

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.
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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 Quarter	Metal	Plan	Single Rate	Parent / Child(ren) Rate	Couple Rate	Family Rate
2015 Q1	Gold	HMO 30/60 L Gated OHP	\$ 685.06	\$ 1,164.60	\$ 1,370.12	\$ 1,952.42
2015 Q1	Gold	HNY Standard HMO L Gated OHP	\$ 583.39	\$ 991.76	\$ 1,166.77	\$ 1,662.65
2015 Q1	Platinum	HMO 20/40 L Gated OHP	\$ 794.03	\$ 1,349.85	\$ 1,588.06	\$ 2,262.99
2015 Q2	Gold	HMO 30/60 L Gated OHP	\$ 703.09	\$ 1,195.25	\$ 1,406.17	\$ 2,003.79
2015 Q2	Gold	HNY Standard HMO L Gated OHP	\$ 598.74	\$ 1,017.87	\$ 1,197.49	\$ 1,706.42
2015 Q2	Platinum	HMO 20/40 L Gated OHP	\$ 814.93	\$ 1,385.39	\$ 1,629.86	\$ 2,322.55
2015 Q3	Gold	HMO 30/60 L Gated OHP	\$ 721.59	\$ 1,226.70	\$ 1,443.18	\$ 2,056.53
2015 Q3	Gold	HNY Standard HMO L Gated OHP	\$ 614.50	\$ 1,044.66	\$ 1,229.01	\$ 1,751.33
2015 Q3	Platinum	HMO 20/40 L Gated OHP	\$ 836.37	\$ 1,421.84	\$ 1,672.75	\$ 2,383.66
2015 Q4	Gold	HMO 30/60 L Gated OHP	\$ 740.58	\$ 1,258.99	\$ 1,481.16	\$ 2,110.65
2015 Q4	Gold	HNY Standard HMO L Gated OHP	\$ 630.67	\$ 1,072.15	\$ 1,261.35	\$ 1,797.42
2015 Q4	Platinum	HMO 20/40 L Gated OHP	\$ 858.39	\$ 1,459.26	\$ 1,716.78	\$ 2,446.41

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 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	\$ 10.10	\$ 17.17	\$ 20.21	\$ 28.79
	2015 Q2	\$ 10.37	\$ 17.62	\$ 20.73	\$ 29.54
	2015 Q3	\$ 10.64	\$ 18.08	\$ 21.28	\$ 30.32
	2015 Q4	\$ 10.92	\$ 18.56	\$ 21.84	\$ 31.12
<u>Women's Contraceptive</u>	2015 Q1	\$ (2.94)	\$ (5.00)	\$ (5.88)	\$ (8.38)
	2015 Q2	\$ (3.02)	\$ (5.12)	\$ (6.03)	\$ (8.60)
	2015 Q3	\$ (3.09)	\$ (5.25)	\$ (6.18)	\$ (8.81)
	2015 Q4	\$ (3.17)	\$ (5.39)	\$ (6.35)	\$ (9.05)

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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	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

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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	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

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 Additional Notes

Estimated Commissions as a percent of premium: 3.0%

Expected Loss Ratio based on 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, 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	\$ 794.03	\$ -	\$ 10.10	\$ (2.94)	\$ 801.19
Parent / Child(ren) rate	\$ 1,349.85	\$ -	\$ 17.17	\$ (5.00)	\$ 1,362.02
Couple rate	\$ 1,588.06	\$ -	\$ 20.21	\$ (5.88)	\$ 1,602.39
Family rate	\$ 2,262.99	\$ -	\$ 28.79	\$ (8.38)	\$ 2,283.40

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.