

OXFORD HEATH PLANS LLC  
 (877) 620-6192  
 PO Box 1459 MN008-W235  
 Minneapolis, MN 55440-1459

CHECK NUMBER 00447176

INVOICE		VOUCHER NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
NUMBER	DATE				
20120063S	04/13/12	20004049	1,292,840.00	0.00	1,292,840.00
VENDOR		TOTAL	1,292,840.00	0.00	1,292,840.00
0000166261					

THE FACE OF THIS DOCUMENT CONTAINS A MULTICOLORED BACKGROUND - THE BACK CONTAINS AN ARTIFICIAL WATERMARK (HOLD AT AN ANGLE TO VIEW) AND INK THAT RESPONDS TO TEMPERATURE.

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 Minneapolis, MN 55440-1459

KEYBANK NATIONAL ASSO: 56-704  
 412

CHECK NO. 00447176	
DATE	AMOUNT
4/26/2012	*****1,292,840.00**

Pay \*\*\*ONE MILLION TWO HUNDRED NINETY-TWO THOUSAND EIGHT HUNDRED FORTY AND XX / 100THS DOLLARS\*\*

To The Order of  
 NEW YORK STATE  
 DEPT OF FINANCIAL SERVICES  
 SUPERINTENDENT OF FINANCIAL SERVICES  
 25 BEAVER ST  
 NEW YORK, NY 10004



ABSENCE OF ANY OF THE FEATURES MENTIONED ABOVE MAY INDICATE A FRAUDULENT DOCUMENT - DO NOT CASH UNLESS ALL FEATURES ARE PRESENT. CHECKS CLEAR POSITIVE PAY.

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NEW YORK STATE  
DEPARTMENT *of*  
FINANCIAL SERVICES

MEMORANDUM

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TO: Joseph Krug

FROM: Beth Cohen

DATE: April 30, 2012

RE: In the Matter of Oxford Health Plans (NY), Inc./Oxford Health Insurance Inc.;  
No. 2012-0063-S

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Enclosed please find the original Stipulation in the above matter, which was approved April 30, 2012 by the Superintendent. Also enclosed is Respondent's fine payment check in the amount of \$1,292,840.00. Thank you for your assistance on this case.

Encl.

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NEW YORK STATE  
DEPARTMENT OF FINANCIAL SERVICES  
25 BEAVER STREET  
NEW YORK, NEW YORK 10004

-----X  
In the Matter of

**OXFORD HEALTH PLANS (NY), INC. and  
OXFORD HEALTH INSURANCE, INC.,**

**STIPULATION  
No. 2012-0063-S**

Respondents.

-----X

**WHEREAS**, Respondent Oxford Health Plans (NY), Inc. is a domestic health maintenance organization authorized pursuant to Article 44 of the New York Public Health Law and Respondent Oxford Health Insurance, Inc. is a domestic accident and health insurance company authorized to do business in this state pursuant to Article 42 of the New York Insurance Law ("Insurance Law"); and

**WHEREAS**, an examination of Respondents conducted by the New York State Insurance Department for the period January, 2008 through December, 2009, revealed that the Respondents did not provide acceptable written notice to certain contract holders of the availability of certain mental health benefits under "Timothy's Law" (Chapter 748 of the Laws of 2006, as amended by Chapter 502 of the Laws of 2007); and

**WHEREAS**, Respondents have been advised and are aware of their statutory right to notice and a hearing on any possible violations; and

**WHEREAS**, Respondents wish to resolve this matter by entering into a Stipulation with the New York State Department of Financial Services ("Department") on the terms and conditions hereinafter set forth in lieu of proceeding with a hearing; **NOW THEREFORE**,

**IT IS HEREBY STIPULATED AND AGREED** by and between the Respondents and the Department, subject to the approval of the Superintendent of Financial Services, as follows:

1. Respondents waive their right to further notice and a hearing in this matter and admit that during calendar years 2008 and 2009, Respondent Oxford Health Plans (NY), Inc. and Respondent Oxford Health Insurance, Inc. did not provide acceptable written notice to certain group contract holders of the availability of coverage for adults

and children with biologically based mental illness and for children with serious emotional disturbances under Sections 4303(g)(4)(A) and 4303(h)(4)(A) of the Insurance Law and Section 3221(l)(5)(D)(i) of the Insurance Law.

2. Respondents state in mitigation that the above were not the result of any conscious company policy to evade the requirements of the Insurance Law and Regulations.

3. In consequence of the foregoing, Respondent Oxford Health Plans (NY), Inc. consents to the imposition of a civil penalty in the amount of Three Hundred Twenty-Three Thousand Six Hundred Forty Dollars (\$323,640.00), and Oxford Health Insurance, Inc. consents to the imposition of a civil penalty in the amount of Nine Hundred Sixty-Nine Thousand Two Hundred Dollars (\$969,200.00), for a total penalty of One Million Two Hundred Ninety-Two Thousand Eight Hundred Forty Dollars (\$1,292,840.00), receipt of which is hereby acknowledged, in lieu of any other disciplinary action which could be taken by the Department in consequence of the foregoing.

4. Respondents agree to take all steps necessary to ensure compliance with the notice of mental health benefits requirements of the Insurance Law in the future.

5. Respondents acknowledge that this Stipulation and any admissions herein contained may be used against them in any future proceeding if there is reason to believe the terms of the Stipulation have been violated by Respondents, or if the Department institutes disciplinary action against a Respondent for any reason other than the specific acts considered herein.

Dated: New York, New York

April 27, 2012

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

By: Beth Cohen  
Beth Cohen  
Associate Attorney

OXFORD HEALTH PLANS (NY), INC.

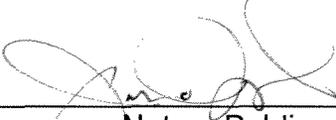
By: Craig Anderson  
Name: Craig Anderson  
Title: COO

OXFORD HEALTH INSURANCE, INC.

By: Craig Anderson  
Name: Craig Anderson  
Title: COO

STATE OF ~~NY~~ Connecticut )  
 ) ss.:  
COUNTY OF Hartford )

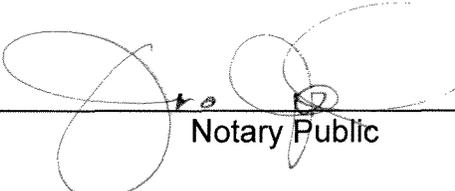
On the 26th day of April 2012, before me personally came Craig C. Anderson, to me known, who, being duly sworn, did depose and say that he/she resides at Hartford, CT; that he/she is the COO of Oxford Health Plans (NY), Inc., the corporation described in and which executed the foregoing instrument; and he/she signed his/her name thereto by order of the board of directors of the corporation.

  
\_\_\_\_\_  
Notary Public

**JACQUELINE JOHN**  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES OCT. 31, 2013

STATE OF Connecticut )  
 ) ss.:  
COUNTY OF Hartford )

On the 26th day of April 2012, before me personally came Craig C. Anderson, to me known, who, being duly sworn, did depose and say that he/she resides at Hartford, CT; that he/she is the COO of Oxford Health Insurance, Inc., the corporation described in and which executed the foregoing instrument; and he/she signed his/her name thereto by order of the board of directors of the corporation.

  
\_\_\_\_\_  
Notary Public

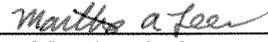
THE FOREGOING STIPULATION IS HEREBY APPROVED.

**JACQUELINE JOHN**  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES OCT. 31, 2013

Dated: New York, New York  
April 30, 2012

BENJAMIN M. LAWSKY  
Superintendent of Financial Services

By:



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Martha A. Lees

Deputy Superintendent & General Counsel-Insurance