	16.4 Premium Taxes - as a % of gross premium	16.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	16.6 Other administrative expenses - as a % of gross premium	16.7 Subtotal columns 20.1 through 20.6	17 After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	18 State income tax component - as a % of gross premium	18.1 State income tax rate assumed (eg 3%)	19 Federal income tax component - as a % of gross premium	19.1 Federal income tax rate assumed (eg 30%)	20 Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	21 Subtotal columns 16.7 + 17 + 18 + 19 +20	
Platinum	Off Non Std	4,017	XX	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.76%	13.15%	3.56%	0.02%	0.34%	1.93%	35.00%	0.00%	18.66%	
Gold	Off Non Std	56,135	XX	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.76%	13.15%	3.56%	0.02%	0.34%	1.93%	35.00%	0.00%	18.66%	

EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: Oxford Health Plans (NY), Inc.
 NAIC Code: 95479
 SERFF Number: UHLC-129581305
 Market Segment: Small Groups Off 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)
26420NY0020004	HMO 20/40 L Gated OHP	Platinum	OFF	NO	26	NO	INCLUDED	YES	NO	NO
26420NY0020009	HMO 20/40 L Gated OHP	Platinum	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
26420NY0020002	HMO 20/40 L Gated OHP	Platinum	OFF	NO	26	YES	INCLUDED	YES	NO	NO
26420NY0020010	HMO 20/40 L Gated OHP	Platinum	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
26420NY0020003	HMO 20/40 L Gated OHP	Platinum	OFF	NO	29	NO	INCLUDED	YES	NO	NO
26420NY0020001	HMO 20/40 L Gated OHP	Platinum	OFF	NO	29	YES	INCLUDED	YES	NO	NO
26420NY0020011	HMO 20/40 L Gated OHP	Platinum	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
26420NY0020012	HMO 20/40 L Gated OHP	Platinum	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
26420NY0020020	HMO 30/60 L Gated OHP	Gold	OFF	NO	26	NO	INCLUDED	YES	NO	NO
26420NY0020025	HMO 30/60 L Gated OHP	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
26420NY0020018	HMO 30/60 L Gated OHP	Gold	OFF	NO	26	YES	INCLUDED	YES	NO	NO
26420NY0020027	HMO 30/60 L Gated OHP	Gold	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
26420NY0020019	HMO 30/60 L Gated OHP	Gold	OFF	NO	29	NO	INCLUDED	YES	NO	NO
26420NY0020017	HMO 30/60 L Gated OHP	Gold	OFF	NO	29	YES	INCLUDED	YES	NO	NO
26420NY0020026	HMO 30/60 L Gated OHP	Gold	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
26420NY0020028	HMO 30/60 L Gated OHP	Gold	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
26420NY0020045	HNY Standard HMO L Gated OHP	Gold	OFF	NO	26	NO	INCLUDED	YES	NO	NO
26420NY0020047	HNY Standard HMO L Gated OHP	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
26420NY0020052	HNY Standard HMO L Gated OHP	Gold	OFF	NO	26	YES	INCLUDED	YES	NO	NO
26420NY0020050	HNY Standard HMO L Gated OHP	Gold	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
26420NY0020046	HNY Standard HMO L Gated OHP	Gold	OFF	NO	29	NO	INCLUDED	YES	NO	NO
26420NY0020051	HNY Standard HMO L Gated OHP	Gold	OFF	NO	29	YES	INCLUDED	YES	NO	NO
26420NY0020048	HNY Standard HMO L Gated OHP	Gold	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
26420NY0020049	HNY Standard HMO L Gated OHP	Gold	OFF	NO	29	YES	EXCLUDED	YES	NO	NO

EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS

Company Name: Oxford Health Plans (NY), Inc.
 NAIC Code: 95479
 SERFF Number: UHLC-129581305
 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	48,448	258,714,544	235,931	5,340.00	0.2053	1,096.57	49,197	226,394,916	236,421	4,601.79	0.2081	957.59
Inpatient Mental Health	4,684	6,229,571	235,931	1,330.02	0.0199	26.40	3,985	4,958,581	236,421	1,244.34	0.0169	20.97
Inpatient Alcohol and Sub. Abuse	2,519	1,588,577	235,931	630.52	0.0107	6.73	2,387	1,549,655	236,421	649.22	0.0101	6.55
Newborn Birth Services	28,079	66,808,776	235,931	2,379.33	0.1190	283.17	28,050	60,428,607	236,421	2,154.32	0.1186	255.60
Primary Care	1,503,253	124,583,117	235,931	82.88	6.3716	528.05	1,399,542	109,743,300	236,421	78.41	5.9197	464.19
Physician Specialty Services	651,308	60,717,672	235,931	93.22	2.7606	257.35	651,610	53,703,161	236,421	82.42	2.7561	227.15
Ambulatory Surgery	728,172	241,316,216	235,931	331.40	3.0864	1,022.82	673,824	211,154,024	236,421	313.37	2.8501	893.13
Other Professional Services	32,026	4,586,488	235,931	143.21	0.1357	19.44	24,824	2,645,428	236,421	106.57	0.1050	11.19
Special Therapies	231,972	10,963,743	235,931	47.26	0.9832	46.47	228,365	10,402,344	236,421	45.55	0.9659	44.00
Out-of-Area Other	-	-	235,931	-	0.0000	-	-	-	236,421	-	0.0000	-
Emergency Room	72,233	55,885,335	235,931	773.68	0.3062	236.87	74,660	53,126,582	236,421	711.58	0.3158	224.71
Outpatient Mental Health	156,661	16,555,759	235,931	105.68	0.6640	70.17	197,500	19,952,944	236,421	101.03	0.8354	84.40
Outpatient Drug & Alcohol Treatment	69	7,208	235,931	104.40	0.0003	0.03	23	2,796	236,421	120.19	0.0001	0.01
Dental (excluding Orthodontia)	497	93,644	235,931	188.59	0.0021	0.40	278	60,031	236,421	215.84	0.0012	0.25
Pharmacy	2,407,649	324,566,564	235,931	134.81	10.2049	1,375.68	2,340,655	294,509,722	236,421	125.82	9.9004	1,245.70
Durable Medical Equipment	29,648	2,918,464	235,931	98.44	0.1257	12.37	25,597	2,699,105	236,421	105.45	0.1083	11.42
Home Health Care	29,933	2,408,574	235,931	80.47	0.1269	10.21	34,079	2,279,804	236,421	66.90	0.1441	9.84
Transportation - Emergent	42,649	5,074,051	235,931	118.97	0.1808	21.51	38,594	3,978,673	236,421	103.09	0.1632	16.83
Diagnostic Testing, Lab & X-Ray	2,327,741	160,954,313	235,931	69.15	9.8662	682.21	2,415,470	142,979,306	236,421	59.19	10.2168	604.77
Family Planning	-	-	235,931	-	0.0000	-	-	-	236,421	-	0.0000	-
Vision Care (incl. eyeglasses)	389	294,565	235,931	757.35	0.0016	1.25	488	271,917	236,421	557.77	0.0021	1.15
Pharmacy (Non Prescription Drugs)	-	-	235,931	-	0.0000	-	-	-	236,421	-	0.0000	-
Speech & Hearing	168,968	8,924,482	235,931	52.82	0.7162	37.83	159,672	8,357,174	236,421	52.34	0.6754	35.35
Other Medical	509,864	20,792,365	235,931	40.78	2.1611	88.13	459,095	17,936,525	236,421	39.07	1.9419	75.87
Total Medical & Hospital	8,976,762	1,373,984,030	235,931	153.06	38.0482	5,823.66	8,807,895	1,227,134,595	236,421	139.32	37.2552	5,190.47

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]	
40,140	172,870,020	178,342	4,306.65	0.2251	969.32	
2,901	3,651,309	178,342	1,258.59	0.0163	20.47	
994	736,929	178,342	741.68	0.0056	4.13	
21,282	42,302,321	178,342	1,987.74	0.1193	237.20	
1,078,679	83,229,766	178,342	77.16	6.0484	466.69	
524,990	43,139,181	178,342	82.17	2.9437	241.89	
519,915	161,552,836	178,342	310.73	2.9153	905.86	
18,851	1,571,237	178,342	83.35	0.1057	8.81	
196,440	9,164,741	178,342	46.65	1.1015	51.39	
-	-	178,342	-	0.0000	-	
54,464	34,202,897	178,342	627.99	0.3054	191.78	
156,801	18,110,419	178,342	115.50	0.8792	101.55	
29	3,131	178,342	109.75	0.0002	0.02	
384	74,731	178,342	194.78	0.0022	0.42	
1,731,007	223,968,028	178,342	129.39	9.7061	1,255.84	
19,887	2,010,175	178,342	101.08	0.1115	11.27	
18,295	1,696,119	178,342	92.71	0.1026	9.51	
30,185	2,794,628	178,342	92.58	0.1693	15.67	
1,708,759	104,370,498	178,342	61.08	9.5814	585.23	
-	-	178,342	-	0.0000	-	
289	128,208	178,342	443.28	0.0016	0.72	
-	-	178,342	-	0.0000	-	
130,667	7,072,842	178,342	54.13	0.7327	39.66	
350,212	12,614,637	178,342	36.02	1.9637	70.73	
6,605,168	925,264,652	178,342	140.08	37.0366	5,188.15	

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: Oxford Health Plans (NY), Inc.
 NAIC Code: 95479
 SERFF Number: UHLC-129581305
 Market Segment: Small Groups Off 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
26420NY0020001	Platinum	SG	Off	Non-Standard	Yes	n/a	n/a	859	859	n/a	n/a	n/a	859
26420NY0020017	Gold	SG	Off	Non-Standard	Yes	n/a	n/a	742	742	n/a	n/a	n/a	742
26420NY0020051	Gold	SG	Off	Standard	Yes	n/a	n/a	634	634	n/a	n/a	n/a	634



<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 Plans (NY), Inc. (OHPNY) 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 OHPNY 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 Plans (NY), Inc. - Small Group Off Exchange

Plan Name	Annual Requested Increase by Quarter			
	Dep Age 26		Dep Age 29	
	Q1	Q2	Q1	Q2
Platinum				
P HMO 20/40 L Gated OHP	15.7%	15.8%	15.7%	15.8%
Gold				
G HMO 30/60 L Gated OHP	15.6%	15.7%	15.6%	15.7%
G HNY HMO 25/40 L Gated OHP	22.2%	22.3%	22.0%	22.1%

Key:

P = Platinum

G = Gold

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 Plans (NY), Inc. (OHPNY) 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.

Proposed Premium Rate Changes

The requested percentage change to your 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 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 OHPNY 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:

Oxford website: www.oxfordhealth.com Go to the *Member 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 Plans (NY), Inc. - Small Group Off Exchange

Plan Name	Annual Requested Increase by Quarter			
	Dep Age 26		Dep Age 29	
	Q1	Q2	Q1	Q2
Platinum				
P HMO 20/40 L Gated OHP	15.7%	15.8%	15.7%	15.8%
Gold				
G HMO 30/60 L Gated OHP	15.6%	15.7%	15.6%	15.7%
G HNY HMO 25/40 L Gated OHP	22.2%	22.3%	22.0%	22.1%

Key:

P = Platinum

G = Gold

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

(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. 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.

(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.
- 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.

EXHIBIT 21B: HOSPITAL UNIT COST DEVELOPMENT - OUTPATIENT SERVICES

Company Name: Oxford Health Plans (NY), Inc.
NAIC Code: 95479
SERFF Number: UHLC-129581305
Market Segment: Small Groups Off 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				



Oxford Health Plans (NY), Inc.

New York Small Group HMO Product
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 Plans (NY), Inc.
NY Small Group HMO Off-Exchange
Effective January 2015 – December 2015

Dear [REDACTED]

This rate filing addresses the development of the New York Small Group Liberty HMO Off-Exchange rates for plans written by Oxford Health Plans (NY), Inc. The rates are effective from January 2015 to December 2015.

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

Sincerely,

[REDACTED]

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For Oxford Health Plans (NY), 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 Plans (NY), Inc.
- **State:** New York
- **HIOS Issuer ID:** 26420
- **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 Plans (NY), Inc. ("OHP") 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 15.6%. 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 OHP policies with the exception of sole proprietors which were removed per instructions received from the New York State Department of Financial Services

("DFS"). OHP 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 1.4% 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 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 212,717 members in OHP 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 OHP will be a net payer and have included a 2.2% increase to the index rate to account for this.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** We have assumed a payment of \$3.09 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 7.9% administrative expense load includes general administration (4.9%) 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 2.9% before state and federal income taxes and 1.8% after.

Taxes and Fees

The 8.2% includes state premium tax and assessments (3.5%), PPACA Insurer fee (3.2%), and state and federal income taxes (1.5%). This excludes the \$3.09 PMPM reinsurance fee.

Projected Loss Ratio

The projected loss ratio using federally prescribed MLR methodology is 88.4%.

Index Rate

The index rate of the experience period is \$485.00 and reflects the total allowed claims PMPM from the experience period for EHB benefits only. The index rate for the projection period is \$635.66. 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]

EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE APPLICATION

Company Name: Oxford Health Plans (NY), Inc.
NAIC Code: 95479
SERFF Tracking #: UHLC-129581305
Market Segment: Small Groups Off Exchange

A. Insurer Information: Oxford Health Plans (NY), Inc. HMO - 44 For Profit 95479
Company submitting the rate adjustment request Company Type Org. Type Company NAIC Code
48 Monroe Turnpike, Trumbull, CT 06611
Company mailing address

B. Contact Person: [REDACTED] [REDACTED] [REDACTED]
Rate filing contact person name, title Contact phone number Contact Email address

C. Actuarial Contact (If different from above): [REDACTED] [REDACTED] [REDACTED]
Actuary name, title Actuary phone number Actuary Email address

D. New Rate Information: February 15, 2015 through November 14, 2016 1/1/2015 UHLC-129581305
New rate applicability period New rate effective date SERFF Tracking Number

E. Market segment included in filing (e.g., Small Group (including Healthy NY Small Group), Individual - only one market segment per rate adjustment filing): Small Group

F. Provide responses for the following questions:

	<u>Response</u>
1. Does this filing include any revision to contract language that is not yet approved? See note (1). If yes, provide a brief description of the contract language changes included in this filing.	<u>Yes, This filing contains revised Certificate of Coverage, Rider and Schedule of Benefit documents that will be used for plans effective on or after 1/1/15. The revised forms utilize the model language provided by NY DFS. That model language was updated for use in 2015 so all forms will be updated accordingly.</u>
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing? If yes, mention these filings on Exhibit 18.	<u>No</u>
3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (2).	<u>Yes, notices have been sent to all groups and subscribers in PPACA compliant plans. They were mailed on June 13th, 2014.</u>
4. Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	<u>Yes, all the required exhibits have been submitted with this rate application</u>
5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the prefilling.	<u>Yes, UHLC-129574780</u>

Notes:

(1) As mentioned in the checklist, this combined non-grandfathered product rate adjustment and form/rate filing can only include minor contract revisions, such as due to changes in the model language, changes to the catastrophic plan due to change in out of pocket maximum, changes to the standard plan designs. Substantial changes need to be submitted as a separate form and rate filing (e.g., a new plan design not replacing an existing plan design, contract language changes not just due to changes in the model language).

(2) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment application is submitted to the Department of Financial Services.

EXHIBIT 21A

EXHIBIT 21A: HOSPITAL UNIT COST DEVELOPMENT - INPATIENT SERVICES

Company Name: Oxford Health Plans (NY), Inc.
 NAIC Code: 95479
 SERFF Number: UHLC-129581305
 Market Segment: Small Groups Off 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 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS

Company Name: Oxford Health Plans (NY), Inc.
 NAIC Code: 95479
 SERFF Number: UHLC-129581305
 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 Plans (NY), Inc.										State:	NY											
4	HIOS Issuer ID:	26420										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:	\$1,418,704,807		\$501.10	100.00%																			
16	Incurred Claims in Experience Period	\$1,221,095,126		431.30	86.07%																			
17	Allowed Claims:	\$1,373,984,030		485.31	96.85%																			
18	Index Rate of Experience Period			\$485.00																				
19	Experience Period Member Months	2,831,175																						
20	Section II: Allowed Claims, PMPM basis																							
21		<u>Experience Period</u>				<u>Projection Period: 1/1/2015 to 12/31/2015</u>				<u>Mid-point to Mid-point, Experience to Projection: 24 months</u>														
22		<u>on Actual Experience Allowed</u>				<u>Adj't. from Experience to Annualized Trend</u>				<u>Projections, before credibility Adjustment</u>				<u>Credibility Manual</u>										
23	<u>Benefit Category</u>	<u>Utilization Description</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Pop'l risk</u>		<u>Annualized Trend</u>		<u>Projections, before credibility Adjustment</u>			<u>Credibility Manual</u>											
24	Inpatient Hospital	Days	306.60	\$4,314.91	\$110.25	1.000	1.031	1.041	1.055	341.26	\$4,821.29	\$137.11	0.00	\$0.00	\$0.00									
25	Outpatient Hospital	Services	4,316.93	217.57	78.27	1.000	1.031	1.041	1.055	4,804.86	243.10	97.34	0.00	0.00	0.00									
26	Professional	Services	18,092.17	99.02	149.29	1.000	1.031	1.041	1.055	20,137.03	110.64	185.67	0.00	0.00	0.00									
27	Other Medical	Services	4,942.44	137.79	56.75	1.000	1.031	1.041	1.055	5,501.06	153.96	70.58	0.00	0.00	0.00									
28	Capitation	Services	1,068.35	145.74	12.98	1.000	1.031	1.041	1.055	1,189.10	162.84	16.14	0.00	0.00	0.00									
29	Prescription Drug	Prescriptions	8,416.51	110.88	77.77	1.000	1.031	1.041	1.055	9,367.79	123.89	96.72	0.00	0.00	0.00									
30	Total				\$485.31							\$603.55			\$0.00									
31																								
32	Section III: Projected Experience:				Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)										100.00%	0.00%	<u>After Credibility</u>	<u>Projected Period Totals</u>						
33					Paid to Allowed Average Factor in Projection Period												0.827							
34					Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM												\$498.96	\$1,103,344,558						
35					Projected Risk Adjustments PMPM												-11.87	(26,244,631)						
36					Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM												\$510.83	\$1,129,589,189						
37					Projected ACA reinsurance recoveries, net of rein prem, PMPM												-3.09	(6,824,882)						
38					Projected Incurred Claims												\$513.92	\$1,136,414,071						
39					Administrative Expense Load												7.87%	49.22	108,848,834					
40					Profit & Risk Load												1.83%	11.47	25,364,143					
41					Taxes & Fees												8.15%	51.01	112,795,714					
42					Single Risk Pool Gross Premium Avg. Rate, PMPM												\$625.62	\$1,383,422,761						
43					Index Rate for Projection Period												\$635.66							
44					% increase over Experience Period												24.85%							
45					% increase, annualized:												11.74%							
46					Projected Member Months													2,211,280						
47																								
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 Plans (NY), Inc.
26420
1/1/2015

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

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	EPO			Terminated Products
Product ID:	26420NY002			26420NY002
Metal:	Gold	Gold	Platinum	Catastrophic
AV Metal Value	0.812	0.790	0.881	0.827
AV Pricing Value	0.827	0.820	0.901	0.827
Plan Type:	HMO	HMO	HMO	HMO
Plan Name	HMO 30/60 L Gated OHP	HNY Standard HMO L Gated OHP	HMO 20/40 L Gated OHP	2013 Experience
Plan ID (Standard Component ID):	26420NY0020020	26420NY0020045	26420NY0020004	26420NY0020000
Exchange Plan?	No	No	No	No
Historical Rate Increase - Calendar Year - 2	0.00%			-99.00%
Historical Rate Increase - Calendar Year - 1	0.00%			-99.00%
Historical Rate Increase - Calendar Year 0	0.00%			-99.00%
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	15.61%	22.15%	15.68%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	-100.00%
Product Threshold Rate Increase %	0.00%			#DIV/0!

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	26420NY0020020	26420NY0020045	26420NY0020004	26420NY0020000
Inpatient	\$0.00	\$5.53	\$10.12	\$6.49	\$0.00
Outpatient	\$0.00	\$4.20	\$7.69	\$4.93	\$0.00
Professional	\$0.00	\$8.31	\$15.20	\$9.75	\$0.00
Prescription Drug	\$0.00	\$4.60	\$8.42	\$5.40	\$0.00
Other	\$0.00	\$3.21	\$5.88	\$3.77	\$0.00
Capitation	\$0.00	\$0.39	\$0.71	\$0.46	\$0.00
Administration	\$0.00	\$4.84	\$3.90	\$5.60	\$0.00
Taxes & Fees	\$0.00	\$6.51	\$5.25	\$7.54	\$0.00
Risk & Profit Charge	\$0.00	\$2.27	\$1.83	\$2.63	\$0.00
Total Rate Increase	\$0.00	\$39.85	\$59.00	\$46.58	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$554.62	\$549.70	\$443.06	\$636.75	\$1.00
Projected Member Months	2,211,280	2,064,048	10,000	137,232	0

Product-Plan Data Collection

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26420
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Product/Plan Level Calculations

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	26420NY0020020	26420NY0020045	26420NY0020004	26420NY0020000
Average Rate PMPM	\$501.10				\$501.10
Member Months	2,831,175				2,831,175
Total Premium (TP)	\$1,418,704,807	\$0	\$0	\$0	\$1,418,704,807
EHB Percent of TP, [see instructions]	100.00%				100.00%
state mandated benefits portion of TP that are other than EHB	0.00%				0.00%
Other benefits portion of TP	0.00%	100.00%	100.00%	100.00%	0.00%
Total Allowed Claims (TAC)	\$1,373,984,030				\$1,373,984,030
EHB Percent of TAC, [see instructions]	100.00%				100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%				0.00%
Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$152,888,905				\$152,888,905
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0		\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%		#DIV/0!	#DIV/0!	0.00%
Total Incurred claims, payable with issuer funds	\$1,221,095,126	\$0	\$0	\$0	\$1,221,095,126
Net Amt of Rein	\$0.00				\$0.00
Net Amt of Risk Adj	\$0.00				\$0.00
Incurred Claims PMPM	\$431.30	#DIV/0!	#DIV/0!	#DIV/0!	\$431.30
Allowed Claims PMPM	\$485.31	#DIV/0!	#DIV/0!	#DIV/0!	\$485.31
EHB portion of Allowed Claims, PMPM	\$485.31	#DIV/0!	#DIV/0!	#DIV/0!	\$485.31

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	26420NY0020020	26420NY0020045	26420NY0020004	26420NY0020000
Plan Adjusted Index Rate	\$618.56	\$612.92	\$521.96	\$710.42	
Member Months	2,211,280	2,064,048	10,000	137,232	-
Total Premium (TP)	\$1,367,815,093	\$1,265,103,476	\$5,219,555	\$97,492,062	\$0
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	100.00%
Total Allowed Claims (TAC)	\$1,349,494,006	\$1,255,471,417	\$5,220,314	\$88,802,275	
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	100.00%
Allowed Claims which are not the issuer's obligation	\$227,310,667	\$217,554,779	\$938,084	\$8,817,804	
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0		\$0	\$0	
Portion of above payable by HHS on behalf of insured person, as %	0.00%		0.00%	0.00%	#DIV/0!

Product-Plan Data Collection

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26420
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Product/Plan Level Calculations

Total Incurred claims, payable with issuer funds	\$1,122,183,339	\$1,037,916,638	\$4,282,229	\$79,984,471	\$0
Net Amt of Rein	\$0				
Net Amt of Risk Adj	\$0				
Incurred Claims PMPM	\$507.48	\$502.85	\$428.22	\$582.84	#DIV/0!
Allowed Claims PMPM	\$610.28	\$608.26	\$522.03	\$647.10	#DIV/0!
EHB portion of Allowed Claims, PMPM	\$610.28	\$608.26	\$522.03	\$647.10	#DIV/0!