

Clerk of the House of Representatives
Legislative Resource Center
8-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
00 AUG -1 AM 9:15

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

| | | | |
|---|----------------------------|--------------------------------------|----------------------------|
| 1. Registrant Name Oxford Health Plans, Inc. | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 48 Monroe Turnpike | | | |
| 3. Principal Place of Business (if different from line 2) City: Trumbull | | State/Zip (or Country) CT 06611 | |
| 4. Contact Name Timothy B. Meyer | Telephone (203)459-7271 | E-mail (optional) tmeyer@oxhp.com | 5. Senate ID # 30440-12 |
| 7. Client Name <input checked="" type="checkbox"/> Self | | | 6. House ID # 30440 |

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date _____

11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| 12. Lobbying Firms | 13. Organizations |
|--|---|
| INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000) | EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more... <input checked="" type="checkbox"/> ⇒ \$ 26,499.33 Expenses (nearest \$20,000) |
| Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client). | 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code |

Signature

Printed Name and Title Timothy B. Meyer, Vice President, Government Relations

LD-2 (REV. 6/98)

PAGE 1 of _____

Registrant Name Oxford Health Plans, Inc Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code Ins (one per page)

16. Specific lobbying issues

1. Patient Bill of Rights (S. 1344 + H.R. 2723)
2. HCFA's implementation of the Balance Budget Act of 1997
3. H.R. 1304 - Physician Anti-Trust exemption
4. Funding of Medicare + Choice

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
HCFA

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) | New |
|------------------|---|--------------------------|
| Timothy B. Meyer | VP, Government Relations | <input type="checkbox"/> |
| Daniele Ruskin | Director, Medicare | <input type="checkbox"/> |
| David Kreiss | Sr. Manager, Medicare | <input type="checkbox"/> |
| | Compliance/Gov. Relations | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature

Timothy B. Meyer

Date

7/28/00

Printed Name and Title Timothy B. Meyer, VP of Government Relations

Registrant Name Oxford Health Plans, Inc Client Name Self

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

48 Monroe Turnpike

21. Client new principal place of business (if different from line 20)

City Trumbull

State/Zip (or Country) CT, 06611

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Business (city and state or country) |
|------|---------|--|
| | | |

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Ownership percentage in client |
|------|---------|--|---|--------------------------------------|
| | | | | |

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

Signature Timothy B Meyer Date 7/28/00
Printed Name and Title Timothy B. Meyer, VP of Government Relations

Form FD-278a (001)