EXHIBIT 13: NARRATIVE SUMMARY

Company: **Oxford Health Insurance, Inc.**
NAIC Code: **78026**
SERFF Tracking #: **UHLC-129581296**
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.

We reserve the right to correct typographical errors.

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 2.6%. 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.

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EXHIBIT 13: NUMERICAL SUMMARY

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Tracking #: UHLC-129581296
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	$850.82	$711.08	$602.06	$486.04	N/A
2015 Premium Rates	$945.90	$765.82	$644.18	$515.91	N/A

B. Weighted Average Annual Percentage Requested Adjustments*:

	2014 to 2015
Requested Rate Adjustment	11.5%

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	16.7%	17.8%	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	80.3%	80.4%	84.2%

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	11.6%	13.2%	13.9%
Pre Tax Profit Ratios	5.5%	5.5%	4.0%

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

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UnitedHealthcare Oxford

Oxford Health Insurance, Inc. - Small Group Off 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%
P EPO 10/20 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
P PPO 10/20 F Non-Gated OHI	11.4%	11.5%	11.4%	11.5%
P EPO 20/30 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
P PPO 20/30 F Non-Gated OHI	11.6%	11.7%	11.6%	11.7%
Gold				
G Standard EPO 25/40 L Gated OHI	12.3%	12.5%	12.3%	12.4%
G PPO HSA $1500 F Non-Gated OHI	12.1%	12.3%	12.1%	12.2%
G PPO 25/40 F Non-Gated OHI	11.5%	11.6%	11.5%	11.6%
G EPO $50 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
G EPO HSA $1500 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
G Prim Adv EPO $500 L Non-Gated OHI	6.5%	6.6%	6.5%	6.6%
G EPO 15/25 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
G EPO 15/25 L Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
G EPO 20/40 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
G EPO 20/40 L Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
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%
S PPO HSA $2000 30/60 F Non-Gated OHI	12.2%	12.3%	12.2%	12.3%
S PPO 40/70 F Non-Gated OHI	12.2%	12.3%	12.2%	12.3%
S PPO 40/70 L Non-Gated OHI	12.2%	12.3%	12.2%	12.3%
S EPO HSA $2000 25/50 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
S EPO HSA $2000 25/50 L Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
S EPO HSA $2000 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
S EPO HSA $2000 L Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
S Prim Adv EPO $1500 L Non-Gated OHI	4.8%	4.9%	4.9%	5.0%
S EPO 40/70 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
S EPO 40/70 L Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
Bronze				
B Standard EPO 50% L Gated OHI	9.2%	9.3%	9.3%	9.4%
B PPO HSA $3750 L Non-Gated OHI	9.4%	9.5%	9.4%	9.5%
B EPO HSA $3500 40/75 L Non-Gated OHI	9.3%	9.4%	9.3%	9.4%
B EPO HSA $5000 F Non-Gated OHI	9.3%	9.4%	9.3%	9.4%
B EPO HSA $5000 L Non-Gated OHI	9.3%	9.4%	9.3%	9.4%

Key:

P = Platinum
G = Gold
S = Silver
B = Bronze

F = Freedom Network
L = Liberty Network

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