

Oxford Health Plans (NY), Inc.

New York Individual

Off-Exchange

Form # OHPNY_Ind_COC_2014

Rate Manual

Rates Effective January 1, 2015

Oxford Health Plans (NY), Inc.
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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

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Base Medical and Prescription Drug Rates

All Counties in the Service Area have identical rates.

Effective Year	Metal	Plan	Single Rate	Parent / Child(ren) Rate	Couple Rate	Family Rate	Child Only Rate
2015	Bronze	Oxford Individual Standard Gated EPO \$3,000	\$ 525.65	\$ 893.60	\$1,051.30	\$1,498.10	\$ 216.57
2015	Silver	Oxford Individual Standard Gated EPO \$2,000	\$ 627.50	\$1,066.76	\$1,255.00	\$1,788.38	\$ 258.53
2015	Gold	Oxford Individual Standard Gated EPO \$600	\$ 741.81	\$1,261.08	\$1,483.62	\$2,114.16	\$ 305.62
2015	Platinum	Oxford Individual Standard Gated EPO	\$ 875.58	\$1,488.48	\$1,751.16	\$2,495.40	\$ 360.74

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Ancillary Coverage Rider Rates

Dependent Age Cut-off 29 25.10% load to Med+Rx base rate, for all quarters, tiers, and areas.

Platinum POS 9.04% load to Med+Rx base rate, for all quarters, tiers, and areas.

- \$ 1,000 Individual Deductible
- \$ 2,000 Family Deductible
- 20% Coinsurance
- \$ 3,000 Individual Maximum Out-of-pocket
- \$ 5,000 Family Maximum Out-of-pocket

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

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 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

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 Pediatric Dental and Vision Benefits

Benefit Category	
EHB - Prev & Diagnostic -Ped Dental (for children)	PCP cost share
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	* N/A if copay * Ded if D&C
INN Ped Dental Family Ded	* N/A if copay * Ded if D&C
EHB - Basic Dental Svcs (e.g. Fillings/extractions) for Children	PCP cost share
EHB - Major Dental Svcs (e.g. Crowns) for Children	PCP cost share
EHB - Orthodontia (e.g. braces) for Children	PCP cost share
Ped Vision Ded (\$/N/A/Inc in Med)	* N/A if copay * Ded if D&C
Ped Vision Ded (Applies to - Routine Vision Exam, Vision Materials, or both)	* N/A if copay * Ded if D&C
EHB - Routine Vision Exam for Children	PCP cost share
EHB - Prev Lens copay for Children	INN coins
EHB - Prev Frames Tier 1 for Children	INN coins
EHB - Prev Frames Tier 2 for Children	INN coins
EHB - Prev Frames Tier 3 for Children	INN coins
EHB - Prev Frames Tier 4 for Children	INN coins
EHB - Prev Frames Tier 5 for Children	INN coins
EHB - Prev Contacts for Children	INN coins

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 Additional Notes

Estimated Commissions as a percent of premium: 1.5%

Expected Loss Ratio based upon Requested Rates (Claims / Premium): 82.0%

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

Sample Calculation

Oxford Individual Standard Gated EPO
 Dependent Age Cut-off 29 Rider, Platinum POS Rider

Tier:	Medical + Rx Rate	Dependent Age Cut-off 29	Platinum POS	Total Rate
Single rate	\$ 875.58	\$ 219.77	\$ 79.15	\$ 1,174.50
Parent / Child(ren) rate	\$ 1,488.48	\$ 373.61	\$ 134.56	\$ 1,996.65
Couple rate	\$ 1,751.16	\$ 439.54	\$ 158.30	\$ 2,349.01
Family rate	\$ 2,495.40	\$ 626.35	\$ 225.58	\$ 3,347.33

Oxford Health Plans (NY), Inc. New York Individual Underwriting Guidelines

Eligibility Rules - We will follow the eligibility rules in our individual Certificate(s) of Coverage. These rules include details on the open and special enrolment periods and the Service Area for our products. To be eligible, a covered member must live, work or reside in Our Service Area

Service Area - Our Oxford Individual Service Area consists of the counties where we are licensed and authorized to sell individual products and have approved products and rates. Currently, our Service Area consists of Bronx, Dutchess, Kings, New York, Orange, Putnam, Queens, Richmond, Rockland, Nassau, Suffolk, Sullivan, Ulster and Westchester counties.