

8/27/2019

Primary User Name  
Group Name Group#  
Group Address 1  
Group Address 2  
City, State Zip

Re: Notice of Proposed 2020 Premium Rate Changes

Dear Primary User Name,

Thank you for allowing HealthPass to serve your health insurance needs. Our partner carriers have filed requests with the New York State Department of Financial Services (DFS) to approve rate changes to your medical premiums for 2020. The notices of their requested rate changes are enclosed for your reference.

DFS is required by law to review the requested rate changes and may approve, modify or disapprove of the requests. No action needs to be taken at this time. Your covered employees have been notified directly and we will send you the final approved premium rates in your 2020 HealthPass Renewal Kit at least 60 days before your renewal.

**Proposed Premium Rate Changes:**

**Healthfirst 5% Rate Decrease**

**Oscar 8.61% - 19.65% Rate Increase**

**Oxford 13.6% - 25.1% Rate Increase**

We value our relationship with you and look forward to continuing to meet your health insurance needs.

Sincerely,

The HealthPass Team  
888-313-7277  
[renewals@healthpassny.com](mailto:renewals@healthpassny.com)

CC:

Broker Name  
Broker Phone  
Broker Email



## **NARRATIVE SUMMARY**

### **Community-Rated Small Group Commercial Comprehensive Premium Rate Filings Plan Year 2020**

Healthfirst Insurance Company, Inc. (“Healthfirst”) has submitted to the New York Department of Financial Services (DFS) an application to adjust premium rates for small group market health insurance coverage effective in 2020. Healthfirst has requested an increase in premium rates for plans offered in 2020. The Department of Financial Services is reviewing Healthfirst’s requested premium rate increase and will determine if the rates are appropriate based on the available evidence.

The requested rate adjustments will affect all currently enrolled small group market subscribers renewing coverage for the 2020 calendar year as well as new small group policies issued during the 2020 calendar year. Final rate adjustments approved by DFS will be effective January 1, 2020. The rates are guaranteed for a 12-month period ending December 31, 2020 and are subject to New York’s community rating and guarantee issue laws. Subscribers’ rates will vary according to the benefit plan in which they enroll, as well as the census/family tier they select.

As of the date of the submission of this Narrative Summary, approximately 8,300 covered lives (i.e., subscribers and their covered dependents) are estimated to be affected by the rate adjustment.

#### **A Description of Your Premium Rate**

Your health insurance premium rate has two main components. One is the costs of paying for medical care and the other is Healthfirst’s administrative costs.

1. **Medical care costs.** The largest portion of your health insurance premium rate goes toward paying for the costs of the medical claims submitted by you and other members enrolled in Healthfirst’s small group market plans. Under New York law, at least 82 percent of the premium Healthfirst’s members pay must be put toward paying for the costs of medical claims. More than 82 percent of Healthfirst’s premium dollars is used for paying medical expenses.
2. **Administrative costs.** Administrative expenses include a wide range of services and functions, such as processing claims and upgrading technology to keep pace with the rapidly changing health care sector. It also accounts for an array of member-centric expenses such as conducting medical necessity reviews, managing members’ complex and chronic conditions, maintaining a robust provider network, and partnering with the community on health education initiatives.

Healthfirst takes a meaningful and evidence-based approach to determining how much of a rate adjustment to request from DFS.

### Your Rate Adjustment Explained

Healthfirst is applying for a rate adjustment to account for marketplace trends and to reflect actual and anticipated claims costs. While several market forces continue to drive health care costs higher more generally, Healthfirst continues to strengthen the effectiveness of its care management and quality improvement programs and robust network. When combining all factors, HFIC rates decrease by 5% from 2019 to 2020.

The overall requested rate decrease is 5%. The premium rate decreases, by plan metal level, that Healthfirst is requesting are summarized in the table below.

<u>Plan Name</u>	<u>Requested Change</u>
Healthfirst Bronze Pro EPO, Healthfirst Bronze Pro Plus EPO, Bronze 6650 Pro, & Bronze 6650 Pro Plus	-5%
Healthfirst Silver Pro EPO, Healthfirst Silver Pro Plus EPO, Healthfirst Silver 40/75/4700 Pro, & Healthfirst Silver 40/75/4700 Pro Plus	-5%
Healthfirst Gold Pro EPO, Healthfirst Gold Pro Plus EPO, Healthfirst Gold 25/50/0 Pro & Healthfirst Gold 25/50/0 Pro Plus	-5%
Healthfirst Platinum Pro EPO & Healthfirst Platinum Pro Plus EPO	-5%

### Final Rate Adjustment

The final rate adjustment that Healthfirst members experience may differ than what DFS eventually approves. Healthfirst will notify its currently enrolled members approximately 60 days prior to the new rate taking effect.

## **We're raising our monthly premiums next year. Here's what's happening and what it means for you.**

Enclosed you'll find your proposed rates for next year. You'll notice that your premiums are increasing starting {{new\_plan\_effective\_date}}, and we wanted to reach out to explain why this is happening and what this means for you. There's nothing you need to do right now, we just wanted to make sure you heard it from us first.

### **Why are premiums going up?**

While we're working hard to keep costs down for members, we adjust our pricing every year in light of changing costs and the care our members need. The main reason for higher premiums across the industry is that medical costs have gone up. We, along with other insurers, have to raise premiums in order to provide coverage for these services.

### **What are we doing about it?**

Oscar's core mission is to make health care accessible and affordable for our members. We'll do that by improving on and developing new tools and services that help you get the care you need, at an affordable price – like your dedicated Concierge team and Doctor on Call, which allows you to talk to a doctor for free 24/7.

### **What's next?**

No action is needed at this time. Nothing is changing about your plan for 2019, and remember, these are proposed (emphasis on the proposed!) rates for 2020. We'll be in touch again in the fall once our rates are finalized by NY State regulators.

Most importantly, we want you to know our world class team is working with the smartest investors and top health care partners to deliver on our mission to create a better health care experience. We hope you will continue to choose Oscar for your health insurance.

Questions? Get in touch.

1-855-672-2755



# Notice of Proposed Premium Rate Change

## {{current\_plan\_legal\_name}} - {{current\_plan\_hios}}

Dear {{employer\_name}},

Oscar is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group premium rates for 2020. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review Oscar's requested rate change. DFS may approve, modify or disapprove the requested rate change.

### Proposed Premium Rate Changes

If approved, the percent change to your group's premiums will be:

Plan	Premium
Individual	{{percentage_change 2020_p1}}
Couple	{{percentage_change 2020_p2}}
Child	{{percentage_change 2020_p3}}
Family	{{percentage_change 2020_p4}}

Please note that while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features you select on renewal. Also, the final approved rate may differ because DFS may modify the proposed rate.

### Why We Are Requesting a Rate Change

There are two main reasons for higher premiums: prices for drugs and health care services are on the rise, and members are projected to use more care.

When Oscar's costs go up, we unfortunately have to raise premiums, as do all other carriers. We expect at least \$0.85 of every \$1 we collect in premiums to be spent towards Oscar's members' medical care, and sometimes we pay even more than that. We use whatever is left to cover the cost of running Oscar's business.

Part of Oscar's core mission is to slow the trend of rising health care costs over time. We'll do that by continuing to align incentives with our provider partners so they are more mindful of your wallet. We're also continuing to improve upon and develop new tools that help you get the best treatment, right when you need it, at an affordable price - like Oscar's Doctor on Call telemedicine feature, which allows you to talk to a doctor on call for health advice for free. We're here to assist you, so don't hesitate to



contact us.

### **30-day Comment Period**

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact Oscar for additional information at:

Oscar Insurance Corporation  
P.O. Box 52146  
Phoenix AZ, 85072-2146  
1-855-672-2755  
Help@hioscar.com  
Hioscar.com/member

Comments or requests for more information on the proposed rate change may be submitted to DFS by visiting the DFS Website or via standard mail as follows:

DFS Website: [https://www.dfs.ny.gov/consumers/health\\_insurance/health\\_insurance\\_premiums](https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums)

United States Postal Service:

NYS Department of Financial Services  
Health Bureau – Premium Rate Adjustments  
One Commerce Plaza  
Albany, NY 12257

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer
2. The name of your plan
3. Whether you have individual or group coverage
4. Your HIOS Plan ID number, which may be obtained by calling Oscar.

Written comments submitted to DFS may be posted on the DFS website without your personal information.

### **Plain English Summary of Rate Change**

Oscar has prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

Oscar website: [www.hioscar.com/rates](http://www.hioscar.com/rates)

DFS website:

[https://www.dfs.ny.gov/consumers/health\\_insurance/health\\_insurance\\_premiums](https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums)

### **Notice of Approved Premium Rate**

After DFS approves the final premium rate, which may differ from the requested rate noted above, you will receive final rate information at least 60 days before your 2020 renewal date.

oscar

Sincerely,

*Sid Sankaran*

Sid Sankaran  
Chief Financial Officer  
Oscar Insurance Corporation



# Notice of Non-Discrimination: Discrimination is Against the Law

Oscar complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Oscar does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Oscar:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services, at all points of contact, at all times, to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services at 1-855-OSCAR-55 (TTY: 7-1-1).

If you believe that Oscar has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**CA Members:** Oscar Health Plan of California, Attention Grievances 9942 Culver City Blvd., PO Box 1279, Culver City, CA 90232

**All other Members:** Oscar Insurance, Attention Grievances PO Box 52146, Phoenix, AZ 85072  
1-855-OSCAR-55 (TTY: 7-1-1), Mon - Fri 8am - 8pm/ Sat - Sun 9am - 5pm (EST), Fax: 1-888-977-2062, Email: help@hioscar.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Oscar's Grievances Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F,  
HHH Building Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services for the Deaf or Hard of Hearing

ATTENTION: If you are deaf or hard of hearing, talk to text services, free of charge, are available to you. Call 1-855-Oscar-55 and dial 711 to receive TTY/TDD services.



# Multi-language interpreter services

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-OSCAR-55.

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-OSCAR-55。

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-OSCAR-55.

**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-OSCAR-55.

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-OSCAR-55 번으로 전화해 주십시오.

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-OSCAR-55.

**אידיש (Yiddish):** אויפֿמערקזאַם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-855-OSCAR-55.

**বাংলা (Bengali):** লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-855-OSCAR-55.

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-OSCAR-55.

**العربية (Arabic):** ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالجان. اتصل برقم 1-855-OSCAR-55.

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-OSCAR-55.

**اردو (Urdu):** خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-855-OSCAR-55

**Tagalog (Tagalog - Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-OSCAR-55.

**λληνικά (Greek):** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-OSCAR-55.

**Shqip (Albanian):** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-OSCAR-55.

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-OSCAR-55.

**हिंदी (Hindi):** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-OSCAR-55 पर कॉल करें।

**فارسی (Farsi):** توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما بگردد 1-855-OSCAR-55.

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-OSCAR-55.

**ગુજરાતી (Gujarati):** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-OSCAR-55.

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-OSCAR-55 まで、お電話にてご連絡ください。

**ພາສາລາວ (Lao):** ປັດຈຸບັນ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໃດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-OSCAR-55.

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-OSCAR-55.

**አማርኛ (Amharic):** ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገልግሎት ድርጅቶቻችን በነጻ ለሚገዙዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-855-OSCAR-55.

**Հայերեն (Armenian):** Ուշադրություն: Եթե խոսում եք հայերեն, ապա անվճար կարող եք օգտագործել լեզվական աջակցությունն անվճար: Զանգահարեք 1-855-OSCAR-55.

**ਪੰਜਾਬੀ (Punjabi):** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-OSCAR-55 'ਤੇ ਕਾਲ ਕਰੋ।

**ខ្មែរ (Cambodian):** ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសាដោយមិនគិតថ្លៃសម្រាប់អ្នកមានសំណប់អ្នកស្រុក ចូរ ទូរស័ព្ទ 1-855-OSCAR-55.

**Hmoob (Hmong):** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-OSCAR-55.

**ภาษาไทย (Thai):** ถ้ าคคุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ ฟรี โทร 1-855-OSCAR-55.

**Deitsch (Pennsylvania Dutch):** Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzsch, kantscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-OSCAR-55 (TTY: 711).

**Oroomiffa (Oromo):** XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-OSCAR-55.

**Nederlands (Dutch):** AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-OSCAR-55.

**Українська (Ukrainian):** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-OSCAR-55.

**Română (Romanian):** ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit.

Sunați la 1-855-OSCAR-55

**Navajo Diné Bizaad:** Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiiik'eh, éí ná hóló, koji' hódíílnih 1-855-OSCAR-55 (TTY:711)

Re: Notice of Proposed Premium Rate Change

Oxford Health Insurance, Inc. (OHI) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group premium rates for 2020. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

### **Proposed Premium Rate Changes**

If approved, the percentage change to your group's premium is <Increase>%.

Please note that the final approved rate may differ because DFS may modify the proposed rate. In addition, while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features that your group policyholder selects on renewal.

### **Why We Are Requesting a Rate Change**

The requested increase is due to our view of projected claims. Rising medical expenses are the main reason for the requested increase. A number of factors contribute to these rising costs, including increases in the cost of medical services and increases in the amount of services used. A part of the medical costs includes a pooling technique established under the Affordable Care Act (ACA) called Federal Risk Adjustment. The 2020 risk adjustment amount will be 14% lower due to a Centers for Medicare & Medicaid Services (CMS) modification. This reduction increases our requested rates by 0.3%. We have prepared a narrative summary that provides a more detailed explanation of the reasons why we are seeking a premium rate adjustment. This summary will be posted on our website and the DFS website. Our rate application will also be posted on the DFS website.

### **30-day Comment Period**

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact us for additional information at:

Oxford  
NY Prior Approval  
4 Research Drive  
Shelton, CT 06484  
1-888-201-4216  
oxfordhealth.com

Comments or requests for more information on the proposed rate change may be submitted to DFS by visiting the DFS Website or via standard mail as follows:

DFS website: [dfs.ny.gov/consumers/health\\_insurance/health\\_insurance\\_premiums](https://dfs.ny.gov/consumers/health_insurance/health_insurance_premiums)

United States Postal Service:

NYS Department of Financial Services  
Health Bureau – Premium Rate Adjustments  
One Commerce Plaza  
Albany, NY 12257

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer
2. The name of your plan
3. Whether you have individual or group coverage
4. Your HIOS Plan ID number, which is <HIOS ID>

Written comments submitted to DFS will be posted on the DFS website without your personal information.

### **Plain-English Summary of Rate Change**

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

Oxford website: [oxfordhealth.com](https://oxfordhealth.com) . Go to the *Employer Messages* section.

DFS website: [dfs.ny.gov/consumers/health\\_insurance/health\\_insurance\\_premiums](https://dfs.ny.gov/consumers/health_insurance/health_insurance_premiums)

### **Notice of Approved Premium Rate**

After DFS approves the final premium rate, which may differ from the requested rate noted above, you will receive final rate information at least 60 days before your 2020 renewal date.

Sincerely,



Chuck Cerniglia  
Vice President  
Key Account Sales & Small Business Sales and Account Management