

EXHIBIT 13: NARRATIVE SUMMARY

Company: Oxford Health Plans (NY), Inc.
NAIC Code: 95479
SERFF Tracking #: UHLC-129581419
Market Segment: Individuals 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 Change Components

The new premiums will apply to all individuals 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 changes mainly related to a decrease in the projected Individual market cost level. However, medical expenses continue to increase. 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 usually means 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.

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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 Individual 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 change by 5.1%. 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 change. In addition, there is a transitional reinsurance program established under PPACA that reduces the Individual rates for 2014 through 2016. This program begins to phase out in 2015. As a result, the requested 2015 rates are 6.3% higher than if this program remained at the 2014 funding level.

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.

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Company Name: Oxford Health Plans (NY), Inc.
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Market Segment: Individuals Off Exchange

A. Average 2014 and 2015 Premium Rates:

Premium Rates are based on the following criteria:

- 1) The average monthly premium rates for Individual 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	\$1,207.52	\$1,023.29	\$865.30	\$737.98	N/A
2015 Premium Rates	\$1,222.21	\$1,035.49	\$875.93	\$733.75	N/A

B. Weighted Average Annual Percentage Requested Adjustments*:

	2014 to 2015
Requested Rate Adjustment	1.1%

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

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

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

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

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

	2013	2014	2015
Annual Claim Trend Rates	N/A	10.5%	10.9%
Expense Ratios	N/A	11.3%	15.2%
Pre Tax Profit Ratios	N/A	7.4%	2.7%

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



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

Plan Name	Annual Requested Increase	
	Dep Age 26	Dep Age 29
Platinum		
Adult Gated Liberty NY Platinum	1.2%	1.2%
ChildOnly Gated Liberty NY Platinum	1.2%	1.2%
Adult Gated Liberty NY Platinum POS	1.2%	1.2%
ChildOnly Gated Liberty NY Platinum POS	1.2%	1.2%
Gold		
Adult Gated Liberty NY Gold	1.2%	1.2%
ChildOnly Gated Liberty NY Gold	1.2%	1.2%
Silver		
Adult Gated Liberty NY Silver	1.2%	1.2%
ChildOnly Gated Liberty NY Silver	1.2%	1.2%
Bronze		
Adult Gated Liberty NY Bronze	-0.6%	-0.6%
ChildOnly Gated Liberty NY Bronze	-0.6%	-0.6%

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NYSO OHP Off-Exchange Individual Grid