

SERFF Tracking Number: XFRD-127318641 State: New York
Filing Company: Oxford Health Insurance, Inc. State Tracking Number: 2011070122
Company Tracking Number:
TOI: H15I Individual Health - Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical
Hospital/Surgical/Medical Expense Expense
Product Name: Oxford Individual Grandfathered POS Out-of-Network CY 2012
Project Name/Number: /

Filing at a Glance

Company: Oxford Health Insurance, Inc.

Product Name: Oxford Individual Grandfathered SERFF Tr Num: XFRD-127318641 State: New York
POS Out-of-Network CY 2012

TOI: H15I Individual Health - Hospital/Surgical/Medical Expense SERFF Status: Closed-APPR State Tr Num: 2011070122
Approved
Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense Co Tr Num: State Status:
Filing Type: Rate Adjustment pursuant to Section 3231(e)(1)

Disposition Date: 10/18/2011

Date Submitted: 07/19/2011

Disposition Status: APPR Approved

Implementation Date Requested: 01/01/2012

Implementation Date: 01/01/2012

State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 18.7%

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 10/18/2011

State Status Changed:

Created By: Brian Landrigan

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Brian Landrigan

PPACA: Not PPACA-Related

PPACA Notes: null

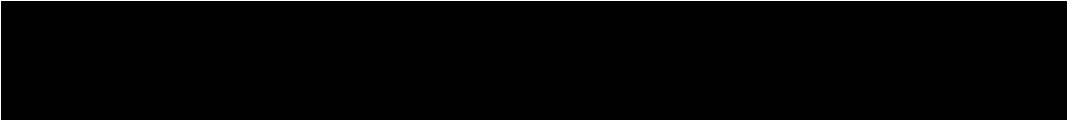
Filing Description:

Enclosed please find Oxford Health Plans (NY), Inc.'s rate filing application for January 2012 through December 2012 for the above referenced form numbers. We are submitting this rate filing subject to Prior Approval, pursuant to Section 4308(c) of the Insurance Law.

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Company and Contact

Filing Contact Information



Filing Company Information

Oxford Health Insurance, Inc. CoCode: 78026 State of Domicile: New York
48 Monroe Turnpike Group Code: 1182 Company Type:
Trumbull, CT 06614 Group Name: State ID Number:
(203) 459-6000 ext. [Phone] FEIN Number: 22-2797560

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

State Specific

1. Is a parallel product being submitted for another entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): Yes, Oxford Health Plans (NY), Inc., 7/19/2011, XFRD-127318621
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: Commercial
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): No
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is an out-of-state filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Rate Only
5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, "File and Use" Rate Adjustment, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation.): Yes - Prior Approval Rate Adjustment

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6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.): No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No

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Rate Information

Rate data applies to filing.

Filing Method: Propr Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision: 12/01/2011
Filing Method of Last Filing: Prior Approval

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
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Oxford Health Insurance, Inc.	Increase	4.900%	18.700%	\$4,015,794	1,765	\$21,511,954	4.900%	1.200%
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Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	0	0	0	2,769	0	0	0	0
Policy Holders:	0	0	0	1,765	0	0	0	0

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Rate Review Details

COMPANY:

Company Name: Oxford Health Insurance, Inc.
HHS Issuer Id: 26420
Product Names: Oxford Individual Grandfathered POS
Trend Factors: We are proposing that the rates for the January 2012 effective dates be increased by 4.9% over the rates for the December 2011 effective dates. For February through December 2012, we propose that the rates for each effective date be trended 1.2% over the previous month's effective date.

The minimum and maximum rates below are the individual rates, whereas the weighted averages are PMPM amounts.

FORMS:

New Policy Forms:
Affected Forms: OHPNY 93 3 (IC)
Other Affected Forms:

REQUESTED RATE CHANGE

INFORMATION:

Change Period: Annual
Member Months: 39,117
Benefit Change: None
Percent Change Requested: Min: 17.0 Max: 19.6 Avg: 18.7

PRIOR RATE:

Total Earned Premium: 21,511,954.00
Total Incurred Claims: 18,303,667.00

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Project Name/Number: /
Annual \$: Min: 610.53 Max: 771.15 Avg: 549.94
REQUESTED RATE:
Projected Earned Premium: 30,744,103.00
Projected Incurred Claims: 23,916,029.00
Annual \$: Min: 768.97 Max: 979.11 Avg: 785.95

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Checklist-Rate Adj Filings per 3231(e)(1) or 4308(c)		
Comments:		
Attachment: Ind GF POS Checklist 2012.pdf		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Memorandum/Actuarial Certification		
Comments:		
Attachments: Ind GF POS Actuarial Certification 2012.pdf Ind GF POS Actuarial Memorandum 2012.pdf		

	Item Status:	Status Date:
Satisfied - Item: Standard Exhibit 1 - General Information		
Comments:		
Attachments: Supplemental Exhibit 1 Oxford Ind GF POS 2012.pdf Supplemental Exhibit 1 Oxford Ind GF POS 2012 REDACTED.pdf		

	Item Status:	Status Date:
Satisfied - Item: Standard Exhibit 2 - FOIL Exemption Request		
Comments:		
Attachments:		

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Supplemental Exhibit 2 Oxford Ind GF POS 2012.pdf
 Supplemental Exhibit 2 Oxford Ind GF POS 2012 REDACTED.pdf
 FOIL Statement of Necessity.pdf

Item Status: **Status**
Date:

Satisfied - Item: Standard Exhibit 3 - Narrative
 Summary

Comments:

Attachments:

2012 Oxford NY Individual GF POS Narrative Summary.pdf
 2012 Oxford NY Individual GF POS Narrative Summary REDACTED.pdf
 Supplemental Exhibit 3 Oxford Ind GF POS 2012.pdf

Item Status: **Status**
Date:

Satisfied - Item: Standard Exhibit 4 - Summary of
 Proposed Percentage Rate
 Changes

Comments:

Attachments:

Supplemental Exhibit 4 Oxford Ind GF POS 2012.pdf
 Supplemental Exhibit 4 Oxford Ind GF POS 2012.xls
 Supplemental Exhibit 4 Oxford Ind GF POS 2012 REDACTED.pdf
 Supplemental Exhibit 4 Oxford Ind GF POS 2012 REDACTED.xls

Item Status: **Status**
Date:

Satisfied - Item: Standard Exhibit 5 - Distribution of
 Contracts Affected by Proposed
 Rate Adjustments

Comments:

Attachments:

Supplemental Exhibit 5 Oxford Ind GF POS 2012.pdf
 Supplemental Exhibit 5 Oxford Ind GF POS 2012.xls

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Supplemental Exhibit 5 Oxford Ind GF POS 2012 REDACTED.pdf
 Supplemental Exhibit 5 Oxford Ind GF POS 2012 REDACTED.xls

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 6 - Summary of Policy Form and Product Changes

Comments:

Attachment:

Supplemental Exhibit 6 Oxford Ind GF POS 2012.pdf

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 7 - Historical Data

Comments:

Attachments:

Supplemental Exhibit 7 Oxford Ind GF POS 2012.pdf
 Supplemental Exhibit 7 Oxford Ind GF POS 2012.xls
 Supplemental Exhibit 7 Oxford Ind GF POS 2012 REDACTED.pdf
 Supplemental Exhibit 7 Oxford Ind GF POS 2012 REDACTED.xls

Item Status: **Status Date:**

Satisfied - Item: Initial Notice of Proposed Rate Adjustment

Comments:

Attachment:

2012 Oxford NY Individual GF POS - Initial Notice.pdf

Item Status: **Status Date:**

Satisfied - Item: Final Notice of Proposed Rate Adjustment

Comments:

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Product Name: Oxford Individual Grandfathered POS Out-of-Network CY 2012
Project Name/Number: /

Attachment:

2012 Oxford NY Individual GF POS - Second Notice.pdf

Item Status: **Status**
Date:

Satisfied - Item: Cover Letter

Comments:

Attachment:

Ind GF POS Cover Letter 2012.pdf

Item Status: **Status**
Date:

Satisfied - Item: Exhibits I-IV

Comments:

Attachments:

Exhibit I - Ind GF POS Annual Increases.pdf
Exhibit II - Ind GF POS Rate Manual 2012.pdf
Exhibit II - Ind GF POS Rate Manual 2012 Redacted.pdf
Exhibit III - Ind GF POS Rate Development.pdf
Exhibit IV - Ind GF POS Standardized Premium.pdf

Item Status: **Status**
Date:

Satisfied - Item: Objection Letter Response
Documents

Comments:

Attachment:

Individual Objection Response Letter 20110831.pdf

Item Status: **Status**
Date:

Satisfied - Item: Approved Rate Documents

Comments:

Attachments:

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Cover letter GF POS 2012 Resubmit.pdf
Exhibit II - Ind GF POS Rate Manual 2012 v3 DOI Decision.pdf
2012 Oxford NY Individual GF POS - Second Notice.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Final Notification Letters with
Approved Language

Comments:

Attachment:

2012 Oxford NY Individual GF POS - Second Notice.pdf

NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

As of 7/26/2010

Use for all medical rate filings submitted pursuant to section 3231(e)(1) or section 4308(c) of the Insurance Law.

Do not use for (a) non-community rated business, (b) specified disease coverage as described in section 52.15 of Regulation 62 (11 NYCRR 52), or (c) for limited benefits health insurance as described in section 52.10 of Regulation 62.

Do not use for the following which are traditional prior approval rate filings (section 3231(d) or 4308(b) of the Insurance Law): (a) a new form or rider filing, (b) a contract language change filing, (c) an initial rate not currently in the rate manual but within the approved variable contract language, (d) a new or revised commission schedule filing, and (e) changes to the composition of an approved rating region.

Do not use for a new or revised experience rating formula filing.

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
REQUEST FOR FOIL EXEMPTION		Companies are reminded to clearly indicate any request that the actuarial memorandum and any supporting attachments are to be treated as confidential pursuant to article 6 of the New York Public Officers Law (FOIL).	Actuarial Memorandum and Relevant Exhibits
DEFINITIONS		<ul style="list-style-type: none"> a. Company refers to the licensed entity submitting the rate filing. b. A company's commercial book of business includes all of the following: large group, small group, direct pay, Healthy New York, and Medicare Supplement. It excludes all government programs, such as, Medicare, Medicaid, Family Health Plus, and Child Health Plus. c. Loss ratio refers to incurred claims divided by earned premiums for a given period of time. The incurred claims includes the impact of the Standard Direct Pay and Healthy New York stop loss pools, Regulation 146 (11 NYCRR 361), covered lives assessments, and the HCRA surcharge. Incurred claims do not include any administrative expenses. Earned premiums do not include any adjustment for assessments or taxes. d. Rate applicability period refers to the length of time the rates in a rate table are assumed to remain in effect. <ul style="list-style-type: none"> (i) Example 1: A non-rolling rate table is developed to be effective January 1, 2011 and is expected to be revised January 1, 2012. The rate applicability period for this table is January 1, 2011 – December 31, 2011. (ii) Example 2: A rolling rate table is developed for issues and renewals in January – March 2011 and incorporates a 12 month rate guarantee period. The rate applicability period for this table is February 15, 2011 (mid renewal date) 	

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Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>through February 15, 2012. If all policyholders must have a first of the month effective date, then the rate applicability period can be considered as February 1, 2011 through February 1, 2012.</p> <p>e. Standardized earned premium is the earned premium for the period adjusted to assume that all premiums for the period are payable at the most current approved (or deemed approved) rate level. (Example: The rate filing is to implement quarterly rolling rate tables applicable to the 3rd and 4th quarter 2011 and 1st and 2nd quarter 2012. The 2nd quarter 2011 rates have already been approved. Therefore, the 2nd quarter 2011 rate tables are the current rate level. The earned premium for the period would be adjusted to reflect the premiums that would have been paid for that period if all the premiums had been paid at the 2nd quarter 2011 rate tables.)</p>	
<p>ROLLING RATE STRUCTURE</p>		<p>a. Every rate filing for a rolling rate structure must include rolling rates for at least a 6 month, and for no more than a 12 month, issue/renewal period (e.g., between 2 and 4 quarterly rolling rates, between 6 and 12 monthly rolling rates).</p> <p>b. Beginning with rate filings to be effective January 1, 2012 or later, all rate filings for a rolling rate structure must include rolling rates for a 12 month issue/renewal period.</p> <p>c. Notwithstanding the above, a large group HMO rate filing can include rolling rates for up to a 24 month period (e.g., 8 quarterly rolling rates, 24 monthly rolling rates).</p>	<p>Section II - Rate Manual</p>
<p>CHANGES TO PREVIOUSLY APPROVED RATE TABLES</p>		<p>a. A company can revise a previously approved non-rolling rate table provided that:</p> <ul style="list-style-type: none"> (i) The proposed effective date of the rate table is at least 12 months after the effective date of the current rate table; or (ii) The proposed effective date of the rate table is at least 6 months after the date of the current rate table, the contract language permits revising the rate table in accordance with such rate filing, and the financial results have deteriorated resulting in an underwriting loss on the company's entire New York State commercial book of insured business. Documentation of the underwriting loss on the company's entire New York State commercial book of insured business needs to be included in the rate submission. <p>b. A company can revise rate tables included in a previously approved rolling rate filing provided that: (i) the rate tables being revised were never implemented, (ii) the first two rate tables included in the previously approved rate filing are not revised, and (iii) the financial results have deteriorated resulting in an underwriting loss on the company's entire New York State commercial book of insured business. Documentation of the underwriting loss on the company's entire New York State commercial book of insured business needs to be included in the rate submission. (Example: A rolling rate filing was submitted and approved that</p>	

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Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		included quarterly rolling rate tables for 1 st , 2 nd , 3 rd and 4 th quarter of 2011. The company can not revise the 1 st and 2 nd quarter 2011 rate tables, but if the indicated criteria is met, can submit a new prior approval rate filing that includes rolling rates for 3 rd and 4 th quarter 2011 and 1 st and 2 nd quarter 2012.)	
ACTUARIAL MEMORANDUM	11NYCRR52.40(a)(1)	Actuarial qualifications: a. Member of the Society of Actuaries or member of the American Academy of Actuaries; and b. Meets the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries.	
Summary Template		Complete and submit as an attachment to the filing (in Excel format) the Department’s Excel summary template for each base medical policy form included in the rate filing. a. Indicate for each base medical policy form the other base medical policy forms this form is aggregated with for rate setting purposes. b. The effective date of rate change refers to the proposed effective date of the non-rolling rate table, and/or the proposed effective date of the first rolling rate period of a rolling rate structure. c. The rate guarantee period refers to a non-rolling rate table and/or to the first rate table of a rolling rate structure. (If the rate guarantee period for the rolling rate structure is not the same for each rolling rate period, the actuarial memorandum must discuss this and explain why the length of the rate guarantee periods are not the same.) d. The weighted average rate change percentage requested (from the current rate charged the policyholder to the proposed rate to be charged that same cohort of policyholders) for the indicated base medical policy form including all associated riders. The weighting should be based on members. For a rolling rate structure, enter the result for the first rate table in the rolling rate structure. (Example: a quarterly rolling rate filing was submitted that includes rolling rate tables for 1 st , 2 nd , 3 rd , and 4 th quarter of 2011. Rates are for a 12 month period. Indicate the average rate change percentage from the 1 st quarter of 2010 rate tables to the 1 st quarter 2011 rate tables.) e. For the number of policyholders affected and the number of covered lives affected, indicate the affect of all the rate tables of a rolling rate structure included in the rate filing (but not more than 12 months of issues and renewals if more than 12 months of rolling rate tables are included in the rate filing). f. The expected loss ratio for each base medical policy form includes the impact of associated riders and reflects the impact of the proposed rate changes. Loss ratio is calculated on a New York statewide basis. For a rolling rate structure, enter the result of the first rolling rate period of the rolling rate structure.	Supplemental Exhibit 7

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Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>g. The experience entered for the two indicated experience periods is the New York statewide experience for the indicated base medical policy form plus all associated riders.</p> <p>(i) Each experience period is to be for 12 months (or shorter if a new form).</p> <p>(ii) The ending date of the recent experience period can not be earlier than 12 months before the proposed effective date of the earliest rate table included in the rate filing. (Example: The rate filing is for a non-rolling rate table to be effective July 1, 2011. The recent experience period can not have an ending date earlier than June 30, 2010, i.e., 12 months prior to July 1, 2011.)</p> <p>(iii) The incurred claims for each of the two experience periods must be based on at least 3 months of claims run-out beyond the end of the experience period.</p> <p>(iv) The prior experience period is required only if the rate filing includes a rate table that is to become effective July 1, 2011 or later (e.g., includes: a rolling (or non-rolling) rate table for July 2011 or later or a rolling rate table for 3rd quarter 2011 issues/renewals or later).</p> <p>h. Enter the annual composite medical trend assumption used for each base medical policy form (including impact of associated riders). Enter the annual utilization and unit cost trend components included in the composite trend factor shown.</p> <p>i. For each base medical policy form (including the impact of associated riders), discuss the estimated increase in the incurred claims pmpm over the last 3 years and the estimated increase in the premium rate over the same 3 year period. (Example: Over the last 3 years the incurred claims pmpm has increased about 30% and the premium rates have increased about 32%.)</p>	
<p>Justification of Rates</p>	<p>§3231(e) §4308(c) 11NYCRR52.40 11NYCRR52.42 (HMOs) 11NYCRR52.45 11NYCRR59.5(b) 11NYCRR360.11</p>	<p>a. Description of proposed changes in rates, including the following:</p> <p>(i) The member weighted average proposed percentage change over the current rates charged to the policyholder for each base medical policy form, including the impact of all associated riders available to that policy form. This is to be shown for each non-rolling rate table and/or each rolling rate table included in the rate filing. Include comparable information for rate changes implemented during the prior 24 months.</p> <p>(ii) For a rolling rate structure, the percentage change to the first rate table of the rolling rate structure included in the rate filing, from the immediately preceding implemented rolling rate table not included in the rate filing. Indicate the rolling rate periods of the rate tables used to develop this percentage change. If the percentage change between two corresponding rate tables is not uniform, indicate the minimum, maximum and average percentage change between those two rate tables. This comparison is to be done for each first table of a rolling rate structure included in the rate filing. (Example: The</p>	<p>Section II – Rate Manual, Actuarial Memorandum, & Exhibit III – Rate Development</p>

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Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>rate filing includes four quarterly rolling rate tables beginning 3rd quarter 2011. The change from each of the 2nd quarter 2011 rolling rate tables to the corresponding 3rd quarter 2011 rolling rate table is to be indicated.)</p> <ul style="list-style-type: none"> (iii) The percentage change due to any change in the projected loss ratio from the prior rate filing for such base medical policy form or rider. Indicate the prior and proposed projected loss ratios used and the impact of the change. (iv) The percentage change due to any change to the tier structure relationships included in this rate filing. Include justification for such changes. (v) The percentage change due to any change to the factor used to convert per member per month results to per single employee results included in this rate filing. Include justification for such changes. (vi) Changes to any of the rating differentials between the various rating regions included in this rate filing. If the rating differential between the rating regions was changed, include (a) a listing of the composition of each rating region, (b) the percentage change impact on each such rating region, and (c) justification for each such change between the rating region differentials. <p>b. Include the following:</p> <ul style="list-style-type: none"> (i) For each non-rolling rate table: the current rate charged the policyholder, the proposed rate to be charged the policyholder, and the dollar and percentage change from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate filing. (ii) For each rolling rate table: the current rate charged the policyholder, the proposed rate to be charged the policyholder, and the dollar and percentage change for each renewal cohort from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate filing. (Example: The rate filing includes a new rate table for third quarter 2011 and rates are for 12 month periods. Show the rates for the third quarter 2010, the proposed rates for the third quarter 2011, and the dollar and percentage change from third quarter 2010 rates to the proposed third quarter 2011 rates.) <p>c. For each policy form included in the rate filing, indicate which other policy forms are aggregated with this form for premium rate setting purposes. This is to be indicated separately for the base medical policy forms and for each of the rider forms. Rate tables for all such aggregated forms must be included in the same rate filing. Refer to section 360.11(a)-(b) of Regulation 145 (11 NYCRR 360) for requirement to aggregate substantially similar policy forms for small group policy forms and for individual policy forms.</p>	
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NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>d. Indicate if the policy form aggregation has changed from the prior rate filing for any policy form or rider form included in this rate filing. If yes, explain the change, the rationale for the change, and the percentage rate impact this change has on this policy form and on the policy forms previously aggregated with this policy form.</p> <p>e. Provide New York State experience for the base medical policy form, and for the permitted aggregation this policy form belongs to. The experience information should be for the indicated base medical policy form and all associated riders. The following information is to be included:</p> <ul style="list-style-type: none"> (i) Applicable experience for a recent 12 month experience period and for the immediately prior 12 month experience period (or shorter period if a new form). <ul style="list-style-type: none"> 1. The ending date of the recent experience period can not be earlier than 12 months before the proposed effective date of the earliest rate table included in the rate filing. (Example: The rate filing includes rolling rate tables for 3rd and 4th quarter 2011 and 1st and 2nd quarter 2012. The recent experience period can not have an ending date earlier than June 30, 2010, i.e., 12 months prior to July 1, 2011). 2. The prior experience period is required only if the rate filing includes a rate table that is to become effective July 1, 2011 or later (e.g., includes: a rolling (or non-rolling) rate table for July 2011 or later or a rolling rate table for 3rd quarter 2011 issues/renewals or later). (ii) Member months for each of the two experience periods. (iii) Earned premiums for each of the two experience periods (in \$ and \$mpm). (iv) Standardized earned premium for each of the two experience periods (in \$ and \$mpm). Provide a description of how the earned premiums were converted to standardized earned premiums, and provide documentation and supporting exhibits showing how the standardized premiums were developed for each experience period. (v) Paid claims for each of the two experience periods (in \$ and \$mpm). (vi) Incurred claims for each of the two experience periods (in \$ and \$mpm). <ul style="list-style-type: none"> 1. The incurred claims for each of the two experience periods must be based on at least 3 months of claims run-out beyond the end of the experience period. 2. Provide a clear description of how the incurred claims were developed for the experience periods, and how many run-out months were reflected in the unpaid claim estimates. (vii) Administrative expenses (including commissions and premium taxes, but excluding federal and state income taxes) for each of the two experience 	
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Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>periods (in \$ and \$mpm).</p> <ul style="list-style-type: none"> (viii) Ratio of incurred claims to earned premiums for each of the two experience periods. (ix) Ratio of incurred claims to standardized earned premiums for each of the two experience periods. (x) Ratio of administrative expenses (including commissions and premium taxes but excluding state and federal income taxes) to earned premiums. (xi) Ratio of (administrative expenses + incurred claims) to earned premiums for each of the two experience periods. Administrative expenses include commissions and premium taxes but exclude state and federal income taxes. <p>On the Summary Template, include the New York statewide experience for each of the base medical policy forms, including associated riders. Include as part of the actuarial memorandum supplemental exhibits showing the New York State experience for each permitted aggregation of policy forms. If the rating differential between NY rating regions is being revised, the actuarial memorandum is to also include supplemental exhibits showing the NY statewide experience period results for the policy form aggregation(s) separately by each rating region and rating region aggregation.</p> <ul style="list-style-type: none"> f. Discuss the source data used to develop the claims projected for the renewal rate applicability period. <ul style="list-style-type: none"> (i) If the source data is actual claims experience, the experience period is to be at least 12 months long, and the unpaid claim reserve is to be based on at least 3 months of claims run-out beyond the end of the experience period. (ii) If the source data is other than the actual claims experience, indicate the source of this data (e.g., from what publication, prepared by what organization), and the applicability of this source data. (iii) Discuss the credibility of such source data. If the source is actual experience, discuss the credibility such data would have in this company's approved NY experience rating formula (or that of an affiliated company with an approved NY experience rating formula if this company does not have an approved NY experience rating formula). (iv) Include an exhibit showing the source data and indicate all adjustments made to this source data to develop the projected claims for the renewal rate applicability period. Provide this detail for each non-rolling rate table included in the rate filing, and/or for the first rate table of each rolling rate structure included in the rate filing (for base medical rate tables and for rider rate tables). Provide justification for each such adjustment. g. Indicate the assumed annualized claim trend projection factors used to project the 	
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Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>source data to the renewal rate applicability period (for the non-rolling rate tables and/or the first rate tables of a rolling rate structure).</p> <ul style="list-style-type: none"> (i) Indicate the assumed annualized composite trend factors used for each base medical policy form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend. Indicate the assumed composite annual trend factors used for each rider form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend. (ii) Provide justification for the assumed composite annual trend factors and the associated utilization and unit cost components. Discuss the impact and provide justification for any case mix change, intensity of service change, population change, adverse selection, or deductible leveraging component incorporated into the utilization and/or unit cost trend factor components. (iii) Clearly discuss how the annualized trend factors were applied to the source data to develop the projected data for the renewal rate applicability period. <p>h. Actuarial justification of the proposed rate changes for each base medical policy form and each rider form included in the rate filing.</p> <ul style="list-style-type: none"> (i) Clearly show how the percentage change from the current rate table was developed, or how the revised premium rate was developed, for the non-rolling rate tables and/or the first rate tables of a rolling rate structure. (Example: for a rolling rate structure, how the percentage change from the existing 2nd quarter 2011 rate table to the proposed 3rd quarter 2011 rate table was developed for each rating element in the proposed rate table.) (ii) For each subsequent rate table of a rolling rate structure, show how the change between each of the successive rate tables was developed (e.g., the change from the 3rd quarter 2011 rate table to the 4th quarter 2011 rate table). Provide justification for these changes between the rolling rate tables. (iii) Clearly show how the following were reflected in the proposed rate development, as applicable: <ol style="list-style-type: none"> 1. Standard Direct Pay and Healthy New York stop loss pools (Insurance Law sections 4321-a, 4322-a, and 4327); and 2. Regulation 146 (11 NYCRR 361) and Insurance Law section 3233 market stabilization pool. <p>i. If the percentage rate change by benefit option differs within a particular policy form (or rider form), include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the</p>	
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NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>members selecting a particular benefit option. Any assumed variation in utilization by benefit option within a particular policy form (or rider form) must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the policy form, and can not be based on differences due to age, sex, health status or industry among the members selecting the different benefit options.</p> <p>j. If the percentage rate change by policy form differs within a permitted aggregation of policy forms, include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options among the aggregated policy forms, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members selecting a particular benefit option within the aggregated policy forms. Any assumed variation in utilization between policy forms within a permitted aggregation of policy forms must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the permitted aggregation of policy forms, and can not be based on differences due to age, sex, health status or industry among the members selecting a particular benefit option within the aggregated policy forms.</p> <p>k. If the percentage rate change by rating region differs, the default assumption is that the rating regions are not aggregated for rate setting purposes. In order for a company to claim that certain rating regions are aggregated for rate setting purposes, it is necessary to include an actuarial demonstration that the rate changes were developed assuming the same insured population in each of the aggregated rating regions, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members in each of the aggregated rating regions.</p> <p>l. Indicate for each permitted policy form aggregation, within each rating region aggregation, the non-claim expense components incorporated into the proposed premium rates as a percentage of gross premiums after the proposed changes are implemented. This is to be shown for the non-rolling rate tables and/or the first rate table of each rolling rate structure. Include the following components:</p> <ul style="list-style-type: none"> (i) Administrative expenses; (ii) Commissions; (iii) Premium taxes; (iv) Pre-tax profit/contribution to surplus; (v) State income taxes; (vi) Federal income taxes; and (vii) Total of the above. 	
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NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>Discuss how administrative expenses are allocated to the various market segments and product lines.</p> <p>m. Expected loss ratios are to be shown after the proposed rate changes. The expected loss ratio for each base medical policy form includes the impact of associated riders.</p> <p>(i) Indicate the expected loss ratio for each base medical policy form included in the rate filing for each rating region. For a rolling rate structure, this is to be shown for each rolling rate period included in the rate filing.</p> <p>(ii) Indicate the expected loss ratio for each permitted aggregation of base medical policy forms within each aggregation of rating regions. For a rolling rate structure, this is to be shown for each rolling rate period included in the rate filing.</p> <p>(iii) For a non-rolling rate table and/or the first rate table of a rolling rate structure, include a demonstration showing how these expected loss ratios were developed.</p>	
Minimum Loss Ratio Requirements	<p>§3231(e)(1)(B)</p> <p>§4308(c)(3)</p> <p>11NYCRR52.45(i)</p> <p>11NYCRR59.5(b)</p>	<p>a. The minimum loss ratio for community rated products, other than the official Medicare Supplement products, is as specified in section 3231(e)(1)(B) or 4308(c)(3)(A) of the Insurance Law (as amended June 8, 2010, chapter 107).</p> <p>b. The minimum loss ratio for the official Medicare Supplement products is:</p> <p>(i) Article 43 companies: as specified in section 4308(c)(3)(B) of the Insurance Law (as amended June 8, 2010, chapter 107); and</p> <p>(ii) Article 42 companies: as specified in section 52.45(i) of Regulation 62 (11 NYCRR 52).</p>	
Actuarial Certification	11NYCRR52.40(a)(1)	<p>a. The filing is in compliance with all applicable laws and regulations of the State of New York.</p> <p>b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans”.</p> <p>c. The expected loss ratio meets the minimum requirement of the State of New York by permitted aggregation of policy forms within each permitted aggregation of rating regions. Specify the expected loss ratio for each permitted aggregation of policy forms within each permitted aggregation of rating regions.</p> <p>d. The benefits are reasonable in relation to the premiums charged.</p> <p>e. The rates are not unfairly discriminatory.</p>	Actuarial Certification
REVISED RATE MANUAL PAGES	<p>11NYCRR52.40(e)(2)</p> <p>11NYCRR52.45(f)</p> <p>11NYCRR59.5(b)</p>	<p>a. Table of contents*.</p> <p>b. Rate pages, including a page indicating the composition of each rating region*.</p> <p>c. Insurer/corporation name on each consecutively numbered rate page*.</p> <p>d. Identification by form number of each policy, rider, or endorsement to which the rates apply*.</p>	Section II – Rate Manual

NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits*.</p> <p>f. Description of revised rating classes, factors and discounts*.</p> <p>g. Examples of rate calculations*.</p> <p>h. Commission schedule(s) and fees*.</p> <p>i. Underwriting guidelines and/or underwriting manual*.</p> <p>j. A page with the expected loss ratio(s) for each permitted aggregation of policy forms within each permitted aggregation of rating regions.</p> <p>* Can not request exemption from FOIL</p>	
NOTICE TO POLICYHOLDERS	§3231(e)(1)(A) §4308(c)(2)	<p>a. A sample copy of the initial written notice sent to policyholders of the proposed rate adjustment submitted to the Insurance Department.</p> <p>b. A sample copy of the final written notice to be sent to policyholders after the proposed rates are finalized.</p>	Section III – Sample Notices
GUARANTEED RATES FOR HMO COVERAGE	11NYCRR52.42(b)	<p>a. To guarantee rates, the HMO must obtain the superintendent’s approval for any contract provision, remitting agent agreement or rider which limits the HMO to adjustment of rates only on a policy anniversary. This requirement applies to both group contracts and group remittance arrangements.</p> <p>b. For policies and riders subject to rolling rates, submit a copy of the approved policy or rider form that allows the HMO to use rolling rates and limits the HMO to adjusting rates only on a policy anniversary. Indicate the date the policy or rider form was approved by the Department and the form filing number.</p>	
UNREASONABLE RATE INCREASES	PPACA	<p>For rate increases that HHS has defined to be an “unreasonable rate increase”, submit all documentation required to be submitted to HHS and posted on the insurance company’s website for such rate filing.</p> <p>[Deferred until HHS publishes the definition of an unreasonable rate increase and the data to be submitted to HHS and posted on the company’s website.]</p>	

**Oxford Health Plans (NY), Inc.
Individual Grandfathered POS
Proposed Rates Effective January 1, 2012**

	<u>Estimated Percent of Premium</u>	
Inpatient	17.3%	<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 4em; margin-right: 10px;">}</div> <div style="text-align: center;"> <p>Medical Costs 88.0%</p> <p>Expenses 8.3%</p> </div> </div>
Outpatient	15.1%	
Physician	35.4%	
Capitations / Other	20.7%	
Rx	0.0%	
HCRA *	3.1%	
GME **	1.6%	
Reg 146/Stop Loss	-5.0%	
Premium & MTA Tax	1.8%	
Section 332 Assessments	0.8%	
Federal Income Tax	2.1%	
State Income Tax	0.4%	
Admin Costs	3.2%	
Commissions	0.0%	
Post Tax Profit	3.7%	
Total	100.0%	
Direct Medical/Rx Costs	88.4%	
Taxes/Assessments	4.7%	
Admin Costs	3.2%	
Commissions	0.0%	
Post Tax Profit	3.7%	

* HCRA = Health Care Reform Act (Hospital Surcharge)

** GME = Graduate Medical Expense



**Oxford Health Plans (NY), Inc.
Prior Approval Rate Application
Personal Freedom Plan
January 2012 – December 2012**

[Redacted] n Associate of the Society of Actuaries and a Member of Actuaries.

To the best of my knowledge and based upon the information and data available to me, I certify that:

- (a) The filing is in compliance with all applicable laws and regulations of the State of New York.
- (b) The filing is in compliance with Actuarial Standard of Practice No. 8.
- (c) The expected loss ratio of 88% exceeds the minimum requirement of the State of New York.
- (d) The benefits are reasonable in relation to the premiums charged.
- (e) The rates are not unfairly discriminatory.

[Redacted Signature Block]

July 19, 2011

**Oxford Health Plans (NY), Inc.
Individual Grandfathered POS
Actuarial Memorandum**

Introduction

This rate filing addresses development of the New York Individual Grandfathered POS rates for the effective dates from January 1, 2012 through December 31, 2012. This rate filing is being submitted pursuant to Prior Approval. Rates effective 3rd and 4th quarters of 2011 were filed with the Department on February 14, 2011. The Department modified the requested increases on April 28, 2011.

Rate Adjustments

We are proposing that the rates for the January 2012 effective dates be increased by 4.9% over the rates for the December 2011 effective dates. For February through December 2012, we propose that the rates for each effective date be trended 1.2% over the previous month's effective date. These proposed increases result in an overall average annual increase of 18.7%. The annual renewal increases for the twelve months vary by effective date between 17.0% and 19.6%. These proposed annual increases can be seen in Exhibit I.

Source Data

In order to project future experience on the Individual Grandfathered POS product, we used claims incurred between February 1, 2010 and January 31, 2011 paid through April 30, 2011. Completion factors were applied by incurred month in order to calculate the fully incurred claims.

The filed large group credibility formula for Oxford Health Insurance is as follows:

$$A = \text{Number of Contracts Factor} = (\text{Contracts}/500)^{1/2}, \text{ never to exceed } 141.42\%$$

There are an average of 2068 Individual Grandfathered POS contracts in the experience period. The resulting credibility factor using the formula above is 203% thereby exceeding 100% and indicating full credibility.

The projected trend factor is 15.1%. This breaks down into the following components: 6.4% unit cost, 6.8% utilization, and 1.3% trend leveraging.

Rate Development

The key assumptions used in the development of the required increase are as follows:

- **Trend:** The rate development assumes projected trend of 15.1% (6.4% unit cost, 6.8% utilization, 1.3% leveraging).

- **Regulation 146** : The projected Individual Grandfathered POS amount for the rating period is a receivable of \$35.01 PMPM. This is an increase as compared to the \$25.55 PMPM receivable for the experience period and therefore partially mitigates the required increase.
- **Stop Loss**: This product is not part of the Stop Loss Pool.
- **Target Loss Ratio** : The requested rate increase assumes an 88.0% target loss ratio.

Please see Exhibit III for a detailed development of the requested rate increase. We are using claims incurred between February 1, 2010 and January 31, 2011 paid through April 30, 2011 as our base experience period for the projection. The Individual Grandfathered POS loss ratio for this experience period is 85.1%.

As shown in Exhibit III, the experience period claims were projected to the rating period by the application of a trend factor. A trend factor of 1.310 is applied reflecting a 15.1% annual trend and 23 months between the endpoint of the experience period (January 31, 2011) and the endpoint of the rating period (December 31, 2012). Note that the Regulation 146 dollars from the experience period are removed before the claims are trended.

As aforementioned, the projected Individual Grandfathered POS Regulation 146 receivable for the rating period is \$35.01 PMPM. This negative amount is added to the trended and adjusted claims in order to calculate the total projected claims for the rating period.

For the premium projection shown in Exhibit III, we calculated the standardized premiums by bringing the earned premiums from the experience period to the January 2012 rate level. Please see Exhibit IV for this calculation.

The projected loss ratio before the application of Regulation 146 recoveries is 97.6%. Projected Regulation 146 recoveries are 5.3% of projected claims. The Individual Grandfathered POS projected loss ratio of 92.3% for the rating period is calculated by dividing the projected claims by the standardized premium. The required January 2012 rate increase over December 2011 rates is 4.9% to target an 88% loss ratio. We are requesting an increase of 4.9% over the December 2011 rates reflecting an 88.0% target loss ratio.

For February through December 2012, we propose that the rates for each effective date be trended 1.2% over the previous month's effective date. The 1.2% is calculated by taking the projected pricing trend of 15.1% to the 1/12 power.

Regions

The rates in this filing are applicable to the following counties:

- Bronx

- Dutchess
- Kings (Brooklyn)
- Nassau
- New York (Manhattan)
- Orange
- Putnam
- Queens
- Richmond (Staten Island)
- Rockland
- Suffolk
- Sullivan
- Ulster
- Westchester

Rates are the same for all counties.

Commissions

There are no commissions paid on the Individual products.

Projected Expense Components

The reported expenses are allocated based upon membership and may not completely reflect differences between group sizes.

The non-claim expense components incorporated into the proposed premium rates as a percentage of gross premiums are as follows:

	GF POS Plans
Administration	3.2%
Commission	0.0%
Premium Tax / Assessment	2.6%
Total	5.8%
Target Loss Ratio	88.0%
Pre-Tax Profit	6.2%
State Income Taxes	0.4%
Federal Income Taxes	2.1%
Projected Profit/Contribution to Surplus After Taxes	3.7%

This reflects an 88.0% target loss ratio. Actual projected profit after taxes is 3.7%.

FOIL Protection Requested

We are requesting FOIL protection for the following parts of this filing:

1. Actuarial Memorandum
2. Exhibit I: Annual Increases
3. Exhibit II: Rate Manual
4. Exhibit III: Rate Development
5. Exhibit IV: Standardized Premium Calculation
6. Supplemental Exhibits One Through Seven

Each of the aforementioned pages includes the following note: “CONFIDENTIAL – FOIL PROTECTION REQUESTED”.

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A.	Insurer Information: <u>Oxford Health Plans (NY), Inc. / Oxford Health Insurance, Inc.</u> <small>Company submitting the rate adjustment request</small> <u>48 Monroe Turnpike, Trumbull, CT 06614</u> <small>Company mailing address</small>	HMO / Article 42 <small>Type of insurer</small>	<input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non Profit	<u>95479 / 78026</u> <small>Company NAIC Code</small>
B.	Contact Person: [REDACTED] <small>Rate filing contact person name, title</small>	[REDACTED] <small>Contact phone number</small>	[REDACTED] <small>Contact Email address</small>	
C.	Actuarial Contact (If different from above): <small>Actuary name, title</small>	_____ <small>Actuary phone number</small>	_____ <small>Actuary Email address</small>	
D.	New Rate Information (See Note #1): <u>February 15, 2012 through November 14, 2013</u> <small>New rate applicability period</small>	_____ <small>New rate effective date</small>	1/1/2012	XFRD-127318621 / XFRD-127318641 <small>SERFF Tracking Number</small>
E.	Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement):	_____ Individual		
F.	Provide responses for the following questions:	_____ Response		
	1. Does this filing include any revision to contract language that is not yet approved? See note (2).	_____ No		
	2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	_____ No		
	3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (3).	_____ Yes, individual Grandfathered POS policyholders and contract holders with renewal dates in calendar year 2012		
	4. Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	_____ Yes		

Notes:

(1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date. The Department reserves the right to reject any rate submission that has not been submitted at least 120 days prior to the proposed effective date.

(2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should **not** include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing.

Use the following SERFF filing types for rate adjustment filings:

- * For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
- * For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
- * For all other prior approval filings: Normal Pre-Approval

(3) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment application is submitted to the Insurance Department.

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A. Insurer Information:	Oxford Health Plans (NY), Inc. / Oxford Health Insurance, Inc. <small>Company submitting the rate adjustment request</small>	HMO / Article 42 <small>Type of insurer</small>	<input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non Profit	95479 / 78026 <small>Company NAIC Code</small>
	48 Monroe Turnpike, Trumbull, CT 06614 <small>Company mailing address</small>			
B. Contact Person:	REDACTED <small>Rate filing contact person name, title</small>	REDACTED <small>Contact phone number</small>		REDACTED <small>Contact Email address</small>
C. Actuarial Contact (If different from above):	 <small>Actuary name, title</small>	 <small>Actuary phone number</small>		 <small>Actuary Email address</small>
D. New Rate Information (See Note #1):	February 15, 2012 through November 14, 2013 <small>New rate applicability period</small>	1/1/2012 <small>New rate effective date</small>		XFRD-127318621 / XFRD-127318641 <small>SERFF Tracking Number</small>
E. Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement):	Individual			
F. Provide responses for the following questions:	Response			
1. Does this filing include any revision to contract language that is not yet approved? See note (2).	No			
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	No			
3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (3).	Yes, individual Grandfathered POS policyholders and contract holders with renewal dates in calendar year 2012			
4. Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	Yes			

Notes:

(1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date. The Department reserves the right to reject any rate submission that has not been submitted at least 120 days prior to the proposed effective date.

(2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should **not** include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing.

Use the following SERFF filing types for rate adjustment filings:

- * For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
- * For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
- * For all other prior approval filings: Normal Pre-Approval

(3) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment application is submitted to the Insurance Department.

EXHIBIT 2: FOIL EXEMPTION REQUEST

Instructions:

1. A request that the New York State Insurance Department ("Department") exempt from public disclosure any information included in this submission, pursuant to New York Public Officers Law § 87(2)(d) (the "Trade Secret/Competitive Injury Exemption"), must be made by completing this exhibit.
2. A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information contained in this submission that is not included in this exhibit may not be honored by the Department.
3. A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information included in this submission must be accompanied by a written statement of necessity that:
 - (a) identifies the specific parts of the submission for which the Company believes the Trade Secret/Competitive Injury Exemption should be applied;
 - (b) specifies the reasons why the submission, or parts thereof, should be exempt from disclosure pursuant to the Trade Secret/Competitive Injury Exemption; and
 - (c) where applicable, indicates where redactions would suffice to protect the exempt information.
4. In light of the open government purpose underlying FOIL, the Department favors redacting portions of documents, and disclosing the balance of such documents, as opposed to withholding documents in their entirety, where such redactions will suffice to protect the exempt information. Therefore, the Company should submit to the Department both the original document and a redacted version of the original document, which omits or blocks the information it wishes to exempt from disclosure. (The Department will accept the redacted version of the original document within one week after original filing was submitted.)

A. Insurer Information: Oxford Health Plans (NY), Inc. / Oxford Health Insurance, Inc. 95479 / 78026 XFRD-127318621 / XFRD-127318641
Company submitting the rate adjustment request Company NAIC Code SERFF tracking number


Name, title Phone number Email address
48 Monroe Turnpike, Trumbull, CT 06614
Mailing address Fax number

- C.** List all documents, exhibits, and attachments separately, including the file names of computer files that are included with the application. Please indicate with an asterisk (*) those documents that you believe contain information subject to the Trade Secret/Competitive Injury Exemption. Any document without an asterisk will be deemed to be a public document.

- 1 Checklist-Community Rated Medical Renewal Rate Review (Ind GF POS Checklist 2012.pdf)
- 2 * Statement of Necessity (FOIL Statement of Necessity.pdf *)
- 3 * Actuarial Memorandum (Ind GF POS Actuarial Memorandum 2012.pdf *)
- 4 Notice of Proposed Rate Adjustment (2012 Oxford NY Individual GF POS - Initial Notice.pdf, 2012 Oxford NY Individual GF POS - Second Notice.pdf)
- 5 Cover Letter (Ind GF POS Cover Letter 2012.pdf)
- 6 Certification (Ind GF POS Actuarial Certification 2012.pdf)
- 7 * Section I - Supporting Exhibits (Exhibit I - Ind GF POS Annual Increases.pdf *, Exhibit II - Ind GF POS Rate Manual 2012.pdf *, Exhibit III - Ind GF POS Rate Development.pdf *, Exhibit IV - Ind GF POS Standardized Premium.pdf *)
- 8 * Supplemental Exhibits 1-7 (Supplemental Exhibit 1 Oxford Ind GF POS 2012.pdf *, Supplemental Exhibit 2 Oxford Ind GF POS 2012.pdf *, Supplemental Exhibit 3 Oxford Ind GF POS 2012.pdf, Supplemental Exhibit 4 Oxford Ind GF POS 2012.xls *, Supplemental Exhibit 4 Oxford Ind GF POS 2012.pdf *, Supplemental Exhibit 5 Oxford Ind GF POS 2012.xls *, Supplemental Exhibit 5 Oxford Ind GF POS 2012.pdf *, Supplemental Exhibit 6 Oxford Ind GF POS 2012.pdf, Supplemental Exhibit 7 Oxford Ind GF POS 2012.xls *, Supplemental Exhibit 7 Oxford Ind GF POS 2012.pdf *)
- 9 * Narrative Summary (2012 Oxford NY Individual GF POS Narrative Summary.pdf *)

- D.** Provide a separate list of all documents, exhibits, and attachments, of which a portion has been redacted, including the file names of computer files that are included with the application. The unredacted portion(s) of the redacted documents may be deemed to be public.

- 1 * Section I - Supporting Exhibits (Exhibit II - Ind GF POS Rate Manual 2012 Redacted.pdf *)
- 2 * Supplemental Exhibits 1-7 (Supplemental Exhibit 1 Oxford IND GF POS 2012 REDACTED.pdf *, Supplemental Exhibit 2 Oxford IND GF POS 2012 REDACTED.pdf *, Supplemental Exhibit 4 Oxford IND GF POS 2012 REDACTED.xls *, Supplemental Exhibit 4 Oxford IND GF POS 2012 REDACTED.pdf *, Supplemental Exhibit 5 Oxford IND GF POS 2012 REDACTED.xls *, Supplemental Exhibit 5 Oxford IND GF POS 2012 REDACTED.pdf *, Supplemental Exhibit 7 Oxford IND GF POS 2012 REDACTED.pdf *)
- 3 * Narrative Summary (2012 Oxford NY Individual GF POS Narrative Summary REDACTED.pdf *)

- E.** Statement of necessity as discussed in Instructions # 3, above.
Please see attached document: FOIL Statement of Necessity

EXHIBIT 2: FOIL EXEMPTION REQUEST

Instructions:

1. A request that the New York State Insurance Department ("Department") exempt from public disclosure any information included in this submission, pursuant to New York Public Officers Law § 87(2)(d) (the "Trade Secret/Competitive Injury Exemption"), must be made by completing this exhibit.
2. A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information contained in this submission that is not included in this exhibit may not be honored by the Department.
3. A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information included in this submission must be accompanied by a written statement of necessity that:
 - (a) identifies the specific parts of the submission for which the Company believes the Trade Secret/Competitive Injury Exemption should be applied;
 - (b) specifies the reasons why the submission, or parts thereof, should be exempt from disclosure pursuant to the Trade Secret/Competitive Injury Exemption; and
 - (c) where applicable, indicates where redactions would suffice to protect the exempt information.
4. In light of the open government purpose underlying FOIL, the Department favors redacting portions of documents, and disclosing the balance of such documents, as opposed to withholding documents in their entirety, where such redactions will suffice to protect the exempt information. Therefore, the Company should submit to the Department both the original document and a redacted version of the original document, which omits or blocks the information it wishes to exempt from disclosure. (The Department will accept the redacted version of the original document within one week after original filing was submitted.)

A. Insurer Information: Oxford Health Plans (NY), Inc. / Oxford Health Insurance, Inc. 95479 / 78026 XFRD-127318621 / XFRD-127318641
Company submitting the rate adjustment request Company NAIC Code SERFF tracking number

B. FOIL Contact Person: REDACTED REDACTED REDACTED
Name, title Phone number Email address
48 Monroe Turnpike, Trumbull, CT 06614 REDACTED
Mailing address Fax number

- C.** List all documents, exhibits, and attachments separately, including the file names of computer files that are included with the application. Please indicate with an asterisk (*) those documents that you believe contain information subject to the Trade Secret/Competitive Injury Exemption. Any document without an asterisk will be deemed to be a public document.

- 1 Checklist-Community Rated Medical Renewal Rate Review (Ind GF POS Checklist 2012.pdf)
- 2 * Statement of Necessity (FOIL Statement of Necessity.pdf *)
- 3 * Actuarial Memorandum (Ind GF POS Actuarial Memorandum 2012.pdf *)
- 4 Notice of Proposed Rate Adjustment (2012 Oxford NY Individual GF POS - Initial Notice.pdf, 2012 Oxford NY Individual GF POS - Second Notice.pdf)
- 5 Cover Letter (Ind GF POS Cover Letter 2012.pdf)
- 6 Certification (Ind GF POS Actuarial Certification 2012.pdf)
- 7 * Section I - Supporting Exhibits (Exhibit I - Ind GF POS Annual Increases.pdf *, Exhibit II - Ind GF POS Rate Manual 2012.pdf *, Exhibit III - Ind GF POS Rate Development.pdf *, Exhibit IV - Ind GF POS Standardized Premium.pdf *)
- 8 * Supplemental Exhibits 1-7 (Supplemental Exhibit 1 Oxford Ind GF POS 2012.pdf *, Supplemental Exhibit 2 Oxford Ind GF POS 2012.pdf *, Supplemental Exhibit 3 Oxford Ind GF POS 2012.pdf, Supplemental Exhibit 4 Oxford Ind GF POS 2012.xls *, Supplemental Exhibit 4 Oxford Ind GF POS 2012.pdf *, Supplemental Exhibit 5 Oxford Ind GF POS 2012.xls *, Supplemental Exhibit 5 Oxford Ind GF POS 2012.pdf *, Supplemental Exhibit 6 Oxford Ind GF POS 2012.pdf, Supplemental Exhibit 7 Oxford Ind GF POS 2012.xls *, Supplemental Exhibit 7 Oxford Ind GF POS 2012.pdf *)
- 9 * Narrative Summary (2012 Oxford NY Individual GF POS Narrative Summary.pdf *)

- D.** Provide a separate list of all documents, exhibits, and attachments, of which a portion has been redacted, including the file names of computer files that are included with the application. The unredacted portion(s) of the redacted documents may be deemed to be public.

- 1 * Section I - Supporting Exhibits (Exhibit II - Ind GF POS Rate Manual 2012 Redacted.pdf *)
- 2 * Supplemental Exhibits 1-7 (Supplemental Exhibit 1 Oxford IND GF POS 2012 REDACTED.pdf *, Supplemental Exhibit 2 Oxford IND GF POS 2012 REDACTED.pdf *, Supplemental Exhibit 4 Oxford IND GF POS 2012 REDACTED.xls *, Supplemental Exhibit 4 Oxford IND GF POS 2012 REDACTED.pdf *, Supplemental Exhibit 5 Oxford IND GF POS 2012 REDACTED.xls *, Supplemental Exhibit 5 Oxford IND GF POS 2012 REDACTED.pdf *, Supplemental Exhibit 7 Oxford IND GF POS 2012 REDACTED.pdf *)
- 3 * Narrative Summary (2012 Oxford NY Individual GF POS Narrative Summary REDACTED.pdf *)

- E.** Statement of necessity as discussed in Instructions # 3, above.
Please see attached document: FOIL Statement of Necessity

CONFIDENTIAL – FOIL PROTECTION REQUESTED

Oxford Health Plans (NY), Inc.
Oxford Health Insurance, Inc.
New York Individual Grandfathered POS Plans
Requested Rate Changes – Effective Calendar Year 2012

Rate Component Overview

* The main components of a premium rate are medical costs and administrative expenses. A small portion of the premium rate is also projected to be profit. The costs of medical services are usually the main portion of a rate. Medical costs are accounted for in the minimum loss ratio (MLR). MLR is the percentage (%) of the premiums paid toward medical costs. Under New York state law, the MLR must be at least 82% of the premium charged. This means that at least 82 cents of each premium dollar is to be paid toward medical costs.

Administrative expenses include, among other things,

- taxes and other fees,
- maintenance and upgrading of systems to comply with legal requirements (e.g., HIPAA, federal health care reform mandates),
- costs for consumer education and decision support tools/processes, promotion of wellness, programs for managing chronic and complex medical conditions, maintaining the provider network as well as measuring quality and efficiency of providers, and operating costs of consumer, employer, broker and provider web portals, and
- employee costs for items such as processing requests for services, claims, correspondence and appeals, conducting medical reviews, and providing customer service.

When deciding whether to seek a premium rate increase or decrease, we review claims data and expenses to determine what the expected costs and expenses will be for a future period.

Current Rate Increase Components

We are requesting rate increases related to medical cost trends for the products that appear in Chart 1. If approved, the increases will be added to the 2011 premium rate. Chart 1 shows the requested increases by renewal date. The new rates will apply to all individuals that renew or enroll during the calendar year of 2012.

CHART 1: Impact of Rate Request

Product	Renewal Date	Number of Impacted Subscribers	Estimated Total Trend Increase (Medical and Pharmacy) Over 2011 Premium (%)
Grandfathered POS	January 2012	206	17.0%
Grandfathered POS	February 2012	78	17.3%
Grandfathered POS	March 2012	95	17.5%
Grandfathered POS	April 2012	159	17.7%
Grandfathered POS	May 2012	138	18.0%
Grandfathered POS	June 2012	157	18.2%

CONFIDENTIAL – FOIL PROTECTION REQUESTED

Grandfathered POS	July 2012	179	19.6%
Grandfathered POS	August 2012	131	19.6%
Grandfathered POS	September 2012	135	19.6%
Grandfathered POS	October 2012	171	19.6%
Grandfathered POS	November 2012	160	19.6%
Grandfathered POS	December 2012	156	19.6%

- The rate filing is seeking an increase related to increasing medical costs. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. Reasons for rising costs include advancements in procedures, development of new pharmaceuticals and medical devices, increasing medical costs of a population that is aging and increasingly living with chronic conditions such as obesity and diabetes, and increased negotiated unit cost rates with our participating (network) providers (driven in part by insufficient reimbursement to those providers for those covered under Government health insurance programs and by providing uncompensated care), as well as increased charges for services by non-participating (out-of-network) providers.
- The medical cost component may also be impacted by changes to the population covered under the product. A part of the medical costs include a pooling mechanism established under New York Insurance Regulation 146 which attempts to equalize risk within the New York small group and individual markets. This requires carriers with fewer high-cost claimants to pay into the pool while carriers with more high-cost claimants receive funds from the pool. We are projecting a slight change in our Regulation 146 amount for Oxford Health Plans (NY), Inc.'s individual products in 2012 due to a projected increase in high cost claimants for the individuals covered under this entity relative to estimated industry averages.
- The requested rate changes result in a projected loss ratio greater than or equal to the minimum allowed under state law.

Additional Benefit Changes for 2012 Plans

We do not have any benefit changes on file with the New York State Insurance Department (NYSID). In the event that benefit changes (e.g., benefit mandate) are made to our individual product prior to your 2012 renewal, those changes may also impact your final premium rates.

Final Rate Increase

Please be aware that your final renewal rate increase for 2012 may be different than the percentages listed in Chart 1. The Superintendent of Insurance may approve (as requested), modify or deny the proposed rate adjustment. Your final rate will include the rate adjustment approved by the NYSID as well as any changes resulting from the benefit plan design chosen.

**Oxford Health Plans (NY), Inc.
Oxford Health Insurance, Inc.
New York Individual Grandfathered POS Plans
Requested Rate Changes – Effective Calendar Year 2012**

Rate Component Overview

* The main components of a premium rate are medical costs and administrative expenses. A small portion of the premium rate is also projected to be profit. The costs of medical services are usually the main portion of a rate. Medical costs are accounted for in the minimum loss ratio (MLR). MLR is the percentage (%) of the premiums paid toward medical costs. Under New York state law, the MLR must be at least 82% of the premium charged. This means that at least 82 cents of each premium dollar is to be paid toward medical costs.

Administrative expenses include, among other things,

- taxes and other fees,
- maintenance and upgrading of systems to comply with legal requirements (e.g., HIPAA, federal health care reform mandates),
- costs for consumer education and decision support tools/processes, promotion of wellness, programs for managing chronic and complex medical conditions, maintaining the provider network as well as measuring quality and efficiency of providers, and operating costs of consumer, employer, broker and provider web portals, and
- employee costs for items such as processing requests for services, claims, correspondence and appeals, conducting medical reviews, and providing customer service.

When deciding whether to seek a premium rate increase or decrease, we review claims data and expenses to determine what the expected costs and expenses will be for a future period.

Current Rate Increase Components

We are requesting rate increases related to medical cost trends for the products that appear in Chart 1. If approved, the increases will be added to the 2011 premium rate. Chart 1 shows the requested increases by renewal date. The new rates will apply to all individuals that renew or enroll during the calendar year of 2012.

CHART 1: Impact of Rate Request

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Grandfathered POS	January 2012	17.0%
Grandfathered POS	February 2012	17.3%
Grandfathered POS	March 2012	17.5%
Grandfathered POS	April 2012	17.7%
Grandfathered POS	May 2012	18.0%
Grandfathered POS	June 2012	18.2%

Grandfathered POS	July 2012	19.6%
Grandfathered POS	August 2012	19.6%
Grandfathered POS	September 2012	19.6%
Grandfathered POS	October 2012	19.6%
Grandfathered POS	November 2012	19.6%
Grandfathered POS	December 2012	19.6%

- The rate filing is seeking an increase related to increasing medical costs. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. Reasons for rising costs include advancements in procedures, development of new pharmaceuticals and medical devices, increasing medical costs of a population that is aging and increasingly living with chronic conditions such as obesity and diabetes, and increased negotiated unit cost rates with our participating (network) providers (driven in part by insufficient reimbursement to those providers for those covered under Government health insurance programs and by providing uncompensated care), as well as increased charges for services by non-participating (out-of-network) providers.
- The medical cost component may also be impacted by changes to the population covered under the product. A part of the medical costs include a pooling mechanism established under New York Insurance Regulation 146 which attempts to equalize risk within the New York small group and individual markets. This requires carriers with fewer high-cost claimants to pay into the pool while carriers with more high-cost claimants receive funds from the pool. We are projecting a slight change in our Regulation 146 amount for Oxford Health Plans (NY), Inc.'s individual products in 2012 due to a projected increase in high cost claimants for the individuals covered under this entity relative to estimated industry averages.
- The requested rate changes result in a projected loss ratio greater than or equal to the minimum allowed under state law.

Additional Benefit Changes for 2012 Plans

We do not have any benefit changes on file with the New York State Insurance Department (NYSID). In the event that benefit changes (e.g., benefit mandate) are made to our individual product prior to your 2012 renewal, those changes may also impact your final premium rates.

Final Rate Increase

Please be aware that your final renewal rate increase for 2012 may be different than the percentages listed in Chart 1. The Superintendent of Insurance may approve (as requested), modify or deny the proposed rate adjustment. Your final rate will include the rate adjustment approved by the NYSID as well as any changes resulting from the benefit plan design chosen.

EXHIBIT 3: NARRATIVE SUMMARY

Company Oxford Health Plans (NY), Inc. / Oxford Health Insurance, Inc.
NAIC Code: 95479 / 78026
SERFF Tracking #: XFRD-127318621 / XFRD-127318641

Submit a Narrative Summary explaining the reason(s) for the proposed rate adjustment. The purpose of this Narrative Summary is to provide a written explanation to the company's policyholders to help them to understand the reason(s) why a rate increase is needed.

- The Narrative Summary will be a public document and will be posted on the Department's website and furnished by the Department to the public upon request.
- It is strongly encouraged that the company submit the Narrative Summary to the Department ten (10) days before submitting a rate adjustment application.
- It is suggested that once reviewed by the Department, the company post the Narrative Summary on its website. Any changes made to the Narrative Summary subsequent to the posting are required to be submitted to the Department.
- The Narrative Summary should include, but not be limited to, the following information:
 - 1) The name of the company submitting the rate adjustment request.
 - 2) A summary of the proposed rate adjustments, which can be a range as long as the range is consistent with the range stated in the initial notice to policyholders for the various products, and rating region.
 - 3) A description of which policyholders are affected by this rate adjustment application. The rate adjustment may only affect certain policyholders in a market segment (e.g., Small Group), or with certain products (indicate the "street name" of the products affected), or only a certain renewal cohort (e.g., policyholders renewing mm/dd/yyyy – mm/dd/yyyy).
 - 4) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
 - 5) The effective date of the proposed rate adjustments and an indication of when the rate change would affect policyholders.
For example:
 - (a) For a non-guaranteed rate structure: All policyholders will receive the rate adjustment on mm/dd/yyyy.
 - (b) For a rate structure with a 12 month rate guarantee: A policyholder will receive the rate adjustment on the policyholder's next anniversary on or after mm/dd/yyyy.
 - 6) The number of policyholders/members affected by the proposed rate adjustment(s); aggregated across all market segments and products affected by the rate adjustments submission.
 - 7) An explanation, in plain-language, as to why it is necessary to request such rate changes. As appropriate, a separate explanation should be provided for each market segment. Where the rate increases are not the same for each product type within a market segment, the company should provide a separate explanation for each such product type.
- Each page of the Narrative Summary should be numbered (i.e., [page] of [pages]).

EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

Oxford Health Plans (NY), Inc. / Oxford Health Insurance, Inc.
 Company submitting the rate adjustment request

95479 / 78026
 Company NAIC Code

XFRD-127318621 / XFRD-127318641
 SERFF tracking number

- => Use this Exhibit for the policy forms/products included in the rate adjustment submission.
- => Submit separate exhibits by market segment such as Large Group, Small Group, Sole Proprietor, Individual, etc. If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported.
- Submit separate exhibits by rating region if the rate changes differ by rating region.
- Submit separate exhibits for each rolling rate table of a rolling rate structure.
- => This form must be submitted as an Excel file, even if a version is submitted as a PDF file.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
- => The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- => If one policy form is used for more than one products, then a separate row should be entered for each policy form/product name/product street name combination.
- => The format of this exhibit is discussed below and should be tailored to the specific rate filing submission. Extend the worksheet to add more rows or tabs as needed.

A. BASE MEDICAL PLAN

Market Segment: Individual => Provide a list of proposed rate changes for each base medical plan type, by product name/street name.

Rating Region: All => The "proposed rate change" is just for the base medical product, excluding the impact of any riders.

- Lowest should be the smallest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
- Highest should be the largest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
- The weighted average should reflect the average using the distribution of contracts within each base medical product; the impact of riders is not included.

Non Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	January 2012	17.0%	17.0%	17.0%
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	February 2012	17.3%	17.3%	17.3%
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	March 2012	17.5%	17.5%	17.5%
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	April 2012	17.7%	17.7%	17.7%
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	May 2012	18.0%	18.0%	18.0%
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	June 2012	18.2%	18.2%	18.2%
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	July 2012	19.6%	19.6%	19.6%
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	August 2012	19.6%	19.6%	19.6%
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	September 2012	19.6%	19.6%	19.6%
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	October 2012	19.6%	19.6%	19.6%
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	November 2012	19.6%	19.6%	19.6%
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	December 2012	19.6%	19.6%	19.6%

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "January - March 2012" for a quarterly rolling rate structure.)

B. DRUG RIDERS

Market Segment: Individual => Provide a list of proposed rate changes for drug riders available with base medical products.

Rating Region: All => The "proposed percentage rate change" is just for the drug riders available with the indicated base medical product and excludes the impact of the base medical plan rates and non-drug riders.

The lowest, highest, and weighted average are just among the drug riders available to the indicated base medical product.

=> This is for the traditional drug riders, but not for minor drug related riders such as, the inclusion of oral contraceptives.

Non Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

- => Use this Exhibit for the policy forms/products included in the rate adjustment submission.
- => Submit separate exhibits by market segment such as Large Group, Small Group, Sole Proprietor, Individual, etc. If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported.
- Submit separate exhibits by rating region if the rate changes differ by rating region.
- Submit separate exhibits for each rolling rate table of a rolling rate structure.
- => This form must be submitted as an Excel file, even if a version is submitted as a PDF file.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
- => The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- => If one policy form is used for more than one products, then a separate row should be entered for each policy form/product name/product street name combination.
- => The format of this exhibit is discussed below and should be tailored to the specific rate filing submission. Extend the worksheet to add more rows or tabs as needed.

Oxford Health Plans (NY), Inc. / Oxford Health Insurance, Inc.
 Company submitting the rate adjustment request

95479 / 78026
 Company NAIC Code

XFRD-127318621 / XFRD-127318641
 SERFF tracking number

A. BASE MEDICAL PLAN

Market Segment: Individual => Provide a list of proposed rate changes for each base medical plan type, by product name/street name.

Rating Region: All => The "proposed rate change" is just for the base medical product, excluding the impact of any riders.

- Lowest should be the smallest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
- Highest should be the largest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
- The weighted average should reflect the average using the distribution of contracts within each base medical product; the impact of riders is not included.

Non Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	January 2012	REDACTED	REDACTED	REDACTED
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	February 2012	REDACTED	REDACTED	REDACTED
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	March 2012	REDACTED	REDACTED	REDACTED
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	April 2012	REDACTED	REDACTED	REDACTED
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	May 2012	REDACTED	REDACTED	REDACTED
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	June 2012	REDACTED	REDACTED	REDACTED
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	July 2012	REDACTED	REDACTED	REDACTED
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	August 2012	REDACTED	REDACTED	REDACTED
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	September 2012	REDACTED	REDACTED	REDACTED
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	October 2012	REDACTED	REDACTED	REDACTED
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	November 2012	REDACTED	REDACTED	REDACTED
OHPNY 93 3 (IC)	Individual Grandfathered POS	Individual Grandfathered POS	December 2012	REDACTED	REDACTED	REDACTED

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "January - March 2012" for a quarterly rolling rate structure.)

B. DRUG RIDERS

Market Segment: Individual => Provide a list of proposed rate changes for drug riders available with base medical products.

Rating Region: All => The "proposed percentage rate change" is just for the drug riders available with the indicated base medical product and excludes the impact of the base medical plan rates and non-drug riders.

The lowest, highest, and weighted average are just among the drug riders available to the indicated base medical product.

=> This is for the traditional drug riders, but not for minor drug related riders such as, the inclusion of oral contraceptives.

Non Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS

Company Name: Oxford Health Plans (NY), Inc. / Oxford Health Insurance, Inc.
 NAIC Code: 95479 / 78026
 SERFF Tracking #: XFRD-127318621 / XFRD-127318641

Instructions:

- 1) The percentage rate change reported in Sections A and B reflect the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
- 2) The distribution is by number of contracts or number of members. The Company should indicate which basis, either number of contracts or number of members, is used in this Exhibit.
- 3) The Weighted Average Percentage should be developed based on the distribution of contracts or members for that market segment/product and for the market segment in total.
- 4) The distribution table should be grouped by market segment (e.g., Large Group, Small Group, Individual, Sole Proprietor, Healthy NY). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported. Use the drop down list for entries of Market Segment or make your own entry.
- 5) Under each market segment, the table should provide the distribution by broad product type (e.g., HMO, POS, EPO, PPO, Indemnity, High Deductible/Consumer Driven, Medicare Supplement, etc.).
- 6) In Section A, provide the distribution of contracts or members affected by proposed rate change for all non-rolling rate contracts by market segment/product.
- 7) In Section B, provide distribution information for each rolling rate cohort of a rolling rate structure contract affected by this rate submission (e.g., by quarter of renewal for a quarterly rolling rate structure).
- 8) Edit the worksheet to add more rows as needed.
- 9) This exhibit must be submitted as an Excel file, even if a version is submitted as a PDF file.

A. FOR A NON-ROLLING RATE STRUCTURE -- Distribution of Non Rolling Rate Contracts by Proposed Rate Adjustment

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of (*) as of mm/dd/yyyy	Number of (*) with Proposed Percentage Rate Change at Renewal														
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher				
Market Segment Total:																				

B. FOR A ROLLING RATE STRUCTURE - Distribution of Rolling Rate Contracts by Proposed Rate Adjustment by Each Rolling Rate Cohort

Effective Period of New Rolling Rate*: 1/1/2012 - 1/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal													
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher			
Individual	All		Grandfathered POS	17.0%	206	0	0	0	0	0	206	0	0	0	0	0	0	0	0
Market Segment Total:						0	0	0	0	0	206	0	0	0	0	0	0	0	0

Effective Period of New Rolling Rate*: 2/1/2012 - 2/29/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal													
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher			
Individual	All		Grandfathered POS	17.3%	78	0	0	0	0	0	78	0	0	0	0	0	0	0	0
Market Segment Total:						0	0	0	0	0	78	0	0	0	0	0	0	0	0

Effective Period of New Rolling Rate*: 3/1/2012 - 3/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal													
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher			
Individual	All		Grandfathered POS	17.5%	95	0	0	0	0	0	95	0	0	0	0	0	0	0	0
Market Segment Total:						0	0	0	0	0	95	0	0	0	0	0	0	0	0

Effective Period of New Rolling Rate*: 4/1/2012 - 4/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal													
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher			
Individual	All		Grandfathered POS	17.7%	159	0	0	0	0	0	159	0	0	0	0	0	0	0	0
Market Segment Total:						0	0	0	0	0	159	0	0	0	0	0	0	0	0

Effective Period of New Rolling Rate*: 5/1/2012 - 5/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal													
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher			
Individual	All		Grandfathered POS	18.0%	138	0	0	0	0	0	138	0	0	0	0	0	0	0	0
Market Segment Total:						0	0	0	0	0	138	0	0	0	0	0	0	0	0

Effective Period of New Rolling Rate*: 6/1/2012 - 6/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal													
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher			
Individual	All		Grandfathered POS	18.2%	157	0	0	0	0	0	157	0	0	0	0	0	0	0	0
Market Segment Total:						0	0	0	0	0	157	0	0	0	0	0	0	0	0

Effective Period of New Rolling Rate*: 7/1/2012 - 7/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal													
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher			
Individual	All		Grandfathered POS	19.6%	179	0	0	0	0	0	179	0	0	0	0	0	0	0	0
Market Segment Total:						0	0	0	0	0	179	0	0	0	0	0	0	0	0

EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS

Company Name: Oxford Health Plans (NY), Inc. / Oxford Health Insurance, Inc.
 NAIC Code: 95479 / 78026
 SERFF Tracking #: XFRD-127318621 / XFRD-127318641
 Effective Period of New Rolling Rate*: 8/1/2012 - 8/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal										
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
	Individual	All	Grandfathered POS	19.6%	131	0	0	0	0	0	131	0	0	0	0	0
Market Segment Total:						0	0	0	0	0	131	0	0	0	0	0

Effective Period of New Rolling Rate*: 9/1/2012 - 9/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal										
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
	Individual	All	Grandfathered POS	19.6%	135	0	0	0	0	0	135	0	0	0	0	0
Market Segment Total:						0	0	0	0	0	135	0	0	0	0	0

Effective Period of New Rolling Rate*: 10/1/2012 - 10/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal										
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
	Individual	All	Grandfathered POS	19.6%	171	0	0	0	0	0	171	0	0	0	0	0
Market Segment Total:						0	0	0	0	0	171	0	0	0	0	0

Effective Period of New Rolling Rate*: 11/1/2012 - 11/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal										
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
	Individual	All	Grandfathered POS	19.6%	160	0	0	0	0	0	160	0	0	0	0	0
Market Segment Total:						0	0	0	0	0	160	0	0	0	0	0

Effective Period of New Rolling Rate*: 12/1/2012 - 12/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal										
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
	Individual	All	Grandfathered POS	19.6%	156	0	0	0	0	0	156	0	0	0	0	0
Market Segment Total:						0	0	0	0	0	156	0	0	0	0	0

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "01/01/2012 - 03/31/2012" for a quarterly rolling rate structure.)
 Use the same format to provide the same information for each rolling rate cohort under each market segment.

(*) Indicate weighted average base used: Contracts or Members

EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS

Company Name: Oxford Health Plans (NY), Inc. / Oxford Health Insurance, Inc.
 NAIC Code: 95479 / 78026
 SERFF Tracking #: XFRD-127318621 / XFRD-127318641

Instructions:

- 1) The percentage rate change reported in Sections A and B reflect the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
- 2) The distribution is by number of contracts or number of members. The Company should indicate which basis, either number of contracts or number of members, is used in this Exhibit.
- 3) The Weighted Average Percentage should be developed based on the distribution of contracts or members for that market segment/product and for the market segment in total.
- 4) The distribution table should be grouped by market segment (e.g., Large Group, Small Group, Individual, Sole Proprietor, Healthy NY). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported. Use the drop down list for entries of Market Segment or make your own entry.
- 5) Under each market segment, the table should provide the distribution by broad product type (e.g., HMO, POS, EPO, PPO, Indemnity, High Deductible/Consumer Driven, Medicare Supplement, etc.).
- 6) In Section A, provide the distribution of contracts or members affected by proposed rate change for all non-rolling rate contracts by market segment/product.
- 7) In Section B, provide distribution information for each rolling rate cohort of a rolling rate structure contract affected by this rate submission (e.g., by quarter of renewal for a quarterly rolling rate structure).
- 8) Edit the worksheet to add more rows as needed.
- 9) This exhibit must be submitted as an Excel file, even if a version is submitted as a PDF file.

A. FOR A NON-ROLLING RATE STRUCTURE -- Distribution of Non Rolling Rate Contracts by Proposed Rate Adjustment

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of (*) as of mm/dd/yyyy	Number of (*) with Proposed Percentage Rate Change at Renewal														
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher				
Market Segment Total:																				

B. FOR A ROLLING RATE STRUCTURE - Distribution of Rolling Rate Contracts by Proposed Rate Adjustment by Each Rolling Rate Cohort

Effective Period of New Rolling Rate*: 1/1/2012 - 1/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal														
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher				
Individual	All		Grandfathered POS	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	
Market Segment Total:						REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED

Effective Period of New Rolling Rate*: 2/1/2012 - 2/29/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal														
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher				
Individual	All		Grandfathered POS	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	
Market Segment Total:						REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED

Effective Period of New Rolling Rate*: 3/1/2012 - 3/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal														
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher				
Individual	All		Grandfathered POS	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	
Market Segment Total:						REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED

Effective Period of New Rolling Rate*: 4/1/2012 - 4/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal														
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher				
Individual	All		Grandfathered POS	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	
Market Segment Total:						REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED

Effective Period of New Rolling Rate*: 5/1/2012 - 5/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal														
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher				
Individual	All		Grandfathered POS	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	
Market Segment Total:						REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED

Effective Period of New Rolling Rate*: 6/1/2012 - 6/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal														
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher				
Individual	All		Grandfathered POS	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	
Market Segment Total:						REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED

Effective Period of New Rolling Rate*: 7/1/2012 - 7/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal														
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher				
Individual	All		Grandfathered POS	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	
Market Segment Total:						REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED

EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS

Company Name: Oxford Health Plans (NY), Inc. / Oxford Health Insurance, Inc.
 NAIC Code: 95479 / 78026
 SERFF Tracking #: XFRD-127318621 / XFRD-127318641
 Effective Period of New Rolling Rate*: 8/1/2012 - 8/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal											
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher	
Individual	All		Grandfathered POS	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED
Market Segment Total:				REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED

Effective Period of New Rolling Rate*: 9/1/2012 - 9/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal											
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher	
Individual	All		Grandfathered POS	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED
Market Segment Total:				REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED

Effective Period of New Rolling Rate*: 10/1/2012 - 10/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal											
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher	
Individual	All		Grandfathered POS	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED
Market Segment Total:				REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED

Effective Period of New Rolling Rate*: 11/1/2012 - 11/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal											
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher	
Individual	All		Grandfathered POS	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED
Market Segment Total:				REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED

Effective Period of New Rolling Rate*: 12/1/2012 - 12/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal											
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher	
Individual	All		Grandfathered POS	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED
Market Segment Total:				REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "01/01/2012 - 03/31/2012" for a quarterly rolling rate structure.)
 Use the same format to provide the same information for each rolling rate cohort under each market segment.

(*) Indicate weighted average base used: Contracts or Members

EXHIBIT 6: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: Oxford Health Plans (NY), Inc. / Oxford Health Insurance, Inc.

NAIC Code: 95479 / 78026

SERFF Number: XFRD-127318621 / XFRD-127318641

Instructions:

- This Exhibit summarizes all benefit/rate changes filed with the Health Bureau's Albany office that impact the rate tables in this filing.
- The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- Extend the worksheet to add more rows as needed.

A. List of rate filings that have been approved since the prior §3231(e)(1) or §4308(c) rate filing, which impact the rate tables in this filing.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Approval Date

B. List of the rate filings that are currently pending with the Department, which impact the rate tables in this filing.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change

C. List of remnants of the "file and use" submissions, which impact the rate tables in this filing.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Benefit/Rate Change Effective Date

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Oxford Health Plans(NY), Inc. & Oxford Health Insurance, Inc.
NAIC Code: 95479, 78026
SERFF Number: XFRD-127318621 / XFRD-127318641

- A. Complete a separate response for each base medical policy form included in the rate adjustment filing.
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response.
 - Submit a separate exhibit for each rating pool. Create additional tabs for each rating pool as needed.
 - Append additional columns to right of the existing columns (as needed) to include all base medical policy forms included in that rating pool. Add a rightmost column with the aggregate values for that entire rating pool.
- B. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Driven Health Plans, Hospital Only, Medical Only, Base+Supplemental, Supplementary Major Medical, Other Limited Benefit, Medicare Supplement (A, B, C, D, E, F Basic, F High, G, H, I, J Basic, J High, K, L, M, N, or Other - indicate appropriate designation for policy form), etc.
- C. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- D. Note that many cells include a drop down list. Use the drop down list or enter applicable items.
- E. If members, covered lives or member months are not known, use reasonable estimates (note methodology used).
- F. This form must be submitted as an Excel file, even if a version is submitted as a PDF file.

Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
1a. Base medical policy form number	OHPNY 93 3 (IC)			
1b. Product Name as in Rate Manual	GF POS			
1c. Product Street Name as indicated to consumers	Grandfathered POS			
2. Aggregated for rate development with these base medical policy form numbers	NA			
3. Effective date of rate change (MM/DD/YYYY)	01/01/2012			
4. Market Segment (large group, small group, individual, or sole proprietor) [drop down menu]	Individual			
5. Product type (see above for examples) [drop down menu]	HMO based POS			
6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	Yes			
7. Has base medical policy form aggregation changed from previous filing? (Yes or No) [drop down menu]	No			
8. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	Closed			
9. Rate guarantee period incorporated into rate tables (months) (e.g., 12, for a 12 month rate guarantee period; or 0, if no rate guarantee period.)	12			

CONFIDENTIAL - FOIL PROTECTION REQUESTED

Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
10. Weighted average rate change % proposed across base medical policy form from current rate charged policyholder (including all associated riders)	18.7%			
11. Number of policyholders affected by rate change. For group business this is number of groups.	1,765			
12. Number of covered lives affected by rate change	2,769			
13. Expected NY statewide loss ratio for base medical policy form including associated riders	88.0%			
Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)				
14.1 Beginning Date of the experience period (MM/DD/YYYY)	02/01/2010			
14.2 Ending Date of the experience period (MM/DD/YYYY)	01/31/2011			
14.3 Member months for experience period	39,117			
14.4 Earned premiums for experience period (\$)	21,511,954			
14.5 Standardized earned premiums for experience period (\$)	25,907,720			
14.6 Paid claims for experience period (\$)	18,528,164			
14.7 Incurred claims for experience period (\$)	18,303,667			
14.8 Administrative expenses for experience period (\$) (including commissions and premium taxes, but excluding federal and state income taxes)	1,588,038			
14.9 Earned premiums for experience period (\$mpm)	549.94	0.00	0.00	0.00
14.10 Standardized premiums for experience period (\$mpm)	662.31	0.00	0.00	0.00
14.11 Paid claims for experience period (\$mpm)	473.66	0.00	0.00	0.00
14.12 Incurred claims for experience period (\$mpm)	467.92	0.00	0.00	0.00
14.13 Administrative expenses for experience period (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	40.60	0.00	0.00	0.00
14.14 Ratio: Incurred Claims / Earned Premiums	0.851	0.000	0.000	0.000
14.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.706	0.000	0.000	0.000
14.16 Ratio: Administration Expenses / Earned Premiums	0.074	0.000	0.000	0.000
14.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	0.925	0.000	0.000	0.000
Prior Experience Period (NY statewide experience, base medical policy form + associated riders)				
15.1 Beginning date of the experience period (MM/DD/YYYY)	02/01/2009			
15.2 Ending Date of the experience period (MM/DD/YYYY)	01/31/2010			
15.3 Member months for experience period	48,545			
15.4 Earned premiums for experience period (\$)	23,230,149			
15.5 Standardized earned premiums for experience period (\$)	31,908,201			
15.6 Paid claims for experience period (\$)	17,673,379			

CONFIDENTIAL - FOIL PROTECTION REQUESTED

Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
15.7 Incurred claims for experience period (\$)	17,700,621			
15.8 Administrative expenses for experience period (\$) (including commissions and premium taxes, but excluding federal and state income taxes)	1,554,072			
15.9 Earned premiums for experience period (\$mpm)	478.53	0.00	0.00	0.00
15.10 Standardized premiums for experience period (\$mpm)	657.29	0.00	0.00	0.00
15.11 Paid claims for experience period (\$mpm)	364.06	0.00	0.00	0.00
15.12 Incurred claims for experience period (\$mpm)	364.62	0.00	0.00	0.00
15.13 Administrative expenses for experience period (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	32.01	0.00	0.00	0.00
15.14 Ratio: Incurred Claims / Earned Premiums	0.762	0.000	0.000	0.000
15.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.555	0.000	0.000	0.000
15.16 Ratio: Administrative Expenses / Earned Premiums	0.067	0.000	0.000	0.000
15.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	0.829	0.000	0.000	0.000
Annualized Medical Trend Factors (%)				
16.1 All benefits combined, composite	15.1%			
16.2 Due to utilization	6.8%			
16.3 Due to unit cost	7.8%			
Ratios: Most Recent Experience Period to Prior Period				
17.1 Member months	0.806	0.000	0.000	0.000
17.2 Earned premiums (\$mpm)	1.149	0.000	0.000	0.000
17.3 Standardized premiums (\$mpm)	1.008	0.000	0.000	0.000
17.4 Paid claims (\$mpm)	1.301	0.000	0.000	0.000
17.5 Incurred claims (\$mpm)	1.283	0.000	0.000	0.000
17.6 Administrative expenses (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	1.268	0.000	0.000	0.000
Ratio: Standard Premium to Earned Premium				
18.1 Most Recent Experience Period	1.204	0.000	0.000	0.000
18.2 Prior Experience Period	1.374	0.000	0.000	0.000

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name:	Oxford Health Plans(NY), Inc. & Oxford Health Insurance, Inc.
NAIC Code:	95479, 78026
SERFF Number:	XFRD-127318621 / XFRD-127318641

- A. Complete a separate response for each base medical policy form included in the rate adjustment filing.
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response.
 - Submit a separate exhibit for each rating pool. Create additional tabs for each rating pool as needed.
 - Append additional columns to right of the existing columns (as needed) to include all base medical policy forms included in that rating pool. Add a rightmost column with the aggregate values for that entire rating pool.
- B. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Driven Health Plans, Hospital Only, Medical Only, Base+Supplemental, Supplementary Major Medical, Other Limited Benefit, Medicare Supplement (A, B, C, D, E, F Basic, F High, G, H, I, J Basic, J High, K, L, M, N, or Other - indicate appropriate designation for policy form), etc.
- C. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- D. Note that many cells include a drop down list. Use the drop down list or enter applicable items.
- E. If members, covered lives or member months are not known, use reasonable estimates (note methodology used).
- F. This form must be submitted as an Excel file, even if a version is submitted as a PDF file.

Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
1a. Base medical policy form number	OHPNY 93 3 (IC)			
1b. Product Name as in Rate Manual	GF POS			
1c. Product Street Name as indicated to consumers	Grandfathered POS			
2. Aggregated for rate development with these base medical policy form numbers	NA			
3. Effective date of rate change (MM/DD/YYYY)	01/01/2012			
4. Market Segment (large group, small group, individual, or sole proprietor) [drop down menu]	Individual			
5. Product type (see above for examples) [drop down menu]	HMO based POS			
6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	Yes			
7. Has base medical policy form aggregation changed from previous filing? (Yes or No) [drop down menu]	No			
8. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	Closed			
9. Rate guarantee period incorporated into rate tables (months) (e.g., 12, for a 12 month rate guarantee period; or 0, if no rate guarantee period.)	12			

Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
10. Weighted average rate change % proposed across base medical policy form from current rate charged policyholder (including all associated riders)	REDACTED			
11. Number of policyholders affected by rate change. For group business this is number of groups.	REDACTED			
12. Number of covered lives affected by rate change	REDACTED			
13. Expected NY statewide loss ratio for base medical policy form including associated riders	REDACTED			
Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)				
14.1 Beginning Date of the experience period (MM/DD/YYYY)	02/01/2010			
14.2 Ending Date of the experience period (MM/DD/YYYY)	01/31/2011			
14.3 Member months for experience period	REDACTED			
14.4 Earned premiums for experience period (\$)	REDACTED			
14.5 Standardized earned premiums for experience period (\$)	REDACTED			
14.6 Paid claims for experience period (\$)	REDACTED			
14.7 Incurred claims for experience period (\$)	REDACTED			
14.8 Administrative expenses for experience period (\$) (including commissions and premium taxes, but excluding federal and state income taxes)	REDACTED			
14.9 Earned premiums for experience period (\$mpm)	REDACTED	0.00	0.00 0.00	
14.10 Standardized premiums for experience period (\$mpm)	REDACTED	0.00	0.00 0.00	
14.11 Paid claims for experience period (\$mpm)	REDACTED	0.00	0.00 0.00	
14.12 Incurred claims for experience period (\$mpm)	REDACTED	0.00	0.00 0.00	
14.13 Administrative expenses for experience period (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	REDACTED	0.00	0.00 0.00	
14.14 Ratio: Incurred Claims / Earned Premiums	REDACTED	0.000	0.000	0.000
14.15 Ratio: Incurred Claims / Standardized Earned Premiums	REDACTED	0.000	0.000	0.000
14.16 Ratio: Administration Expenses / Earned Premiums	REDACTED	0.000	0.000	0.000
14.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	REDACTED	0.000	0.000	0.000
Prior Experience Period (NY statewide experience, base medical policy form + associated riders)				
15.1 Beginning date of the experience period (MM/DD/YYYY)	02/01/2009			
15.2 Ending Date of the experience period (MM/DD/YYYY)	01/31/2010			
15.3 Member months for experience period	REDACTED			
15.4 Earned premiums for experience period (\$)	REDACTED			
15.5 Standardized earned premiums for experience period (\$)	REDACTED			
15.6 Paid claims for experience period (\$)	REDACTED			

Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
15.7 Incurred claims for experience period (\$)	REDACTED			
15.8 Administrative expenses for experience period (\$) (including commissions and premium taxes, but excluding federal and state income taxes)	REDACTED			
15.9 Earned premiums for experience period (\$mpm)	REDACTED	0.00	0.00 0.00	
15.10 Standardized premiums for experience period (\$mpm)	REDACTED	0.00	0.00 0.00	
15.11 Paid claims for experience period (\$mpm)	REDACTED	0.00	0.00 0.00	
15.12 Incurred claims for experience period (\$mpm)	REDACTED	0.00	0.00 0.00	
15.13 Administrative expenses for experience period (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	REDACTED	0.00	0.00 0.00	
15.14 Ratio: Incurred Claims / Earned Premiums	REDACTED	0.000	0.000	0.000
15.15 Ratio: Incurred Claims / Standardized Earned Premiums	REDACTED	0.000	0.000	0.000
15.16 Ratio: Administrative Expenses / Earned Premiums	REDACTED	0.000	0.000	0.000
15.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	REDACTED	0.000	0.000	0.000
Annualized Medical Trend Factors (%)				
16.1 All benefits combined, composite	REDACTED			
16.2 Due to utilization	REDACTED			
16.3 Due to unit cost	REDACTED			
Ratios: Most Recent Experience Period to Prior Period				
17.1 Member months	REDACTED	0.000	0.000	0.000
17.2 Earned premiums (\$mpm)	REDACTED	0.000	0.000	0.000
17.3 Standardized premiums (\$mpm)	REDACTED	0.000	0.000	0.000
17.4 Paid claims (\$mpm)	REDACTED	0.000	0.000	0.000
17.5 Incurred claims (\$mpm)	REDACTED	0.000	0.000	0.000
17.6 Administrative expenses (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	REDACTED	0.000	0.000	0.000
Ratio: Standard Premium to Earned Premium				
18.1 Most Recent Experience Period	REDACTED	0.000	0.000	0.000
18.2 Prior Experience Period	REDACTED	0.000	0.000	0.000



<Date>

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

Re: Rate Filing for Oxford New York Individual Grandfathered POS plans

Dear <Subscriber First Name> <Subscriber Last Name>,

Thank you for allowing UnitedHealthcare to serve your health benefit plan needs with our Oxford¹ products. We are filing a rate application with the New York State Insurance Department (NYSID) on July 19, 2011 seeking an increase to our Individual Grandfathered POS rates for individuals renewing in calendar year 2012. This notice is being sent to you as a certificate holder based on a requirement in the New York state prior approval law.

If approved, the proposed rate increase will be added to your current 2011 premium rate. The table below shows the expected impact of the requested trend increases over your 2011 premium.

Renewal Date	Estimated Total Increase Over 2011 Premium (%)
January 2012	17.0%
February 2012	17.3%
March 2012	17.5%
April 2012	17.7%
May 2012	18.0%
June 2012	18.2%
July 2012	19.6%
August 2012	19.6%
September 2012	19.6%
October 2012	19.6%
November 2012	19.6%
December 2012	19.6%

Please be aware that your final renewal rate increase for 2012 may be different than the percentages listed above. The Superintendent of Insurance may approve (as requested), modify or deny the proposed rate adjustment. The final rate will include the rate adjustment approved by the NYSID as well as any changes resulting from the benefit plan design chosen.² After rates are approved, you will receive an

¹ Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

² In the event that other benefit changes (e.g., benefit mandate) are made to our Individual GF POS product prior to your 2012 renewal, those changes may also impact the final premium rate.

additional notice with the premium rate adjustment that is ultimately approved by the Superintendent. This notice will be sent at least 60 days before the rate change effective date. Prior to your renewal, you will receive a renewal package with the renewal rates for the benefit plan. You will also be able to choose other plan options at that time.

You have 30 days from the date of our filing to contact the NYSID to request additional information or to submit written comments regarding our rate filing. Written comments should include the insurer and product name. Written comments submitted to the NYSID will be posted to the NYSID's website, with personal identifying information removed. You may submit written comments or requests for information to:

Health Bureau-Premium Rate Adjustments
New York State Insurance Department
25 Beaver Street
New York, NY 10004
<http://www.ins.state.ny.us>

By E-mail: PremiumRateIncreases@ins.state.ny.us

We have prepared a summary that provides more information about our rate application. This summary will be available on our website, www.oxfordhealth.com, within the Member Messages section and by means of written request for 30 days after the date of our filing. Written requests may be sent to: Oxford, P.O. Box 862, Monroe, CT 06468.

Thank you for your business.

Sincerely,
Oxford



<Date>

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

Re: Rate Filing for Oxford New York Individual Grandfathered POS plans

Dear <Subscriber First Name> <Subscriber Last Name>,

Thank you for allowing UnitedHealthcare to serve your health benefit plan needs with our Oxford¹ products. We are writing as a follow-up to our rate application with the New York State Insurance Department (NYSID) on July 19, 2011. This letter is being sent to you as a certificate holder to notify you of the approved increases.

The NYSID approved the following rate increases related to medical cost trends which will be added to your current 2011 premium:

Renewal Date	Estimated Total Increase Over 2011 Medical and Pharmacy Premium (%)
January 2012	A%
February 2012	B%
March 2012	C%
April 2012	D%
May 2012	E%
June 2012	F%
July 2012	G%
August 2012	H%
September 2012	I%
October 2012	J%
November 2012	K%
December 2012	L%

Please be aware that the approved increases do not reflect the final renewal increase. Your final renewal rate will be based on the rate increases approved by the NYSID reflected in this notice.²

¹ Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

² We do not have any benefit changes on file with the NYSID. In the event that benefit changes (e.g., benefit mandate) are made to our Grandfathered POS product prior to your 2012 renewal, those changes may also impact your final premium rates.


Prior to your renewal, you will receive additional renewal materials which will reflect your actual renewal increase.

Thank you for your business.

Sincerely,

Oxford

July 19, 2011



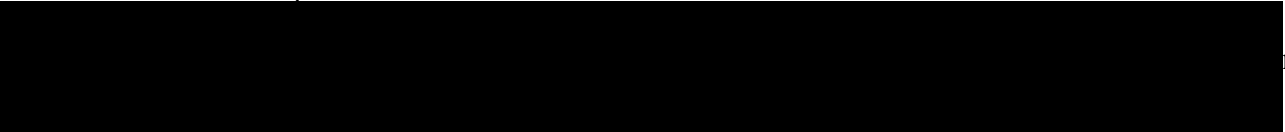
**RE: Oxford Health Plans (NY), Inc.
Individual Point-of-Service Plan**

Form: OHPNY 93 3 (IC)

Dear Mr. Laverdiere:

Enclosed please find Oxford Health Plans (NY), Inc.'s rate filing application for January 2012 through December 2012 for the above referenced form number. We are submitting this rate filing subject to Prior Approval, pursuant to Section 4308(c) of the Insurance Law.

Included in the filing are:

- Actuarial Certification
 - Actuarial Memorandum
 - New York Exhibits 1 – 7
 - Exhibit I – Annual Increases
 - Exhibit II - Rate Manual
 - Exhibit III - Rate Development
 - Exhibit IV - Standardized Premium Calculation
 - Sample Notification Letters
- 

Sincerely,



**United Healthcare Northeast - Oxford
New York Individual Grandfathered POS
Requested 2012 Annual Increases**

GF POS	Proposed Increase Over Prior Month's Rates											
	4.9%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%
	Resulting Annual Increases											
	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	17.0%	17.3%	17.5%	17.7%	18.0%	18.2%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%
Parent/Chil	17.0%	17.2%	17.5%	17.7%	17.9%	18.2%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%
Husband/W	17.0%	17.3%	17.5%	17.7%	18.0%	18.2%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%
Family	17.0%	17.3%	17.5%	17.7%	18.0%	18.2%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%

**OXFORD HEALTH PLANS (NY), INC.
POINT OF SERVICE INDIVIDUAL PLAN
MANHATTAN REGION
Form OHPNY 93 3 (IC)**

PROPOSED OUT-OF-PLAN PREMIUM RATES (OHI)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	125.82	127.33	128.86	130.41	131.97	133.55	135.15	136.77	138.41	140.07	141.75	143.45
Parent/Child	253.14	256.18	259.25	262.36	265.51	268.70	271.92	275.18	278.48	281.82	285.20	288.62
Employee/Spouse	251.63	254.65	257.71	260.80	263.93	267.10	270.31	273.55	276.83	280.15	283.51	286.91
Family	386.89	391.53	396.23	400.98	405.79	410.66	415.59	420.58	425.63	430.74	435.91	441.14

PROPOSED IN-PLAN PREMIUM RATES (OHPNY)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	732.89	741.68	750.58	759.58	768.70	777.93	787.27	796.72	806.28	815.96	825.75	835.66
Parent/Child	1474.55	1492.26	1510.14	1528.26	1546.61	1565.19	1583.95	1602.94	1622.16	1641.62	1661.31	1681.23
Employee/Spouse	1465.76	1483.35	1501.17	1519.17	1537.40	1555.87	1574.57	1593.44	1612.55	1631.89	1651.46	1671.27
Family	2253.64	2280.67	2308.05	2335.72	2363.74	2392.11	2420.83	2449.90	2479.32	2509.09	2539.21	2569.68

PROPOSED GF POS MANHATTAN TOTAL PREMIUM RATES

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	858.71	869.01	879.44	889.99	900.67	911.48	922.42	933.49	944.69	956.03	967.50	979.11
Parent/Child	1727.69	1748.44	1769.39	1790.62	1812.12	1833.89	1855.87	1878.12	1900.64	1923.44	1946.51	1969.85
Employee/Spouse	1717.39	1738.00	1758.88	1779.97	1801.33	1822.97	1844.88	1866.99	1889.38	1912.04	1934.97	1958.18
Family	2640.53	2672.20	2704.28	2736.70	2769.53	2802.77	2836.42	2870.48	2904.95	2939.83	2975.12	3010.82

**OXFORD HEALTH PLANS (NY), INC.
POINT OF SERVICE INDIVIDUAL PLAN
MANHATTAN REGION
Form OHPNY 93 3 (IC)**

PRIOR TOTAL PREMIUM RATES

	<u>Jan-11</u>	<u>Feb-11</u>	<u>Mar-11</u>	<u>Apr-11</u>	<u>May-11</u>	<u>Jun-11</u>	<u>Jul-11</u>	<u>Aug-11</u>	<u>Sep-11</u>	<u>Oct-11</u>	<u>Nov-11</u>	<u>Dec-11</u>
Individual	733.72	741.06	748.47	755.95	763.51	771.15	771.20	780.46	789.82	799.30	808.89	818.60
Parent/Child	1476.55	1491.32	1506.23	1521.30	1536.51	1551.87	1551.66	1570.28	1589.12	1608.19	1627.49	1647.02
Employee/Spouse	1467.45	1482.12	1496.95	1511.92	1527.03	1542.30	1542.40	1560.92	1579.64	1598.60	1617.78	1637.20
Family	2256.20	2278.76	2301.55	2324.56	2347.81	2371.29	2371.44	2399.92	2428.69	2457.85	2487.34	2517.20

Premium Increase (Year over Year)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	124.99	127.95	130.97	134.04	137.16	140.33	151.22	153.03	154.87	156.73	158.61	160.51
Parent/Child	251.14	257.12	263.16	269.32	275.61	282.02	304.21	307.84	311.52	315.25	319.02	322.83
Employee/Spouse	249.94	255.88	261.93	268.05	274.30	280.67	302.48	306.07	309.74	313.44	317.19	320.98
Family	384.33	393.44	402.73	412.14	421.72	431.48	464.98	470.56	476.26	481.98	487.78	493.62

Percent Premium Increase (Year over Year)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	17.0%	17.3%	17.5%	17.7%	18.0%	18.2%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%
Parent/Child	17.0%	17.2%	17.5%	17.7%	17.9%	18.2%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%
Employee/Spouse	17.0%	17.3%	17.5%	17.7%	18.0%	18.2%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%
Family	17.0%	17.3%	17.5%	17.7%	18.0%	18.2%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%

**OXFORD HEALTH PLANS (NY), INC.
POINT OF SERVICE INDIVIDUAL PLAN
NON-MANHATTAN REGION
Form OHPNY 93 3 (IC)**

PROPOSED OUT-OF-PLAN PREMIUM RATES (OHI)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	36.08	36.51	36.95	37.39	37.84	38.29	38.75	39.22	39.69	40.17	40.65	41.14
Parent/Child	72.59	73.46	74.34	75.23	76.13	77.04	77.96	78.90	79.85	80.81	81.78	82.76
Employee/Spouse	72.15	73.02	73.90	74.79	75.69	76.60	77.52	78.45	79.39	80.34	81.30	82.28
Family	110.93	112.26	113.61	114.97	116.35	117.75	119.16	120.59	122.04	123.50	124.98	126.48

PROPOSED IN-PLAN PREMIUM RATES (OHPNY)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	732.89	741.68	750.58	759.59	768.71	777.93	787.27	796.72	806.28	815.96	825.75	835.66
Parent/Child	1474.58	1492.27	1510.18	1528.30	1546.64	1565.20	1583.98	1602.99	1622.23	1641.70	1661.40	1681.34
Employee/Spouse	1465.79	1483.38	1501.18	1519.19	1537.42	1555.87	1574.54	1593.43	1612.55	1631.90	1651.48	1671.30
Family	2253.65	2280.69	2308.06	2335.76	2363.79	2392.16	2420.87	2449.92	2479.32	2509.07	2539.18	2569.65

GF POS NON- MANHATTAN TOTAL PREMIUM RATES

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	768.97	778.20	787.54	796.99	806.55	816.23	826.02	835.93	845.96	856.11	866.38	876.78
Parent/Child	1547.17	1565.74	1584.53	1603.54	1622.78	1642.25	1661.96	1681.90	1702.08	1722.50	1743.17	1764.09
Employee/Spouse	1537.94	1556.40	1575.08	1593.98	1613.11	1632.47	1652.06	1671.88	1691.94	1712.24	1732.79	1753.58
Family	2364.58	2392.95	2421.67	2450.73	2480.14	2509.90	2540.02	2570.50	2601.35	2632.57	2664.16	2696.13

**OXFORD HEALTH PLANS (NY), INC.
POINT OF SERVICE INDIVIDUAL PLAN
NON-MANHATTAN REGION
Form OHPNY 93 3 (IC)**

PRIOR TOTAL PREMIUM RATES

	<u>Jan-11</u>	<u>Feb-11</u>	<u>Mar-11</u>	<u>Apr-11</u>	<u>May-11</u>	<u>Jun-11</u>	<u>Jul-11</u>	<u>Aug-11</u>	<u>Sep-11</u>	<u>Oct-11</u>	<u>Nov-11</u>	<u>Dec-11</u>
Individual	657.10	663.67	670.31	677.01	683.78	690.62	690.62	698.90	707.29	715.77	724.36	733.05
Parent/Child	1322.34	1335.57	1348.92	1362.41	1376.04	1389.80	1389.52	1406.19	1423.06	1440.13	1457.41	1474.90
Employee/Spouse	1314.19	1327.33	1340.61	1354.01	1367.55	1381.23	1381.24	1397.80	1414.58	1431.54	1448.72	1466.10
Family	2020.57	2040.78	2061.19	2081.80	2102.62	2123.64	2123.66	2149.12	2174.91	2200.99	2227.41	2254.13

Premium Increase (Year over Year)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	111.87	114.53	117.23	119.98	122.77	125.61	135.40	137.03	138.67	140.34	142.02	143.73
Parent/Child	224.83	230.17	235.61	241.13	246.74	252.45	272.44	275.71	279.02	282.37	285.76	289.19
Employee/Spouse	223.75	229.07	234.47	239.97	245.56	251.24	270.82	274.08	277.36	280.70	284.07	287.48
Family	344.01	352.17	360.48	368.93	377.52	386.26	416.36	421.38	426.44	431.58	436.75	442.00

Percent Premium Increase (Year over Year)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	17.0%	17.3%	17.5%	17.7%	18.0%	18.2%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%
Parent/Child	17.0%	17.2%	17.5%	17.7%	17.9%	18.2%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%
Employee/Spouse	17.0%	17.3%	17.5%	17.7%	18.0%	18.2%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%
Family	17.0%	17.3%	17.5%	17.7%	18.0%	18.2%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%

**Oxford Health Plans (NY), Inc.
POINT OF SERVICE INDIVIDUAL PLAN
Form OHPNY GrpAge29 LS 1109
Dependent to Age 29 Rider**

If this rider is purchased, then any dependents who satisfy the "dependent through 29" definition as described in the legal filing will be covered like any other dependent child under the parents' policy.

The rate for this optional "make available" rider is calculated as a percentage of the medical & pharmacy rate on tiers which include dependents. There is no charge for the rider on non-dependent tiers.

<u>Tier</u>	<u>Percent of medical & pharmacy rate</u>
	Raise age from
	26 to 29
Individual	0.00%
Parent/Child(ren)	35.16%
Employee/Spouse	0.00%
Family	22.60%

* The cost of this mandatory rider is included in the medical rates shown in rider rate filing (Page 1 & 2)

**Oxford Health Plans (NY), Inc.
POINT OF SERVICE INDIVIDUAL PLAN**

Rate Calculation & Example

Example: New York County, effective 1/1/12

	January	February	March	April	May	June	July	August	September	October	November	December
2011 Individual Rate	\$ 733.72	\$ 741.06	\$ 748.47	\$ 755.95	\$ 763.51	\$ 771.15	\$ 771.20	\$ 780.46	\$ 789.82	\$ 799.30	\$ 808.89	\$ 818.60
2011 Parent/Child(ren)	\$ 1,476.55	\$ 1,491.32	\$ 1,506.23	\$ 1,521.30	\$ 1,536.51	\$ 1,551.85	\$ 1,551.85	\$ 1,570.28	\$ 1,589.12	\$ 1,608.00	\$ 1,627.02	\$ 1,646.20
2011 Employee/Spouse	\$ 1,467.45	\$ 1,482.12	\$ 1,496.95	\$ 1,511.92	\$ 1,527.03	\$ 1,542.30	\$ 1,542.30	\$ 1,560.92	\$ 1,579.64	\$ 1,598.40	\$ 1,617.20	\$ 1,636.10
2011 Family	\$ 2,256.20	\$ 2,278.76	\$ 2,301.55	\$ 2,324.56	\$ 2,347.81	\$ 2,371.24	\$ 2,371.24	\$ 2,399.92	\$ 2,438.65	\$ 2,477.60	\$ 2,516.70	\$ 2,555.90
x Annual Increase	1.170	1.173	1.175	1.177	1.180	1.182	1.196	1.196	1.196	1.196	1.196	1.196
	1.170	1.172	1.175	1.177	1.179	1.182	1.196	1.196	1.196	1.196	1.196	1.196
	1.170	1.173	1.175	1.177	1.180	1.182	1.196	1.196	1.196	1.196	1.196	1.196
	1.170	1.173	1.175	1.177	1.180	1.182	1.196	1.196	1.196	1.196	1.196	1.196
2012 Individual	\$ 858.71	\$ 869.01	\$ 879.44	\$ 889.99	\$ 900.67	\$ 911.48	\$ 922.42	\$ 933.49	\$ 944.69	\$ 956.03	\$ 967.50	\$ 979.11
2012 Parent/Child(ren)	\$ 1,727.69	\$ 1,748.44	\$ 1,769.39	\$ 1,790.62	\$ 1,812.12	\$ 1,833.87	\$ 1,833.87	\$ 1,878.12	\$ 1,900.64	\$ 1,923.30	\$ 1,946.05	\$ 1,968.90
2012 Employee/Spouse	\$ 1,717.39	\$ 1,738.00	\$ 1,758.88	\$ 1,779.97	\$ 1,801.33	\$ 1,822.95	\$ 1,822.95	\$ 1,866.99	\$ 1,912.38	\$ 1,958.00	\$ 2,003.80	\$ 2,049.80
2012 Family	\$ 2,640.53	\$ 2,672.20	\$ 2,704.28	\$ 2,736.70	\$ 2,769.53	\$ 2,802.72	\$ 2,802.72	\$ 2,870.48	\$ 2,939.95	\$ 3,010.10	\$ 3,080.90	\$ 3,152.40

**Oxford Health Plans (NY), Inc.
POINT OF SERVICE INDIVIDUAL PLAN**

Rate Change Summary: January 2012 through December 2012

	Manhattan	All others
<i>Minimum rate change</i>	17.0%	17.0%
<i>Maximum rate change</i>	19.6%	19.6%
<i>Member weighted average rate change</i>	18.7%	18.7%

For each month, the rate change is the same for all renewing members (see Exhibit III.A).

**Oxford Health Plans (NY), Inc.
NEW YORK GRANDFATHERED INDIVIDUAL POS**

BENEFIT DESCRIPTIONS

Grandfathered Individual Product POS (not available to new subscribers)			
Medical Care			
Benefit Type	Limits	In Network Cost Share	Out of Network Cost Share
Emergency Room Services	No limit	\$50 (waived if admitted)	Ded. & Coin.
Physician Office visits	No limit	\$15 Copay	Ded. & Coin.
Specialist Office Visits	No limit	\$15 Copay	Ded. & Coin.
Prescription Drugs	Not covered	Not covered	Not covered
Cost Sharing			
Ded. & Coinsurance		none	\$1000, 30%
Maximum out of pocket		none	\$4,500

**Oxford Health Plans (NY), Inc.
POINT OF SERVICE INDIVIDUAL PLAN**

Commissions & Incentives

There are no commissions paid on individual products.

**Oxford Health Plans (NY), Inc.
POINT OF SERVICE INDIVIDUAL PLAN**

Underwriting Guidelines

This plan is available only to existing subscribers.

**OXFORD HEALTH PLANS (NY), INC.
POINT OF SERVICE INDIVIDUAL PLAN
MANHATTAN REGION
Form OHPNY 93 3 (IC)**

PROPOSED OUT-OF-PLAN PREMIUM RATES (OHI)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual												
Parent/Child												
Employee/Spouse												
Family												

REDACTED

PROPOSED IN-PLAN PREMIUM RATES (OHPNY)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual												
Parent/Child												
Employee/Spouse												
Family												

REDACTED

PROPOSED GF POS MANHATTAN TOTAL PREMIUM RATES

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual												
Parent/Child												
Employee/Spouse												
Family												

REDACTED

**OXFORD HEALTH PLANS (NY), INC.
POINT OF SERVICE INDIVIDUAL PLAN
MANHATTAN REGION
Form OHPNY 93 3 (IC)**

PRIOR TOTAL PREMIUM RATES

	<u>Jan-11</u>	<u>Feb-11</u>	<u>Mar-11</u>	<u>Apr-11</u>	<u>May-11</u>	<u>Jun-11</u>	<u>Jul-11</u>	<u>Aug-11</u>	<u>Sep-11</u>	<u>Oct-11</u>	<u>Nov-11</u>	<u>Dec-11</u>
Individual												
Parent/Child												
Employee/Spouse												
Family												

Premium Increase (Year over Year)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual												
Parent/Child												
Employee/Spouse												
Family												

Percent Premium Increase (Year over Year)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual												
Parent/Child												
Employee/Spouse												
Family												

**OXFORD HEALTH PLANS (NY), INC.
POINT OF SERVICE INDIVIDUAL PLAN
NON-MANHATTAN REGION
Form OHPNY 93 3 (IC)**

PROPOSED OUT-OF-PLAN PREMIUM RATES (OHI)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual												
Parent/Child												
Employee/Spouse												
Family												

REDACTED

PROPOSED IN-PLAN PREMIUM RATES (OHPNY)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual												
Parent/Child												
Employee/Spouse												
Family												

REDACTED

GF POS NON- MANHATTAN TOTAL PREMIUM RATES

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual												
Parent/Child												
Employee/Spouse												
Family												

REDACTED

**OXFORD HEALTH PLANS (NY), INC.
POINT OF SERVICE INDIVIDUAL PLAN
NON-MANHATTAN REGION
Form OHPNY 93 3 (IC)**

PRIOR TOTAL PREMIUM RATES

	<u>Jan-11</u>	<u>Feb-11</u>	<u>Mar-11</u>	<u>Apr-11</u>	<u>May-11</u>	<u>Jun-11</u>	<u>Jul-11</u>	<u>Aug-11</u>	<u>Sep-11</u>	<u>Oct-11</u>	<u>Nov-11</u>	<u>Dec-11</u>
Individual												
Parent/Child												
Employee/Spouse												
Family												

Premium Increase (Year over Year)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual												
Parent/Child												
Employee/Spouse												
Family												

Percent Premium Increase (Year over Year)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual												
Parent/Child												
Employee/Spouse												
Family												

**Oxford Health Plans (NY), Inc.
POINT OF SERVICE INDIVIDUAL PLAN
Form OHPNY GrpAge29 LS 1109
Dependent to Age 29 Rider**

If this rider is purchased, then any dependents who satisfy the "dependent through 29" definition as described in the legal filing will be covered like any other dependent child under the parents' policy.

The rate for this optional "make available" rider is calculated as a percentage of the medical & pharmacy rate on tiers which include dependents. There is no charge for the rider on non-dependent tiers.

<i>Tier</i>	<i>Percent of medical & pharmacy rate</i>
	Raise age from 26 to 29
Individual	REDACTED
Parent/Child(ren)	REDACTED
Employee/Spouse	REDACTED
Family	REDACTED

* The cost of this mandatory rider is included in the medical rates shown in rider rate filing (Page 1 & 2)

**Oxford Health Plans (NY), Inc.
POINT OF SERVICE INDIVIDUAL PLAN**

Rate Calculation & Example

Example: New York County, effective 1/1/12

	January	February	March	April	May	June	July	August	September	October	November	December
2011 Individual Rate												
2011 Parent/Child(ren)												
2011 Employee/Spouse												
2011 Family												
						REDACTED						
x Annual Increase												
						REDACTED						
2012 Individual												
2012 Parent/Child(ren)												
2012 Employee/Spouse												
2012 Family												
						REDACTED						

**Oxford Health Plans (NY), Inc.
POINT OF SERVICE INDIVIDUAL PLAN**

Rate Change Summary: January 2012 through December 2012

	Manhattan	All others
<i>Minimum rate change</i>	REDACTED	REDACTED
<i>Maximum rate change</i>	REDACTED	REDACTED
<i>Member weighted average rate change</i>	REDACTED	REDACTED

For each month, the rate change is the same for all renewing members (see Exhibit III.A).

**Oxford Health Plans (NY), Inc.
NEW YORK GRANDFATHERED INDIVIDUAL POS**

BENEFIT DESCRIPTIONS

Grandfathered Individual Product POS (not available to new subscribers)			
Medical Care			
Benefit Type	Limits	In Network Cost Share	Out of Network Cost Share
Emergency Room Services	No limit	\$50 (waived if admitted)	Ded. & Coin.
Physician Office visits	No limit	\$15 Copay	Ded. & Coin.
Specialist Office Visits	No limit	\$15 Copay	Ded. & Coin.
Prescription Drugs	Not covered	Not covered	Not covered
Cost Sharing			
Ded. & Coinsurance		none	\$1000, 30%
Maximum out of pocket		none	\$4,500

**Oxford Health Plans (NY), Inc.
POINT OF SERVICE INDIVIDUAL PLAN**

Commissions & Incentives

REDACTED

**Oxford Health Plans (NY), Inc.
POINT OF SERVICE INDIVIDUAL PLAN**

Underwriting Guidelines

REDACTED

**United Healthcare Northeast - Oxford
New York Individual Grandfathered POS
Required 1/1/2012 Rate Increases Using Rate Filing Data**

Experience Period: Incurred 2/2010 - 1/2011 Paid Through 4/2011

Rate Filing
Line
Reference

Grandfathered POS

<u>Member Months</u>				
14.3	(a)	Member Months	39,117	
	(b) = (a) /12	Average Members	3,260	
			<u>Dollars</u>	<u>PMPM</u>
<u>Experience Period Claims</u>				
	(c)	Total Medical/Rx Claims	\$ 18,969,632	\$ 484.95
	(d)	Stop Loss *	-	
	(e)	Regulation 146 *	\$ (999,280)	\$ (25.55)
	(f)	GME	\$ 33,214	
14.7	(g) = sum(c):(f)	Total Incurred Claims	\$ 18,303,667	\$ 467.92
<u>Experience Period Premiums</u>				
14.9	(h)	Earned Premiums	\$ 21,511,954	\$ 549.94
<u>Experience Period Loss Ratios</u>				
14.14	(i) = (g) / (h)	Experience Period Loss Ratio	85.1%	85.1%
<u>Claim Projection</u>				
16.1	(j) = (g) - (d) - (e)	Incurred Claims Net of Reg 146 & Stop Loss	\$ 19,302,946	\$ 493.47
	(k)	Annualized Trend	15.1%	15.1%
	(l)	Months of Trend	23	23
	(m) = [1+(k)] ^[(l)/12]	Trend Factor	1.310	1.310
	(n) = (j) * (m)	Projected Claims Net of Reg 146 & Stop Loss	\$ 25,285,672	\$ 646.41
	(o)	Projected Stop Loss for Rating Period	-	-
	(p)	Projected Reg 146 for Rating Period	\$ (8,369,643)	
	(q) = (n) + (o) + (p)	Projected Claims Including Reg 146 & Stop Loss	\$ 23,916,029	\$ 611.40
<u>Premium & Loss Ratio Projection</u>				
14.10	(r)	Standardized Premiums **	\$ 25,907,720	\$ 662.31
	(s) = (q) / (r)	Projected Loss Ratio **	92.3%	92.3%
	(t)	Target Loss Ratio	88.0%	88.0%
	(u) = (s)/(t)-1	Required 1/2012 / 12/2011 Rate Change	4.9%	4.9%
	(v)	Proposed 1/2012 / 12/2011 Rate Change	4.9%	4.9%
	(w)	Proposed Monthly Trend Through 12/1/2012	1.2%	1.2%

* 2010: Reg 146 is actual

** At 12/2011 rate level

**Oxford Health Plans (NY), Inc.
NEW YORK INDIVIDUAL GRANDFATHERED POS**

Standardized Premium Calculation

Effective Date	Time Period for Premium Data in column (A)	Earned GF POS Premium A	Effective Date Individual PMPM B	Dec 2011 Individual PMPM C	Standardized Premium Adjustment D = C/B	Standardized Premium = A x D
March 2009	2/2010	\$ 98,868	\$ 602.31	\$ 818.60	1.36	\$ 134,371.35
April 2009	2/2010 - 3/2010	\$ 300,754	\$ 607.12	\$ 818.60	1.35	\$ 405,516.23
May 2009	2/2010 - 4/2010	\$ 442,268	\$ 611.96	\$ 818.60	1.34	\$ 591,607.63
June 2009	2/2010 - 5/2010	\$ 610,007	\$ 616.85	\$ 818.60	1.33	\$ 809,518.93
July 2009	2/2010 - 6/2010	\$ 864,896	\$ 621.75	\$ 818.60	1.32	\$ 1,138,726.98
August 2009	2/2010 - 7/2010	\$ 839,562	\$ 626.71	\$ 818.60	1.31	\$ 1,096,624.97
September 2009	2/2010 - 8/2010	\$ 978,300	\$ 631.71	\$ 818.60	1.30	\$ 1,267,727.87
October 2009	2/2010 - 9/2010	\$ 1,340,058	\$ 665.69	\$ 818.60	1.23	\$ 1,647,871.66
November 2009	2/2010 - 10/2010	\$ 1,417,189	\$ 671.02	\$ 818.60	1.22	\$ 1,728,876.54
December 2009	2/2010 - 11/2010	\$ 1,592,245	\$ 676.34	\$ 818.60	1.21	\$ 1,927,154.65
January 2010	2/2010 - 12/2010	\$ 2,408,334	\$ 681.75	\$ 818.60	1.20	\$ 2,891,767.64
February 2010	2/2010 - 1/2011	\$ 946,994	\$ 687.18	\$ 818.60	1.19	\$ 1,128,102.42
March 2010	3/2010 - 1/2011	\$ 1,105,138	\$ 692.66	\$ 818.60	1.18	\$ 1,306,074.92
April 2010	4/2010 - 1/2011	\$ 1,574,204	\$ 698.18	\$ 818.60	1.17	\$ 1,845,717.93
May 2010	5/2010 - 1/2011	\$ 1,324,165	\$ 703.75	\$ 818.60	1.16	\$ 1,540,264.42
June 2010	6/2010 - 1/2011	\$ 1,202,292	\$ 709.38	\$ 818.60	1.15	\$ 1,387,403.25
July 2010	7/2010 - 1/2011	\$ 1,235,938	\$ 715.02	\$ 818.60	1.14	\$ 1,414,979.45
August 2010	8/2010 - 1/2011	\$ 820,394	\$ 720.72	\$ 818.60	1.14	\$ 931,810.06
September 2010	9/2010 - 1/2011	\$ 722,498	\$ 726.46	\$ 818.60	1.13	\$ 814,135.67
October 2010	10/2010 - 1/2011	\$ 690,245	\$ 726.46	\$ 818.60	1.13	\$ 777,791.24
November 2010	11/2010 - 1/2011	\$ 474,226	\$ 726.46	\$ 818.60	1.13	\$ 534,373.86
December 2010	12/2010 - 1/2011	\$ 302,714	\$ 726.46	\$ 818.60	1.13	\$ 341,108.04
January 2011	1/2011	\$ 220,668	\$ 733.72	\$ 818.60	1.12	\$ 246,194.06
Total		\$ 21,511,954				\$ 25,907,720

Oxford Health Plans (NY), Inc.
NEW YORK INDIVIDUAL GRANDFATHERED POS

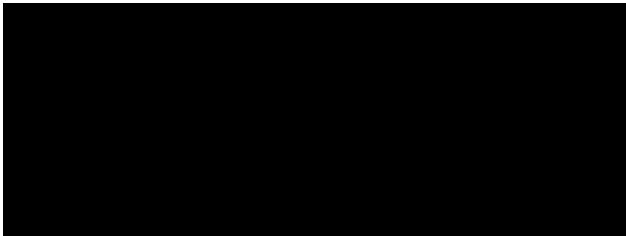
Standardized Premium Calculation

Effective Date	Time Period for Premium Data in column (A)	Earned GF POS Premium A	Effective Date Individual PMPM B	Dec 2011 Individual PMPM C	Standardized Premium Adjustment D = C/B	Standardized Premium = A x D
March 2008	2/2009	\$ 111,206	\$ 533.02	\$ 818.60	1.54	\$ 170,787
April 2008	2/2009 - 3/2009	\$ 346,596	\$ 537.28	\$ 818.60	1.52	\$ 528,074
May 2008	2/2009 - 4/2009	\$ 483,626	\$ 541.55	\$ 818.60	1.51	\$ 731,043
June 2008	2/2009 - 5/2009	\$ 635,170	\$ 545.88	\$ 818.60	1.50	\$ 952,499
July 2008	2/2009 - 6/2009	\$ 907,244	\$ 550.22	\$ 818.60	1.49	\$ 1,349,769
August 2008	2/2009 - 7/2009	\$ 900,847	\$ 554.61	\$ 818.60	1.48	\$ 1,329,643
September 2008	2/2009 - 8/2009	\$ 1,034,325	\$ 559.03	\$ 818.60	1.46	\$ 1,514,585
October 2008	2/2009 - 9/2009	\$ 1,378,504	\$ 578.86	\$ 818.60	1.41	\$ 1,949,423
November 2008	2/2009 - 10/2009	\$ 1,488,792	\$ 583.49	\$ 818.60	1.40	\$ 2,088,682
December 2008	2/2009 - 11/2009	\$ 1,847,061	\$ 588.12	\$ 818.60	1.39	\$ 2,570,912
January 2009	2/2009 - 12/2009	\$ 2,478,405	\$ 592.83	\$ 818.60	1.38	\$ 3,422,266
February 2009	2/2009 - 1/2010	\$ 1,051,295	\$ 597.55	\$ 818.60	1.37	\$ 1,440,197
March 2009	3/2009 - 1/2010	\$ 1,230,763	\$ 602.31	\$ 818.60	1.36	\$ 1,672,732
April 2009	4/2009 - 1/2010	\$ 1,729,026	\$ 607.12	\$ 818.60	1.35	\$ 2,331,303
May 2009	5/2009 - 1/2010	\$ 1,453,458	\$ 611.96	\$ 818.60	1.34	\$ 1,944,246
June 2009	6/2009 - 1/2010	\$ 1,305,663	\$ 616.85	\$ 818.60	1.33	\$ 1,732,699
July 2009	7/2009 - 1/2010	\$ 1,331,309	\$ 621.75	\$ 818.60	1.32	\$ 1,752,810
August 2009	8/2009 - 1/2010	\$ 939,977	\$ 626.71	\$ 818.60	1.31	\$ 1,227,786
September 2009	9/2009 - 1/2010	\$ 740,243	\$ 631.71	\$ 818.60	1.30	\$ 959,242
October 2009	10/2009 - 1/2010	\$ 715,467	\$ 665.69	\$ 818.60	1.23	\$ 879,811
November 2009	11/2009 - 1/2010	\$ 521,580	\$ 671.02	\$ 818.60	1.22	\$ 636,294
December 2009	12/2009 - 1/2010	\$ 359,165	\$ 676.34	\$ 818.60	1.21	\$ 434,711
January 2010	1/2010	\$ 240,427	\$ 681.75	\$ 818.60	1.20	\$ 288,689
Total		\$ 23,230,149				\$ 31,908,201



CONFIDENTIAL – FOIL PROTECTION REQUESTED

August 31, 2011



Subject: **Oxford Health Plans (NY), Inc.
Direct Pay HMO/POS Plans
SERFF #s: XFRD-127318535, XFRD-127318540, XFRD-127318621,
XFRD-127318641**



I am in receipt of your letter dated August 23, 2011 regarding the rate filings referenced above. Please see our responses below.

Question #1:

For all rate submissions:

The # of policyholders affected by the rate change as given in Line 11 of [Exhibit 7: Historical Data by Each Policy Form Included in Rate Adjustment Filing] do not reconcile with the 0 policyholder affected by the rate change as given in the SERFF Rate Schedule Tab. Please correct the 0 policyholder affected by the rate change as given in the SERFF Rate Schedule Tab so that it is consistent with the # of policyholders affected by the rate change as given in Exhibit 7.

Response #1:

We have added the following policyholder counts to the SERFF Rate Schedule tab:

HMO: 3,270
POS: 1,201
GF POS: 1,765

These counts are now consistent with the total values on line 11 of Exhibit 7.

Question #2:

For rate submissions XFRD-127318535 and XFRD-127318540:
In the Filing Description of the SERFF General Information Tab as well as the Cover Letter, the rates are stated to be effective in 12 counties. However, the Actuarial Memorandum lists 14 counties in which the rates are to be effective. Please explain the inconsistency.

Response #2:

We have removed two counties (Ulster and Sullivan) from the Actuarial Memorandum as these products are not offered in those counties.

Question #3:

For all rate submissions:
In the Requested Rate Change Information section of the Rate Review Detail screen, the Change Period is given to be “Other” while the % Change Requested are annual percentages. Please change the Change Period to “Annual”.

Response #3:

We have replaced “Other” with “Annual” in the Requested Rate Change Information section of the Rate Review Detail screen.

Question #4:

For rate submission XFRD-127318535:
Referring to the [Standardized Premium Calculation for New York Individual HMO with effective dates from March 2009 to January 2011]:
The Effective Date Individual PMPM for January 2011 is given to be \$1,181.19. However, the rate manual pages say the January 2011 PMPM is \$1,195.58 for Grandfathered Preventive Cost Share and \$1,201.32 for Non-Grandfathered 100% Preventive Coverage. Please explain why you are using \$1,181.19 as the Effective Date Individual PMPM for January 2011.

Response #4:

We have discovered that the Individual HMO rate of \$1,181.19 entered for the January 2011 effective date is actually the Individual HMO rate for the July 2011 effective date and was entered in error. The correct value for the January 2011 effective date is \$1,195.58. This decreases the total HMO standardized premium for the current period by -0.1% which results in a +0.1% increase to the required HMO rate change (from +9.0%

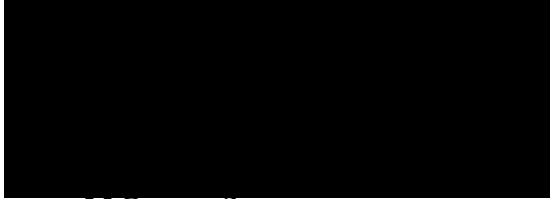
to +9.1%). However, there is no change to the aggregate HMO/POS required rate increase of 8.6% because the impact of the revision is less than +0.1% on a combined basis for the HMO and POS products. We have attached corrected versions of the standardized premium and rate development exhibits.

Thank you for bringing these items to our attention. Should you have any questions or please contact me [REDACTED]

[REDACTED]



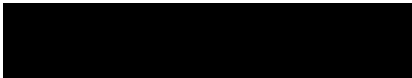
September 19, 2011



nt

25 Beaver Street
New York, NY 10004

RE: Oxford Health Plans (NY), Inc.
Oxford Health Insurance, Inc.
Individual Non-Standardized POS Plan
Form: OHPNY 93 3 (IC)
Revised Rate Exhibits & Notification Letters

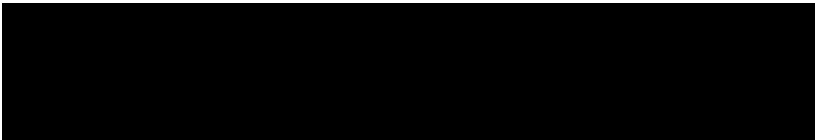


As instructed, we are submitting through SERFF revisions to the Company's previously requested rate increases for its New York Individual Non-Standardized POS product for effective dates January 2012 to December 2012. The revisions are based on guidance provided by your e-mail informing us that the rate changes approved by the New York State Insurance Department for the Non-Standardized POS product are +2.9% for January 2012 versus December 2011 and a +1.2% monthly trend thereafter. The Company has not yet received the written determination of the Superintendent with actuarial justification for revisions made to the Company's previously submitted rate. However, due to implementation time constraints, we are resubmitting the approved rates based on the aforementioned communication from the Department in SERFF in order to meet the notification requirements. We respectfully reserve all of our rights with respect to modification once provided with the Department's written determination.

In addition, we are including versions of the 60-day notification letters updated with the approved rate increases and a new footnote to be sent to impacted subscribers to inform them of the approved rate increases.

Included in this resubmission are

- Section I - Revised Rate Manual Including Comparison to Current Rates
- Section II – New Second Notification Letters



information, please contact me at (203)



**OXFORD HEALTH PLANS (NY), INC.
POINT OF SERVICE INDIVIDUAL PLAN
MANHATTAN REGION
Form OHPNY 93 3 (IC)**

PROPOSED OUT-OF-PLAN PREMIUM RATES (OHI)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	123.42	124.90	126.40	127.92	129.46	131.01	132.58	134.17	135.78	137.41	139.06	140.73
Parent/Child	248.32	251.30	254.32	257.37	260.46	263.59	266.75	269.95	273.19	276.47	279.79	283.15
Employee/Spouse	246.84	249.80	252.80	255.83	258.90	262.01	265.15	268.33	271.55	274.81	278.11	281.45
Family	379.52	384.07	388.68	393.34	398.06	402.84	407.67	412.56	417.51	422.52	427.59	432.72

PROPOSED IN-PLAN PREMIUM RATES (OHPNY)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	718.92	727.55	736.28	745.11	754.05	763.10	772.26	781.53	790.91	800.40	810.00	819.72
Parent/Child	1446.48	1463.84	1481.43	1499.20	1517.20	1535.43	1553.84	1572.48	1591.35	1610.46	1629.80	1649.37
Employee/Spouse	1437.86	1455.10	1472.58	1490.23	1508.11	1526.23	1544.52	1563.04	1581.80	1600.79	1620.01	1639.47
Family	2210.71	2237.21	2264.06	2291.20	2318.69	2346.53	2374.66	2403.14	2431.97	2461.15	2490.68	2520.56

PROPOSED GF POS MANHATTAN TOTAL PREMIUM RATES

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	842.34	852.45	862.68	873.03	883.51	894.11	904.84	915.70	926.69	937.81	949.06	960.45
Parent/Child	1694.80	1715.14	1735.75	1756.57	1777.66	1799.02	1820.59	1842.43	1864.54	1886.93	1909.59	1932.52
Employee/Spouse	1684.70	1704.90	1725.38	1746.06	1767.01	1788.24	1809.67	1831.37	1853.35	1875.60	1898.12	1920.92
Family	2590.23	2621.28	2652.74	2684.54	2716.75	2749.37	2782.33	2815.70	2849.48	2883.67	2918.27	2953.28

**OXFORD HEALTH PLANS (NY), INC.
POINT OF SERVICE INDIVIDUAL PLAN
MANHATTAN REGION
Form OHPNY 93 3 (IC)**

PRIOR TOTAL PREMIUM RATES

	<u>Jan-11</u>	<u>Feb-11</u>	<u>Mar-11</u>	<u>Apr-11</u>	<u>May-11</u>	<u>Jun-11</u>	<u>Jul-11</u>	<u>Aug-11</u>	<u>Sep-11</u>	<u>Oct-11</u>	<u>Nov-11</u>	<u>Dec-11</u>
Individual	733.72	741.06	748.47	755.95	763.51	771.15	771.20	780.46	789.82	799.30	808.89	818.60
Parent/Child	1476.55	1491.32	1506.23	1521.30	1536.51	1551.87	1551.66	1570.28	1589.12	1608.19	1627.49	1647.02
Employee/Spouse	1467.45	1482.12	1496.95	1511.92	1527.03	1542.30	1542.40	1560.92	1579.64	1598.60	1617.78	1637.20
Family	2256.20	2278.76	2301.55	2324.56	2347.81	2371.29	2371.44	2399.92	2428.69	2457.85	2487.34	2517.20

Premium Increase (Year over Year)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	108.62	111.39	114.21	117.08	120.00	122.96	133.64	135.24	136.87	138.51	140.17	141.85
Parent/Child	218.25	223.82	229.52	235.27	241.15	247.15	268.93	272.15	275.42	278.74	282.10	285.50
Employee/Spouse	217.25	222.78	228.43	234.14	239.98	245.94	267.27	270.45	273.71	277.00	280.34	283.72
Family	334.03	342.52	351.19	359.98	368.94	378.08	410.89	415.78	420.79	425.82	430.93	436.08

Percent Premium Increase (Year over Year)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	14.8%	15.0%	15.3%	15.5%	15.7%	15.9%	17.3%	17.3%	17.3%	17.3%	17.3%	17.3%
Parent/Child	14.8%	15.0%	15.2%	15.5%	15.7%	15.9%	17.3%	17.3%	17.3%	17.3%	17.3%	17.3%
Employee/Spouse	14.8%	15.0%	15.3%	15.5%	15.7%	15.9%	17.3%	17.3%	17.3%	17.3%	17.3%	17.3%
Family	14.8%	15.0%	15.3%	15.5%	15.7%	15.9%	17.3%	17.3%	17.3%	17.3%	17.3%	17.3%

**OXFORD HEALTH PLANS (NY), INC.
POINT OF SERVICE INDIVIDUAL PLAN
NON-MANHATTAN REGION
Form OHPNY 93 3 (IC)**

PROPOSED OUT-OF-PLAN PREMIUM RATES (OHI)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	35.39	35.81	36.24	36.67	37.11	37.56	38.01	38.47	38.93	39.40	39.87	40.35
Parent/Child	71.21	72.06	72.92	73.80	74.69	75.59	76.50	77.42	78.35	79.29	80.24	81.20
Employee/Spouse	70.77	71.62	72.48	73.35	74.23	75.12	76.02	76.93	77.85	78.78	79.73	80.69
Family	108.82	110.13	111.45	112.79	114.14	115.51	116.90	118.30	119.72	121.16	122.61	124.08

PROPOSED IN-PLAN PREMIUM RATES (OHPNY)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	718.92	727.55	736.28	745.12	754.06	763.11	772.27	781.54	790.92	800.41	810.01	819.73
Parent/Child	1446.47	1463.83	1481.40	1499.18	1517.17	1535.38	1553.80	1572.45	1591.32	1610.42	1629.75	1649.31
Employee/Spouse	1437.84	1455.09	1472.55	1490.22	1508.10	1526.20	1544.51	1563.04	1581.80	1600.78	1619.99	1639.43
Family	2210.68	2237.21	2264.06	2291.23	2318.72	2346.54	2374.70	2403.20	2432.04	2461.22	2490.75	2520.64

GF POS NON- MANHATTAN TOTAL PREMIUM RATES

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	754.31	763.36	772.52	781.79	791.17	800.66	810.27	819.99	829.83	839.79	849.87	860.07
Parent/Child	1517.67	1535.88	1554.31	1572.96	1591.84	1610.94	1630.27	1649.83	1669.63	1689.67	1709.95	1730.47
Employee/Spouse	1508.62	1526.72	1545.04	1563.58	1582.34	1601.33	1620.55	1640.00	1659.68	1679.60	1699.76	1720.16
Family	2319.50	2347.33	2375.50	2404.01	2432.86	2462.05	2491.59	2521.49	2551.75	2582.37	2613.36	2644.72

**OXFORD HEALTH PLANS (NY), INC.
POINT OF SERVICE INDIVIDUAL PLAN
NON-MANHATTAN REGION
Form OHPNY 93 3 (IC)**

PRIOR TOTAL PREMIUM RATES

	<u>Jan-11</u>	<u>Feb-11</u>	<u>Mar-11</u>	<u>Apr-11</u>	<u>May-11</u>	<u>Jun-11</u>	<u>Jul-11</u>	<u>Aug-11</u>	<u>Sep-11</u>	<u>Oct-11</u>	<u>Nov-11</u>	<u>Dec-11</u>
Individual	657.10	663.67	670.31	677.01	683.78	690.62	690.62	698.90	707.29	715.77	724.36	733.05
Parent/Child	1322.34	1335.57	1348.92	1362.41	1376.04	1389.80	1389.52	1406.19	1423.06	1440.13	1457.41	1474.90
Employee/Spouse	1314.19	1327.33	1340.61	1354.01	1367.55	1381.23	1381.24	1397.80	1414.58	1431.54	1448.72	1466.10
Family	2020.57	2040.78	2061.19	2081.80	2102.62	2123.64	2123.66	2149.12	2174.91	2200.99	2227.41	2254.13

Premium Increase (Year over Year)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	97.21	99.69	102.21	104.78	107.39	110.04	119.65	121.09	122.54	124.02	125.51	127.02
Parent/Child	195.33	200.31	205.39	210.55	215.80	221.14	240.75	243.64	246.57	249.54	252.54	255.57
Employee/Spouse	194.43	199.39	204.43	209.57	214.79	220.10	239.31	242.20	245.10	248.06	251.04	254.06
Family	298.93	306.55	314.31	322.21	330.24	338.41	367.93	372.37	376.84	381.38	385.95	390.59

Percent Premium Increase (Year over Year)

	<u>Jan-12</u>	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>
Individual	14.8%	15.0%	15.2%	15.5%	15.7%	15.9%	17.3%	17.3%	17.3%	17.3%	17.3%	17.3%
Parent/Child	14.8%	15.0%	15.2%	15.5%	15.7%	15.9%	17.3%	17.3%	17.3%	17.3%	17.3%	17.3%
Employee/Spouse	14.8%	15.0%	15.2%	15.5%	15.7%	15.9%	17.3%	17.3%	17.3%	17.3%	17.3%	17.3%
Family	14.8%	15.0%	15.2%	15.5%	15.7%	15.9%	17.3%	17.3%	17.3%	17.3%	17.3%	17.3%

**Oxford Health Plans (NY), Inc.
POINT OF SERVICE INDIVIDUAL PLAN
Form OHPNY GrpAge29 LS 1109
Dependent to Age 29 Rider**

If this rider is purchased, then any dependents who satisfy the "dependent through 29" definition as described in the legal filing will be covered like any other dependent child under the parents' policy.

The rate for this optional "make available" rider is calculated as a percentage of the medical & pharmacy rate on tiers which include dependents. There is no charge for the rider on non-dependent tiers.

<u>Tier</u>	<u>Percent of medical & pharmacy rate</u>
	Raise age from
	26 to 29
Individual	0.00%
Parent/Child(ren)	35.16%
Employee/Spouse	0.00%
Family	22.60%

**Oxford Health Plans (NY), Inc.
POINT OF SERVICE INDIVIDUAL PLAN**

Rate Calculation & Example

Example: New York County, effective 1/1/12

	January	February	March	April	May	June	July	August	September	October	November	December
2011 Individual Rate	\$ 733.72	\$ 741.06	\$ 748.47	\$ 755.95	\$ 763.51	\$ 771.15	\$ 771.20	\$ 780.46	\$ 789.82	\$ 799.30	\$ 808.89	\$ 818.60
2011 Parent/Child(ren)	\$ 1,476.55	\$ 1,491.32	\$ 1,506.23	\$ 1,521.30	\$ 1,536.51	\$ 1,551.65	\$ 1,551.65	\$ 1,570.28	\$ 1,589.12	\$ 1,607.96	\$ 1,627.42	\$ 1,647.00
2011 Employee/Spouse	\$ 1,467.45	\$ 1,482.12	\$ 1,496.95	\$ 1,511.92	\$ 1,527.03	\$ 1,542.30	\$ 1,542.30	\$ 1,560.92	\$ 1,579.64	\$ 1,598.36	\$ 1,617.28	\$ 1,636.40
2011 Family	\$ 2,256.20	\$ 2,278.76	\$ 2,301.55	\$ 2,324.56	\$ 2,347.81	\$ 2,371.24	\$ 2,371.24	\$ 2,399.92	\$ 2,437.65	\$ 2,475.66	\$ 2,513.90	\$ 2,552.40
x Annual Increase	1.148	1.150	1.153	1.155	1.157	1.159	1.173	1.173	1.173	1.173	1.173	1.173
	1.148	1.150	1.152	1.155	1.157	1.159	1.173	1.173	1.173	1.173	1.173	1.173
	1.148	1.150	1.153	1.155	1.157	1.159	1.173	1.173	1.173	1.173	1.173	1.173
	1.148	1.150	1.153	1.155	1.157	1.159	1.173	1.173	1.173	1.173	1.173	1.173
2012 Individual	\$ 842.34	\$ 852.45	\$ 862.68	\$ 873.03	\$ 883.51	\$ 894.11	\$ 904.84	\$ 915.70	\$ 926.69	\$ 937.81	\$ 949.06	\$ 960.45
2012 Parent/Child(ren)	\$ 1,694.80	\$ 1,715.14	\$ 1,735.75	\$ 1,756.57	\$ 1,777.66	\$ 1,799.02	\$ 1,820.59	\$ 1,842.43	\$ 1,864.54	\$ 1,886.93	\$ 1,909.59	\$ 1,932.52
2012 Employee/Spouse	\$ 1,684.70	\$ 1,704.90	\$ 1,725.38	\$ 1,746.06	\$ 1,767.01	\$ 1,788.24	\$ 1,809.77	\$ 1,831.37	\$ 1,853.35	\$ 1,875.62	\$ 1,898.12	\$ 1,920.92
2012 Family	\$ 2,590.23	\$ 2,621.28	\$ 2,652.74	\$ 2,684.54	\$ 2,716.75	\$ 2,749.37	\$ 2,782.31	\$ 2,815.70	\$ 2,849.67	\$ 2,884.13	\$ 2,919.12	\$ 2,954.68

Oxford Health Plans (NY), Inc.
POINT OF SERVICE INDIVIDUAL PLAN

Rate Change Summary: January 2012 through December 2012

	Manhattan	All others
<i>Minimum rate change</i>	14.8%	14.8%
<i>Maximum rate change</i>	17.3%	17.3%
<i>Member weighted average rate change</i>	16.4%	16.4%

For each month, the rate change is the same for all renewing members (see Exhibit III.A).

**Oxford Health Plans (NY), Inc.
NEW YORK GRANDFATHERED INDIVIDUAL POS**

BENEFIT DESCRIPTIONS

Grandfathered Individual Product POS (not available to new subscribers)			
Medical Care			
Benefit Type	Limits	In Network Cost Share	Out of Network Cost Share
Emergency Room Services	No limit	\$50 (waived if admitted)	Ded. & Coin.
Physician Office visits	No limit	\$15 Copay	Ded. & Coin.
Specialist Office Visits	No limit	\$15 Copay	Ded. & Coin.
Prescription Drugs	Not covered	Not covered	Not covered
Cost Sharing			
Ded. & Coinsurance		none	\$1000, 30%
Maximum out of pocket		none	\$4,500

**Oxford Health Plans (NY), Inc.
POINT OF SERVICE INDIVIDUAL PLAN**

Commissions & Incentives

There are no commissions paid on individual products.

**Oxford Health Plans (NY), Inc.
POINT OF SERVICE INDIVIDUAL PLAN**

Underwriting Guidelines

This plan is available only to existing subscribers.



<Date>

<Subscriber First Name> <Subscriber Last Name>

<Address 1>

<Address 2>

<City>, <State> <Zip>

Re: Rate Filing for Oxford New York Individual Grandfathered POS plans

Dear <Subscriber First Name> <Subscriber Last Name>,

Thank you for allowing UnitedHealthcare to serve your health benefit plan needs with our Oxford¹ products. We are writing as a follow-up to our rate application with the New York State Insurance Department (NYSID) on July 19, 2011. This letter is being sent to you as a certificate holder to notify you of the approved increases.

The NYSID approved the following rate increases related to medical cost trends.² This additional percentage will be added to your current 2011 rate for the 2012 contract year.³

Renewal Date	Approved Total Increase Over 2011 Medical Premium (%)
January 2012	14.8%
February 2012	15.0%
March 2012	15.3%
April 2012	15.5%
May 2012	15.7%
June 2012	15.9%
July 2012	17.3%
August 2012	17.3%
September 2012	17.3%
October 2012	17.3%
November 2012	17.3%
December 2012	17.3%

¹ Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

² Please note that the approved rates reflect modifications by the NYSID to the rates we submitted for approval. We have requested and not yet received a written determination from the NYSID with actuarial justifications for revisions made to the previously submitted rates. Accordingly, we have reserved all rights with respect to the modifications required by the NYSID and may contest the decision.

³ We do not have any benefit changes on file with the NYSID. In the event that benefit changes (e.g., benefit mandate) are made to our Grandfathered POS product prior to your 2012 renewal, those changes may also impact your final premium rates.

Prior to your renewal, you will receive additional renewal materials which will reflect your actual renewal increase.

Thank you for your business.

Sincerely,

Oxford



<Date>

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

Re: Rate Filing for Oxford New York Individual Grandfathered POS plans

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Sincerely,

Oxford