United Healthcare Oxford
4 Research Drive
Shelton CT 06484

160IMPLANBW0017002-09898-01
WEI CHANG
VERATEX
336 E 56TH ST FRNT A
NEW YORK NY 10022-4145

June 9, 2026

Re: Notice of Proposed Premium Rate Change
1351166, NY P FRDM NG 20/40/100 PPO 26, 85629NY0050026-00

Dear WEI CHANG:

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 2027. 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 30.4%.

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 that your group policyholder selects on renewal. Also, the final approved rate may differ because DFS may modify the proposed rate.

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. 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 comment period is expected to begin 5 business days from the postmark date of this notice.

(over, please)

You can contact us for additional information at:

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

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 85629NY0050026-00

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, also referred to as a Narrative 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 summary: **uhc.com/legal/required-state-notices/new-york**

DFS website: **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 2027 renewal date.

Sincerely,

Junior R. Harewood
CEO, New York, New Jersey, Pennsylvania, Delaware
UnitedHealthcare Employer & Individual