<Date>

<BA First Name> <BA Last Name>
<Group Name>, <Group #>
<Group Address 1>
<Group Address 2>
<City>, <State> <Zip>

Re: Notice of Proposed Premium Rate Change
<Plan Name>

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

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

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

Proposed Premium Rate Changes

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

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

Why We Are Requesting a Rate Change

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

30-day Comment Period

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

You can contact OHI for additional information at:

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

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

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

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

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

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

Plain English Summary of Rate Change

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

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

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

Notice of Approved Premium Rate

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

Sincerely,

Howard C. Margolies
Vice President
Small Business, New York

UnitedHealthcare Oxford

Oxford Health Insurance, Inc. - Small Group On Exchange

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

Key:
P = Platinum
G = Gold
S = Silver
B = Bronze
L = Liberty Network
When copay shows #/#, first # is PCP copayment & second # is Specialist copayment.

<Date>

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

Re: Notice of Proposed Premium Rate Change
<Plan Name>

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