

State: Rhode Island **First Filing Company:** UnitedHealthcare of New England, Inc. (Rhode Island), ...
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2014 RI Small Group Rate Filing
Project Name/Number: /

Filing at a Glance

Companies: UnitedHealthcare of New England, Inc. (Rhode Island)
UnitedHealthcare Insurance Company
Product Name: 2014 RI Small Group Rate Filing
State: Rhode Island
TOI: H15G Group Health - Hospital/Surgical/Medical Expense
Sub-TOI: H15G.003 Small Group Only
Filing Type: Rate
Date Submitted: 04/15/2013
SERFF Tr Num: UHLC-128987360
SERFF Status: Assigned
State Tr Num:
State Status: Open-Pending Actuary Review
Co Tr Num:
Implementation: On Approval
Date Requested:
Author(s): Elvira Tananykin
Reviewer(s): Patrick Tigue (primary), Herbert Olson, Charles DeWeese, Maria Casale, Bela Gorman
Disposition Date:
Disposition Status:
Implementation Date:

State: Rhode Island

First Filing Company: UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: 2014 RI Small Group Rate Filing

Project Name/Number: /

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 04/16/2013

Deemer Date:

State Status Changed: 04/16/2013

Submitted By: Elvira Tananykin

Created By: Elvira Tananykin

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

2014 RI Small Group Rate Filing

Company and Contact

Filing Contact Information

Elvira Tananykin, Assistant Pricing Director Elvira_Tananykin@uhc.com

48 Monroe Turnpike

203-459-6424 [Phone]

Trumbull, CT 06611

203-459-3242 [FAX]

Filing Company Information

UnitedHealthcare of New England,
Inc. (Rhode Island)

CoCode: 94149

State of Domicile: Rhode
Island

475 Kilvert St., Suite 310

Group Code: -99

Company Type: HMO

Warwick, RI 02886-1392

Group Name:

State ID Number:

(952) 992-4793 ext. [Phone]

FEIN Number: 05-0413469

UnitedHealthcare Insurance
Company

CoCode: 79413

State of Domicile: Connecticut

185 Asylum Street

Group Code: 707

Company Type: Life and
Health

Hartford, CT 06103

Group Name:

State ID Number: 90117

(860) 702-5000 ext. [Phone]

FEIN Number: 36-2739571

Filing Fees

Fee Required?

Yes

Fee Amount:

\$100.00

Retaliatory?

No

Fee Explanation:

State: Rhode Island

First Filing Company: UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: 2014 RI Small Group Rate Filing

Project Name/Number: /

Per Company: Yes

Company	Amount	Date Processed	Transaction #
UnitedHealthcare of New England, Inc. (Rhode Island)	\$40.00	04/15/2013	69378104
UnitedHealthcare Insurance Company	\$60.00	04/15/2013	69378105

SERFF Tracking #:

UHLC-128987360

State Tracking #:**Company Tracking #:****State:** Rhode Island**First Filing Company:**

UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only**Product Name:** 2014 RI Small Group Rate Filing**Project Name/Number:** /

Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Updated and Additional Documents - May 15, 2013	Elvira Tananykin	05/15/2013	05/15/2013
Supporting Document	RI Annual Health Statement	Elvira Tananykin	05/15/2013	05/15/2013
Supporting Document	Updated Documents - May 1, 2013	Elvira Tananykin	05/01/2013	05/01/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
2013 Form and Rate Review Processes Outstanding Filing Materials Memo- United	Note To Filer	Patrick Tigue	04/22/2013	04/22/2013

SERFF Tracking #:

UHLC-128987360

State Tracking #:

Company Tracking #:

State: Rhode Island

First Filing Company:

UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: 2014 RI Small Group Rate Filing

Project Name/Number: /

Amendment Letter

Submitted Date: 05/15/2013

Comments:

Attached please find revisions made and additional materials for the RI SG Rate Filing

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Updated and Additional Documents - May 15, 2013
Comments:	
Attachment(s):	1-1-2014 RI SG Rate Manual-5-15-13.pdf Part III Actuarial Memorandum Certification RI HMO - 5-10-13.pdf Part III Actuarial Memorandum Certification RI Ins - 5-10-13.pdf Issuer and Plan Compliance Attestation.pdf Revised 2013 Rate Review Process OHIC Template 3-11-13 Final-5-15-13.pdf RI Cover Letter - 2014 SG RF-Revisions-5-15-13.pdf
Satisfied - Item:	RI Annual Health Statement
Comments:	
Attachment(s):	2012 RI Annual Health Statement UHC-5-15-13.pdf 2013 RI Annual Health Statement UHIC-5-15-13.pdf

SERFF Tracking #:

UHLC-128987360

State Tracking #:

Company Tracking #:

State:

Rhode Island

First Filing Company:

UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

2014 RI Small Group Rate Filing

Project Name/Number:

/

Amendment Letter

Submitted Date: 05/01/2013

Comments:

2013 Rate Review Processes Outstanding Filing Materials

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes

Satisfied - Item:

Updated Documents - May 1, 2013

Comments:

o Revised 2013 OHIC Rate Review Process Template, including all requested data elements in the template completed in compliance with OHIC's instructions (in excel and PDF formats)

o Rate Filing Justification- Part II, Consumer Narrative Justification

o Actuarial Memorandum supporting the Revised 2013 OHIC Rate Review Process Template

Attachment(s):

Revised 2013 Rate Review Process OHIC Template 3-11-13 Final-5-1-13.xlsx

Revised 2013 Rate Review Process OHIC Template 3-11-13 Final-5-1-13.pdf

RI HMO CMS Rate Review Part II.pdf

RI INS CMS Rate Review Part II.pdf

Part III Actuarial Memorandum Certification RI HMO.pdf

Part III Actuarial Memorandum Certification RI Ins.pdf

State: Rhode Island

First Filing Company: UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: 2014 RI Small Group Rate Filing

Project Name/Number: /

Note To Filer

Created By:

Patrick Tigue on 04/22/2013 10:00 PM

Last Edited By:

Patrick Tigue

Submitted On:

04/22/2013 10:00 PM

Subject:

2013 Form and Rate Review Processes Outstanding Filing Materials Memo- United

Comments:

Please see the attached memo.

To: Nicole Chapin, Director, Northeast Regulatory Affairs, United Healthcare and David Hoesly, Director of Pricing and Actuary Services, United Healthcare

CC: Herb Olson, Executive Counsel, State of Rhode Island Office of the Health Insurance Commissioner, Philip N. Anderson, Associate General Counsel, United Healthcare

From: Linda Johnson, Operations Director, State of Rhode Island Office of the Health Insurance Commissioner and Patrick M. Tigue, Principal Policy Associate, State of Rhode Island Office of the Health Insurance Commissioner

Subject: 2013 Form and Rate Review Processes Outstanding Filing Materials- United Healthcare

Date: April 22, 2013

Below please find a listing of 2013 form and rate review processes filing materials that you have yet to file in the proper manner or at all through the System for Electronic Rate and Form Filing (SERFF). These materials are divided into those that could have been filed on April 15, 2013, which are now due on May 1, 2013 and those that could not have been filed on April 15, 2013, which are now due on May 15, 2013. These materials are critical to implementation of the Affordable Care Act (ACA) and to the State of Rhode Island Office of the Health Insurance Commissioner's (OHIC) review of ACA-compliant forms and rates. The Commissioner has the authority to commence proceedings under State of Rhode Island General Laws § 42-14-16 in the case of a violation of an issuer's obligation to make a complete filing in a timely manner and in accordance with State of Rhode Island laws and regulations.

Outstanding Materials That Should Have Been Filed on April 15, 2013 (Now Due on May 1, 2013)

- **Small Group Market:**

- Subscriber Agreement documents (e.g., Certificate of Coverage, Evidence of Coverage, etc.) with a listing of covered benefits and cost sharing for each Subscriber Agreement filed. These must be filed using the SERFF Plan Management Platform according to the Rhode Island Plan Management Filing Instructions to include the binder format and the "Associate Schedule Item" tab for each plan identified by a Standard Component ID number.
- Subscriber Agreements with a listing of covered benefits and cost sharing in the standard SERFF filing format placing these documents in the "Form Schedule" tab. Standard SERFF form filing must be according to the SERFF filing rules for Rhode Island and according to OHIC's Checklist for Individual and Small Group Plans. The standard SERFF filing documents must easily crosswalk and correspond to the SERFF Plan Management Platform filings.
- Subscriber Agreements must include a listing of essential health benefits (EHBs) with defined cost shares. EHBs must not be presented as "riders." For example, pharmacy, pediatric vision and other EHB shall not be listed separate from a defined Subscriber Agreements.
- Identification by the issuer of any and all changes to Subscriber Agreements previously submitted as part of the Preliminary Form Filing process by submitting a red-lined version and a clean version of the Subscriber Agreements. Also, the issuer must identify in the General Information Filing Description section of SERFF any Subscriber Agreement that was not previously filed as part of the Preliminary Form Filing process.

- Checklist for Individual and Small Group Plans to correspond to current filing documents and dates
- Readability Attestations to correspond to current filing documents and dates
- PPACA Compliance Summary to correspond with current filing documents and dates
- Rate Filing Justification- Part II, Consumer Narrative Justification
- Revised 2013 OHIC Rate Review Process Template, including all requested data elements in the template completed in compliance with OHIC's instructions
- Actuarial Memorandum supporting the Revised 2013 OHIC Rate Review Process Template
- Rhode Island Annual Health Statement Supplement
- 2013 Rate Review Process Issuer and Plan Compliance Attestation

Outstanding Materials That Could Not Have Been Filed on April 15, 2013 (Now Due on May 15, 2013)

- **Small Group Market:**

- Plans/Benefit Template
- Prescription Drug Template
- Rate Data Template
- Reconciliation of all other requests noted in the SERFF Preliminary Form Filing Note to Filer dated April 12, 2013 that has not been determined as Outstanding Materials now due on May 1, 2013
- Rate Filing Justification- Part I, Uniform Rate Review Template

Should you have any questions on how to proceed based on this memo, please do not hesitate to contact Linda Johnson at (401) 462-9642 or linda.johnson@ohic.ri.gov for issues related to the form review process and Patrick Tigue at (401) 462-9639 or patrick.tigue@ohic.ri.gov for issues related to the rate review process. Thank you for your attention to this matter.

State: Rhode Island

First Filing Company: UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: 2014 RI Small Group Rate Filing

Project Name/Number: /

Post Submission Update Request Submitted On 05/16/2013

Status: Submitted

Created By: Elvira Tananykin

Rate Information:

Field Name	Requested Change	Prior Value
Rate Change Type	Increase	

State: Rhode Island

First Filing Company: UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: 2014 RI Small Group Rate Filing

Project Name/Number: /

Company Rate Information:

Company Name:UnitedHealthcare of New England, Inc. (Rhode Island)

Field Name	Requested Change	Prior Value
Company Rate Change	Increase	New Product
Overall % Indicated Change	17.600%	0.000%
Overall % Rate Impact	17.600%	0.000%
Written Premium Change for this Program	\$1307332	\$0
# of Policy Holders Affected for this Program	643	0
Written Premium for this Program	\$8735357	\$7236391
Maximum %Change (where required)	17.600%	0.000%
Minimum %Change (where required)	17.600%	0.000%

REQUESTED RATE CHANGE INFORMATION:

Member Months:	16960	15336
Benefit Change:	Increase	None
Min:	17.600	
Max:	17.600	
Weighted Avg.:	17.600	

PRIOR RATE:

Total Earned Premium::	7,428,024.000	
Total Incurred Claims:	6,284,109.000	
Min:	438.000	
Max:	438.000	
Weighted Avg.:	438.000	

REQUESTED RATE:

Projected Earned Premium:	8,735,357.000	7,236,391.000
Projected Incurred Claims:	7,390,112.000	5,731,222.000
Min:	515.000	472.000
Max:	515.000	472.000
Weighted Avg.:	515.000	472.000

HMO - Covered Lives	439	
HMO - Policy Holders	245	
POS - Covered Lives	732	
POS - Policy Holders	398	

Company Name:UnitedHealthcare Insurance Company

Field Name	Requested Change	Prior Value
Company Rate Change	Increase	New Product
Overall % Indicated Change	13.300%	0.000%
Overall % Rate Impact	13.300%	0.000%
Written Premium Change for this Program	\$12818398	\$0

State: Rhode Island **First Filing Company:** UnitedHealthcare of New England, Inc. (Rhode Island), ...
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Product Name: 2014 RI Small Group Rate Filing
Project Name/Number: /

# of Policy Holders Affected for this Program	9538	0
Written Premium for this Program	\$109197327	\$99072778
Maximum %Change (where required)	13.300%	0.000%
Minimum %Change (where required)	13.300%	0.000%

REQUESTED RATE CHANGE INFORMATION:

Member Months:	232716	220776
Benefit Change:	Increase	None
Min:	13.300	
Max:	13.300	
Weighted Avg.:	13.300	

PRIOR RATE:

Total Earned Premium::	96,378,929.000
Total Incurred Claims:	81,536,574.000
Min:	414.000
Max:	414.000
Weighted Avg.:	414.000

REQUESTED RATE:

Projected Earned Premium:	109,197,327.000	99,072,778.000
Projected Incurred Claims:	92,380,938.000	78,267,495.000
Min:	469.000	449.000
Max:	469.000	449.000
Weighted Avg.:	469.000	449.000

EPO - Covered Lives	1369
EPO - Policy Holders	780
POS - Covered Lives	16347
POS - Policy Holders	8758

State: Rhode Island

First Filing Company: UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: 2014 RI Small Group Rate Filing

Project Name/Number: /

Post Submission Update Request Processed On 05/16/2013

Status:	Disallowed
Created By:	Elvira Tananykin
Processed By:	Maria Casale
Comments:	Disallow per email from Elvira T, United actuary, 5-16-13, she will be submitting revised rate/rule data. Okay with Patrick Tigue 5-15-2013 email.

State: Rhode Island

First Filing Company: UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: 2014 RI Small Group Rate Filing

Project Name/Number: /

Company Rate Information:

Company Name:UnitedHealthcare of New England, Inc. (Rhode Island)

Field Name	Requested Change	Prior Value
Overall % Indicated Change	6.900%	0.000%
Overall % Rate Impact	6.900%	0.000%
Written Premium Change for this Program	\$403161	\$0
Maximum %Change (where required)	5.900%	0.000%
Minimum %Change (where required)	5.900%	0.000%

REQUESTED RATE CHANGE INFORMATION:

Benefit Change:	Increase	None
Min:	5.900	
Max:	5.900	
Weighted Avg.:	5.900	

PRIOR RATE:

Total Earned Premium::	6,833,230.000
Total Incurred Claims:	5,411,918.000
Min:	446.000
Max:	446.000
Weighted Avg.:	446.000

Company Name:UnitedHealthcare Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	6.100%	0.000%
Overall % Rate Impact	6.100%	0.000%
Written Premium Change for this Program	\$5695984	\$0
Maximum %Change (where required)	6.100%	0.000%
Minimum %Change (where required)	6.100%	0.000%

REQUESTED RATE CHANGE INFORMATION:

Benefit Change:	Increase	None
Min:	6.100	
Max:	6.100	
Weighted Avg.:	6.100	

PRIOR RATE:

Total Earned Premium::	93,376,793.000
Total Incurred Claims:	73,767,666.000
Min:	423.000
Max:	423.000
Weighted Avg.:	423.000

SERFF Tracking #:

UHLC-128987360

State Tracking #:

Company Tracking #:

State: Rhode Island

First Filing Company:

UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: 2014 RI Small Group Rate Filing

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

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 req'd):	Minimum % Change (where req'd):
UnitedHealthcare of New England, Inc. (Rhode Island)	New Product	0.000%	0.000%	\$0	0	\$7,236,391	0.000%	0.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								
Policy Holders:								

UnitedHealthcare Insurance Company	New Product	0.000%	0.000%	\$0	0	\$99,072,778	0.000%	0.000%
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Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								
Policy Holders:								

State: Rhode Island

First Filing Company: UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: 2014 RI Small Group Rate Filing

Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: UnitedHealthcare of New England, Inc. (Rhode Island)
 HHS Issuer Id: 79881
 Product Names: RI Small Group Products
 Trend Factors: 7.8% medical/7.8% rx/7.8% % average

FORMS:

New Policy Forms: RI Small Group Products
 Affected Forms:
 Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 15,336
 Benefit Change: None
 Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:
 Total Incurred Claims:
 Annual \$: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium: 7,236,391.00
 Projected Incurred Claims: 5,731,222.00
 Annual \$: Min: 472.00 Max: 472.00 Avg: 472.00

State: Rhode Island First Filing Company: UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: 2014 RI Small Group Rate Filing

Project Name/Number: /

COMPANY:

Company Name: UnitedHealthcare Insurance Company

HHS Issuer Id: 90117

Product Names: RI Small Group Products

Trend Factors: 7.8% medical/7.8% rx/7.8% % average

FORMS:

New Policy Forms: RI Small Group Products

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual

Member Months: 220,776

Benefit Change: None

Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:

Total Incurred Claims:

Annual \$: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium: 99,072,778.00

Projected Incurred Claims: 78,267,495.00

Annual \$: Min: 449.00 Max: 449.00 Avg: 449.00

SERFF Tracking #:

UHLC-128987360

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Company Tracking #:

State: Rhode Island

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TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: 2014 RI Small Group Rate Filing

Project Name/Number: /

Supporting Document Schedules

Bypassed - Item:	A&H Experience
Bypass Reason:	na
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Certification - Life & A&H
Comments:	na
Attachment(s):	Part III Actuarial Memorandum Certification RI HMO.pdf Part III Actuarial Memorandum Certification RI Ins.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum - A&H Rate Revision Filing
Comments:	
Attachment(s):	Part III Actuarial Memorandum Certification RI HMO.pdf Part III Actuarial Memorandum Certification RI Ins.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Premium Rate Sheets - Life & A&H
Bypass Reason:	na
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Health Insurance Checklist
Bypass Reason:	na
Attachment(s):	
Item Status:	

SERFF Tracking #:

UHLC-128987360

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Company Tracking #:

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UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: 2014 RI Small Group Rate Filing

Project Name/Number: /

Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III Actuarial Memorandum Certification RI HMO.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III Actuarial Memorandum Certification RI Ins.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	II Data Collection UHCNE.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	II Data Collection UHIC.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	na
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	2013 Rate Review Process Issuer and Plan Compliance Attestation

SERFF Tracking #:

UHLC-128987360

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Bypass Reason:	na
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	2013 Rate Review Process OHIC Template
Comments:	
Attachment(s):	I Experience Data - UHCNE UHIC.pdf II Data Collection UHCNE.pdf II Data Collection UHIC.pdf III Plan Rates UHCNE UHIC.pdf IV Administrative Cost.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	RI Cover Letter - 2014 SG RF.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Updated Documents - May 1, 2013
Comments:	o Revised 2013 OHIC Rate Review Process Template, including all requested data elements in the template completed in compliance with OHIC's instructions (in excel and PDF formats) o Rate Filing Justification- Part II, Consumer Narrative Justification o Actuarial Memorandum supporting the Revised 2013 OHIC Rate Review Process Template

SERFF Tracking #:

UHLC-128987360

State Tracking #:

Company Tracking #:

State: Rhode Island

First Filing Company:

UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

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Attachment(s):	Revised 2013 Rate Review Process OHIC Template 3-11-13 Final-5-1-13.xlsx Revised 2013 Rate Review Process OHIC Template 3-11-13 Final-5-1-13.pdf RI HMO CMS Rate Review Part II.pdf RI INS CMS Rate Review Part II.pdf Part III Actuarial Memorandum Certification RI HMO.pdf Part III Actuarial Memorandum Certification RI Ins.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Updated and Additional Documents - May 15, 2013
Comments:	
Attachment(s):	1-1-2014 RI SG Rate Manual-5-15-13.pdf Part III Actuarial Memorandum Certification RI HMO - 5-10-13.pdf Part III Actuarial Memorandum Certification RI Ins - 5-10-13.pdf Issuer and Plan Compliance Attestation.pdf Revised 2013 Rate Review Process OHIC Template 3-11-13 Final-5-15-13.pdf RI Cover Letter - 2014 SG RF-Revisions-5-15-13.pdf
Item Status:	
Status Date:	
Satisfied - Item:	RI Annual Health Statement
Comments:	
Attachment(s):	2012 RI Annual Health Statement UHC-5-15-13.pdf 2013 RI Annual Health Statement UHC-5-15-13.pdf
Item Status:	
Status Date:	

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UHLC-128987360

State Tracking #:

Company Tracking #:

State:

Rhode Island

First Filing Company:

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TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

2014 RI Small Group Rate Filing

Project Name/Number:

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Attachment Revised 2013 Rate Review Process OHIC Template 3-11-13 Final-5-1-13.xlsx is not a PDF document and cannot be reproduced here.

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For RI Small Group UnitedHealthcare of New England,
Inc.

State of RI Rate Review

FEDERAL Rate Justification PART III – Actuarial Memorandum & Actuarial Certification

Purpose

The purpose of this actuarial memorandum is to provide information relevant to the Part I Health Uniform Rate Review Template (HURRT).

Actuarial Certification

I, David H. Hoesly, am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

General Information

Company Identifying Information

Company Legal Name: UnitedHealthcare of New England, Inc.

State: Rhode Island

HIOS Issuer ID: 79881

Market: Small Employer

Effective Date: 1/1/2014

Company Contact Information

Primary Contact Name: David Hoesly

Primary Contact Telephone Number: 952.979.5637

Primary Contact Email Address: david_h_hoesly@uhc.com

Proposed Rate Increase(s)

UnitedHealthcare of New England, Inc. in RI issues group major medical products.

Reason For Rate Increase(s)

UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

The following describes the major components contributing to the overall rate level of the new portfolio:

- The most recent 12 months of claims experience adjusted for catastrophic claims and trend produced a claim projection indication of .2% for 1/1/2014 Effective Date
- For plans which now include pediatric dental coverage it contributed .5% to the overall premium level
- The addition of pediatric vision coverage contributed .1% to the overall premium level
- The addition of other Essential Health Benefits contributed 4.6% to the overall premium level
- PPACA Fees contributed 5.7% to the overall premium level
- Risk Adjustment: Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer and reflected this amount to adjust the overall premium level
- In addition to the adjustments listed above, revenue neutrality adjustments were made for transitioning to the new Age Factors and Benefit Slope (consistent with risk adjusters and AV Calculator), based on existing membership attributes.
- SHOP Exchange User Fee: We do not have an estimate of Fees associated with participating in the Exchange. We are maintaining a place holder to increase rates by 80% of the overall fees since we estimate 80% of our membership will be on the Exchange and 20% will be off the Exchange.

- Shop Selection bias by allowing members to choose any plan/carrier from the Bronze to Gold AV designated plans is estimated to contribute 4.7% to the SHOP Exchange related business. We again assumed 80% of the membership would be on the SHOP Exchange so we again applied that percentage to calculate a 3.8% increase to the overall premium level.

Experience Period Premium and Claims

Experience Period, Paid Through Date

- The experience period is 1/1/2012 to 12/31/2012 paid through 2/28/2013.

Experience Period – Premiums

- Earned premiums for the experience period are given in Part I. The earned premiums are the sum total of the actual premiums in the experience period for each small group policy. UnitedHealthcare of New England, Inc. does not anticipate paying any MLR rebates for 2012 premiums.

Experience Period – Allowed and Incurred Claims

- Incurred claims were developed by first starting with actual claims paid through 2/28/13 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e catastrophic claims, pended claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
- 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.

- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors

- **Insured Population Morbidity Changes:** No changes in the average morbidity are assumed.
- **Changes in Benefits:** The estimate of the cost of added Essential Health Benefits were developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors adopted by Rhode Island are used in rating.
- **Trend Factors:** United Healthcare Medical Expense Forecasting Process Overview & Considerations:
- UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development

Experience Data Used – Source and Appropriateness

- The fully credible experience period source data used to develop manual rates is the combined actual experience on both UnitedHealthcare Insurance Company and UnitedHealthcare of New England, Inc. licenses.

Experience Credibility

The combined experience of both licenses is deemed to be fully credible.

Paid To Allowed Ratio

The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance

Projected Risk Adjustments (PMPMs)

Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

This item is for the Individual and Combined Markets. The state of RI chose not to combine its individual and small group markets, therefore, not applicable to this rate filing.

Non-Benefit Expenses and Risk Margin

Administrative Expenses

The expenses assumed in the development of the proposed rates are detailed in Attachment 3.

Projected Loss Ratio: The projected loss ratio using federally prescribed MLR methodology is 87.4%.

Index Rate

HMO UnitedHealthcare of New England, RI													
2014 Effective Dates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Member Months	1,659	546	735	1,051	1,658	686	1,789	652	776	5,690	815	738	16,795
Allowed Claims PMPM 2012	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	
Benefit Increase (EHB)	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
Annual Trend Rate	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
Months of Trend	24	25	26	27	28	29	30	31	32	33	34	35	
Projected Allowed Claims	485.88	489.76	493.66	497.60	501.57	505.57	509.60	513.66	517.76	521.89	526.05	530.24	510.61
Index Rate for Part I	510.61												
Effective Date for Part I	1/1/2014												

AV Metal Values

A description of the assumptions utilized within the AV Calculator can be found in Attachment 6 for the appropriate license.

AV Pricing Values

Benefit plan ID 79881RI0010011 is the fixed reference plan selected as the basis for the AV Pricing Values. 100% of the AV Pricing Value is attributable to the cost-sharing design of the plans.

Membership Projections

Membership is projected to continue at the current December, 2012 level.

Terminated Products

No products are being terminated in this filing.

Plan Type

Not applicable.

Reliance

In assembling the information for this filing, I relied on several internal departments to supply information. Two critical areas were Health Care Economics which supplied Trend information and Corporate Finance which supplied information regarding Administrative Cost forecasts.

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For RI Small Group UnitedHealthcare Insurance
Company

State of RI Rate Review

FEDERAL Rate Justification PART III – Actuarial Memorandum & Actuarial Certification

Purpose

The purpose of this actuarial memorandum is to provide information relevant to the Part I Health Uniform Rate Review Template (HURRT).

Actuarial Certification

I, David H. Hoesly, am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

General Information

Company Identifying Information

Company Legal Name: UnitedHealthcare Insurance Company

State: Rhode Island

HIOS Issuer ID: 90117

Market: Small Employer

Effective Date: 1/1/2014

Company Contact Information

Primary Contact Name: David Hoesly

Primary Contact Telephone Number: 952.979.5637

Primary Contact Email Address: david_h_hoesly@uhc.com

Proposed Rate Increase(s)

UnitedHealthcare Insurance Company in RI issues group major medical products.

Reason For Rate Increase(s)

UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

The following describes the major components contributing to the overall rate level of the new portfolio:

- The most recent 12 months of claims experience adjusted for catastrophic claims and trend produced a claim projection indication of .2% for 1/1/2014 Effective Date
- For plans which now include pediatric dental coverage it contributed .5% to the overall premium level
- The addition of pediatric vision coverage contributed .1% to the overall premium level
- The addition of other Essential Health Benefits contributed 4.6% to the overall premium level
- PPACA Fees contributed 5.9% to the overall premium level
- Risk Adjustment: Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer and reflected this amount to adjust the overall premium level
- In addition to the adjustments listed above, revenue neutrality adjustments were made for transitioning to the new Age Factors and Benefit Slope (consistent with risk adjusters and AV Calculator), based on existing membership attributes.

Experience Period Premium and Claims

Experience Period, Paid Through Date

- The experience period is 1/1/2012 to 12/31/2012 paid through 2/28/2013.

Experience Period – Premiums

- Earned premiums for the experience period are given in Part I. The earned premiums are the sum total of the actual premiums in the experience period for each small group policy. UnitedHealthcare Insurance Company does not anticipate paying any MLR rebates for 2012 premiums.

Experience Period – Allowed and Incurred Claims

- Incurred claims were developed by first starting with actual claims paid through 2/28/13 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e catastrophic claims, pending claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
- 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.

- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors

- **Insured Population Morbidity Changes:** No changes in the average morbidity are assumed.
- **Changes in Benefits:** The estimate of the cost of added Essential Health Benefits were developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors adopted by Rhode Island are used in rating.
- **Trend Factors:** United Healthcare Medical Expense Forecasting Process Overview & Considerations:
- UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development

Experience Data Used – Source and Appropriateness

- The fully credible experience period source data used to develop manual rates is the combined actual experience on both UnitedHealthcare Insurance Company and UnitedHealthcare of New England, Inc. licenses.

Experience Credibility

The combined experience of both licenses is deemed to be fully credible.

Paid To Allowed Ratio

The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance

Projected Risk Adjustments (PMPMs)

Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

This item is for the Individual and Combined Markets. The state of RI chose not to combine its individual and small group markets, therefore, not applicable to this rate filing.

Non-Benefit Expenses and Risk Margin

Administrative Expenses

The expenses assumed in the development of the proposed rates are detailed in Attachment 3.

Projected Loss Ratio: The projected loss ratio using federally prescribed MLR methodology is 87.4%.

Index Rate

OHI UnitedHealthcare Insurance Company													
2014 Effective Dates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Member Months	38,820	19,986	13,901	20,402	12,126	14,446	24,859	18,758	14,735	20,847	20,312	11,258	230,450
Allowed Claims PMPM 2012	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	
Benefit Increase (EHB)	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
Annual Trend Rate	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
Months of Trend	24	25	26	27	28	29	30	31	32	33	34	35	
Projected Allowed Claims	446.69	450.25	453.84	457.46	461.11	464.78	468.49	472.23	475.99	479.79	483.61	487.47	464.82
Index Rate for Part I	464.82												
Effective Date for Part I	1/1/2014												

AV Metal Values

A description of the assumptions utilized within the AV Calculator can be found in Attachment 6 for the appropriate license.

AV Pricing Values

Benefit plan ID 90117RI0010014 is the fixed reference plan selected as the basis for the AV Pricing Values. 100% of the AV Pricing Value is attributable to the cost-sharing design of the plans.

Membership Projections

Membership is projected to continue at the current December, 2012 level.

Terminated Products

No products are being terminated in this filing.

Plan Type

Not applicable.

Reliance

In assembling the information for this filing, I relied on several internal departments to supply information. Two critical areas were Health Care Economics which supplied Trend information and Corporate Finance which supplied information regarding Administrative Cost forecasts.

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For RI Small Group UnitedHealthcare of New England,
Inc.

State of RI Rate Review

FEDERAL Rate Justification PART III – Actuarial Memorandum & Actuarial Certification

Purpose

The purpose of this actuarial memorandum is to provide information relevant to the Part I Health Uniform Rate Review Template (HURRT).

Actuarial Certification

I, David H. Hoesly, am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

General Information

Company Identifying Information

Company Legal Name: UnitedHealthcare of New England, Inc.

State: Rhode Island

HIOS Issuer ID: 79881

Market: Small Employer

Effective Date: 1/1/2014

Company Contact Information

Primary Contact Name: David Hoesly

Primary Contact Telephone Number: 952.979.5637

Primary Contact Email Address: david_h_hoesly@uhc.com

Proposed Rate Increase(s)

UnitedHealthcare of New England, Inc. in RI issues group major medical products.

Reason For Rate Increase(s)

UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

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- Shop Selection bias by allowing members to choose any plan/carrier from the Bronze to Gold AV designated plans is estimated to contribute 4.7% to the SHOP Exchange related business. We again assumed 80% of the membership would be on the SHOP Exchange so we again applied that percentage to calculate a 3.8% increase to the overall premium level.

Experience Period Premium and Claims

Experience Period, Paid Through Date

- The experience period is 1/1/2012 to 12/31/2012 paid through 2/28/2013.

Experience Period – Premiums

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Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors

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Credibility Manual Rate Development

Experience Data Used – Source and Appropriateness

- The fully credible experience period source data used to develop manual rates is the combined actual experience on both UnitedHealthcare Insurance Company and UnitedHealthcare of New England, Inc. licenses.

Experience Credibility

The combined experience of both licenses is deemed to be fully credible.

Paid To Allowed Ratio

The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance

Projected Risk Adjustments (PMPMs)

Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

This item is for the Individual and Combined Markets. The state of RI chose not to combine its individual and small group markets, therefore, not applicable to this rate filing.

Non-Benefit Expenses and Risk Margin

Administrative Expenses

The expenses assumed in the development of the proposed rates are detailed in Attachment 3.

Projected Loss Ratio: The projected loss ratio using federally prescribed MLR methodology is 87.4%.

Index Rate

HMO UnitedHealthcare of New England, RI													
2014 Effective Dates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
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Allowed Claims PMPM 2012	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	
Benefit Increase (EHB)	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
Annual Trend Rate	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
Months of Trend	24	25	26	27	28	29	30	31	32	33	34	35	
Projected Allowed Claims	485.88	489.76	493.66	497.60	501.57	505.57	509.60	513.66	517.76	521.89	526.05	530.24	510.61
Index Rate for Part I	510.61												
Effective Date for Part I	1/1/2014												

AV Metal Values

A description of the assumptions utilized within the AV Calculator can be found in Attachment 6 for the appropriate license.

AV Pricing Values

Benefit plan ID 79881RI0010011 is the fixed reference plan selected as the basis for the AV Pricing Values. 100% of the AV Pricing Value is attributable to the cost-sharing design of the plans.

Membership Projections

Membership is projected to continue at the current December, 2012 level.

Terminated Products

No products are being terminated in this filing.

Plan Type

Not applicable.

Reliance

In assembling the information for this filing, I relied on several internal departments to supply information. Two critical areas were Health Care Economics which supplied Trend information and Corporate Finance which supplied information regarding Administrative Cost forecasts.

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For RI Small Group UnitedHealthcare Insurance
Company

State of RI Rate Review

FEDERAL Rate Justification PART III – Actuarial Memorandum & Actuarial Certification

Purpose

The purpose of this actuarial memorandum is to provide information relevant to the Part I Health Uniform Rate Review Template (HURRT).

Actuarial Certification

I, David H. Hoesly, am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

General Information

Company Identifying Information

Company Legal Name: UnitedHealthcare Insurance Company

State: Rhode Island

HIOS Issuer ID: 90117

Market: Small Employer

Effective Date: 1/1/2014

Company Contact Information

Primary Contact Name: David Hoesly

Primary Contact Telephone Number: 952.979.5637

Primary Contact Email Address: david_h_hoesly@uhc.com

Proposed Rate Increase(s)

UnitedHealthcare Insurance Company in RI issues group major medical products.

Reason For Rate Increase(s)

UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

The following describes the major components contributing to the overall rate level of the new portfolio:

- The most recent 12 months of claims experience adjusted for catastrophic claims and trend produced a claim projection indication of .2% for 1/1/2014 Effective Date
- For plans which now include pediatric dental coverage it contributed .5% to the overall premium level
- The addition of pediatric vision coverage contributed .1% to the overall premium level
- The addition of other Essential Health Benefits contributed 4.6% to the overall premium level
- PPACA Fees contributed 5.9% to the overall premium level
- Risk Adjustment: Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer and reflected this amount to adjust the overall premium level
- In addition to the adjustments listed above, revenue neutrality adjustments were made for transitioning to the new Age Factors and Benefit Slope (consistent with risk adjusters and AV Calculator), based on existing membership attributes.

Experience Period Premium and Claims

Experience Period, Paid Through Date

- The experience period is 1/1/2012 to 12/31/2012 paid through 2/28/2013.

Experience Period – Premiums

- Earned premiums for the experience period are given in Part I. The earned premiums are the sum total of the actual premiums in the experience period for each small group policy. UnitedHealthcare Insurance Company does not anticipate paying any MLR rebates for 2012 premiums.

Experience Period – Allowed and Incurred Claims

- Incurred claims were developed by first starting with actual claims paid through 2/28/13 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e catastrophic claims, pended claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
- 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.

- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors

- **Insured Population Morbidity Changes:** No changes in the average morbidity are assumed.
- **Changes in Benefits:** The estimate of the cost of added Essential Health Benefits were developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors adopted by Rhode Island are used in rating.
- **Trend Factors:** United Healthcare Medical Expense Forecasting Process Overview & Considerations:
- UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development

Experience Data Used – Source and Appropriateness

- The fully credible experience period source data used to develop manual rates is the combined actual experience on both UnitedHealthcare Insurance Company and UnitedHealthcare of New England, Inc. licenses.

Experience Credibility

The combined experience of both licenses is deemed to be fully credible.

Paid To Allowed Ratio

The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance

Projected Risk Adjustments (PMPMs)

Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

This item is for the Individual and Combined Markets. The state of RI chose not to combine its individual and small group markets, therefore, not applicable to this rate filing.

Non-Benefit Expenses and Risk Margin

Administrative Expenses

The expenses assumed in the development of the proposed rates are detailed in Attachment 3.

Projected Loss Ratio: The projected loss ratio using federally prescribed MLR methodology is 87.4%.

Index Rate

OHI UnitedHealthcare Insurance Company													
2014 Effective Dates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Member Months	38,820	19,986	13,901	20,402	12,126	14,446	24,859	18,758	14,735	20,847	20,312	11,258	230,450
Allowed Claims PMPM 2012	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	
Benefit Increase (EHB)	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
Annual Trend Rate	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
Months of Trend	24	25	26	27	28	29	30	31	32	33	34	35	
Projected Allowed Claims	446.69	450.25	453.84	457.46	461.11	464.78	468.49	472.23	475.99	479.79	483.61	487.47	464.82
Index Rate for Part I	464.82												
Effective Date for Part I	1/1/2014												

AV Metal Values

A description of the assumptions utilized within the AV Calculator can be found in Attachment 6 for the appropriate license.

AV Pricing Values

Benefit plan ID 90117RI0010014 is the fixed reference plan selected as the basis for the AV Pricing Values. 100% of the AV Pricing Value is attributable to the cost-sharing design of the plans.

Membership Projections

Membership is projected to continue at the current December, 2012 level.

Terminated Products

No products are being terminated in this filing.

Plan Type

Not applicable.

Reliance

In assembling the information for this filing, I relied on several internal departments to supply information. Two critical areas were Health Care Economics which supplied Trend information and Corporate Finance which supplied information regarding Administrative Cost forecasts.

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For RI Small Group UnitedHealthcare of New England,
Inc.

State of RI Rate Review

FEDERAL Rate Justification PART III – Actuarial Memorandum & Actuarial Certification

Purpose

The purpose of this actuarial memorandum is to provide information relevant to the Part I Health Uniform Rate Review Template (HURRT).

Actuarial Certification

I, David H. Hoesly, am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

General Information

Company Identifying Information

Company Legal Name: UnitedHealthcare of New England, Inc.

State: Rhode Island

HIOS Issuer ID: 79881

Market: Small Employer

Effective Date: 1/1/2014

Company Contact Information

Primary Contact Name: David Hoesly

Primary Contact Telephone Number: 952.979.5637

Primary Contact Email Address: david_h_hoesly@uhc.com

Proposed Rate Increase(s)

UnitedHealthcare of New England, Inc. in RI issues group major medical products.

Reason For Rate Increase(s)

UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

The following describes the major components contributing to the overall rate level of the new portfolio:

- The most recent 12 months of claims experience adjusted for catastrophic claims and trend produced a claim projection indication of .2% for 1/1/2014 Effective Date
- For plans which now include pediatric dental coverage it contributed .5% to the overall premium level
- The addition of pediatric vision coverage contributed .1% to the overall premium level
- The addition of other Essential Health Benefits contributed 4.6% to the overall premium level
- PPACA Fees contributed 5.7% to the overall premium level
- Risk Adjustment: Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer and reflected this amount to adjust the overall premium level
- In addition to the adjustments listed above, revenue neutrality adjustments were made for transitioning to the new Age Factors and Benefit Slope (consistent with risk adjusters and AV Calculator), based on existing membership attributes.
- SHOP Exchange User Fee: We do not have an estimate of Fees associated with participating in the Exchange. We are maintaining a place holder to increase rates by 80% of the overall fees since we estimate 80% of our membership will be on the Exchange and 20% will be off the Exchange.

- Shop Selection bias by allowing members to choose any plan/carrier from the Bronze to Gold AV designated plans is estimated to contribute 4.7% to the SHOP Exchange related business. We again assumed 80% of the membership would be on the SHOP Exchange so we again applied that percentage to calculate a 3.8% increase to the overall premium level.

Experience Period Premium and Claims

Experience Period, Paid Through Date

- The experience period is 1/1/2012 to 12/31/2012 paid through 2/28/2013.

Experience Period – Premiums

- Earned premiums for the experience period are given in Part I. The earned premiums are the sum total of the actual premiums in the experience period for each small group policy. UnitedHealthcare of New England, Inc. does not anticipate paying any MLR rebates for 2012 premiums.

Experience Period – Allowed and Incurred Claims

- Incurred claims were developed by first starting with actual claims paid through 2/28/13 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e catastrophic claims, pended claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
- 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.

- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors

- **Insured Population Morbidity Changes:** No changes in the average morbidity are assumed.
- **Changes in Benefits:** The estimate of the cost of added Essential Health Benefits were developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors adopted by Rhode Island are used in rating.
- **Trend Factors:** United Healthcare Medical Expense Forecasting Process Overview & Considerations:
- UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development

Experience Data Used – Source and Appropriateness

- The fully credible experience period source data used to develop manual rates is the combined actual experience on both UnitedHealthcare Insurance Company and UnitedHealthcare of New England, Inc. licenses.

Experience Credibility

The combined experience of both licenses is deemed to be fully credible.

Paid To Allowed Ratio

The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance

Projected Risk Adjustments (PMPMs)

Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

This item is for the Individual and Combined Markets. The state of RI chose not to combine its individual and small group markets, therefore, not applicable to this rate filing.

Non-Benefit Expenses and Risk Margin

Administrative Expenses

The expenses assumed in the development of the proposed rates are detailed in Attachment 3.

Projected Loss Ratio: The projected loss ratio using federally prescribed MLR methodology is 87.4%.

Index Rate

HMO UnitedHealthcare of New England, RI													
2014 Effective Dates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Member Months	1,659	546	735	1,051	1,658	686	1,789	652	776	5,690	815	738	16,795
Allowed Claims PMPM 2012	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	
Benefit Increase (EHB)	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
Annual Trend Rate	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
Months of Trend	24	25	26	27	28	29	30	31	32	33	34	35	
Projected Allowed Claims	485.88	489.76	493.66	497.60	501.57	505.57	509.60	513.66	517.76	521.89	526.05	530.24	510.61
Index Rate for Part I	510.61												
Effective Date for Part I	1/1/2014												

AV Metal Values

A description of the assumptions utilized within the AV Calculator can be found in Attachment 6 for the appropriate license.

AV Pricing Values

Benefit plan ID 79881RI0010011 is the fixed reference plan selected as the basis for the AV Pricing Values. 100% of the AV Pricing Value is attributable to the cost-sharing design of the plans.

Membership Projections

Membership is projected to continue at the current December, 2012 level.

Terminated Products

No products are being terminated in this filing.

Plan Type

Not applicable.

Reliance

In assembling the information for this filing, I relied on several internal departments to supply information. Two critical areas were Health Care Economics which supplied Trend information and Corporate Finance which supplied information regarding Administrative Cost forecasts.

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For RI Small Group UnitedHealthcare Insurance
Company

State of RI Rate Review

FEDERAL Rate Justification PART III – Actuarial Memorandum & Actuarial Certification

Purpose

The purpose of this actuarial memorandum is to provide information relevant to the Part I Health Uniform Rate Review Template (HURRT).

Actuarial Certification

I, David H. Hoesly, am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

General Information

Company Identifying Information

Company Legal Name: UnitedHealthcare Insurance Company

State: Rhode Island

HIOS Issuer ID: 90117

Market: Small Employer

Effective Date: 1/1/2014

Company Contact Information

Primary Contact Name: David Hoesly

Primary Contact Telephone Number: 952.979.5637

Primary Contact Email Address: david_h_hoesly@uhc.com

Proposed Rate Increase(s)

UnitedHealthcare Insurance Company in RI issues group major medical products.

Reason For Rate Increase(s)

UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

The following describes the major components contributing to the overall rate level of the new portfolio:

- The most recent 12 months of claims experience adjusted for catastrophic claims and trend produced a claim projection indication of .2% for 1/1/2014 Effective Date
- For plans which now include pediatric dental coverage it contributed .5% to the overall premium level
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- PPACA Fees contributed 5.9% to the overall premium level
- Risk Adjustment: Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer and reflected this amount to adjust the overall premium level
- In addition to the adjustments listed above, revenue neutrality adjustments were made for transitioning to the new Age Factors and Benefit Slope (consistent with risk adjusters and AV Calculator), based on existing membership attributes.

Experience Period Premium and Claims

Experience Period, Paid Through Date

- The experience period is 1/1/2012 to 12/31/2012 paid through 2/28/2013.

Experience Period – Premiums

- Earned premiums for the experience period are given in Part I. The earned premiums are the sum total of the actual premiums in the experience period for each small group policy. UnitedHealthcare Insurance Company does not anticipate paying any MLR rebates for 2012 premiums.

Experience Period – Allowed and Incurred Claims

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- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
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- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors

- **Insured Population Morbidity Changes:** No changes in the average morbidity are assumed.
- **Changes in Benefits:** The estimate of the cost of added Essential Health Benefits were developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors adopted by Rhode Island are used in rating.
- **Trend Factors:** United Healthcare Medical Expense Forecasting Process Overview & Considerations:
- UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development

Experience Data Used – Source and Appropriateness

- The fully credible experience period source data used to develop manual rates is the combined actual experience on both UnitedHealthcare Insurance Company and UnitedHealthcare of New England, Inc. licenses.

Experience Credibility

The combined experience of both licenses is deemed to be fully credible.

Paid To Allowed Ratio

The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance

Projected Risk Adjustments (PMPMs)

Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

This item is for the Individual and Combined Markets. The state of RI chose not to combine its individual and small group markets, therefore, not applicable to this rate filing.

Non-Benefit Expenses and Risk Margin

Administrative Expenses

The expenses assumed in the development of the proposed rates are detailed in Attachment 3.

Projected Loss Ratio: The projected loss ratio using federally prescribed MLR methodology is 87.4%.

Index Rate

OHI UnitedHealthcare Insurance Company													
2014 Effective Dates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Member Months	38,820	19,986	13,901	20,402	12,126	14,446	24,859	18,758	14,735	20,847	20,312	11,258	230,450
Allowed Claims PMPM 2012	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	
Benefit Increase (EHB)	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
Annual Trend Rate	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
Months of Trend	24	25	26	27	28	29	30	31	32	33	34	35	
Projected Allowed Claims	446.69	450.25	453.84	457.46	461.11	464.78	468.49	472.23	475.99	479.79	483.61	487.47	464.82
Index Rate for Part I	464.82												
Effective Date for Part I	1/1/2014												

AV Metal Values

A description of the assumptions utilized within the AV Calculator can be found in Attachment 6 for the appropriate license.

AV Pricing Values

Benefit plan ID 90117RI0010014 is the fixed reference plan selected as the basis for the AV Pricing Values. 100% of the AV Pricing Value is attributable to the cost-sharing design of the plans.

Membership Projections

Membership is projected to continue at the current December, 2012 level.

Terminated Products

No products are being terminated in this filing.

Plan Type

Not applicable.

Reliance

In assembling the information for this filing, I relied on several internal departments to supply information. Two critical areas were Health Care Economics which supplied Trend information and Corporate Finance which supplied information regarding Administrative Cost forecasts.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y		
1	Data Collection Template																									
2																										
3	Company Legal Name:		UnitedHealthcare of New Engl. State:												RI											
4	HIOS Issuer ID:		79881												Market: Small Group											
5	Effective Date of Rate Change(s):		1/1/2014																							
6																										
7																										
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11	Section I: Experience period data																									
12	Experience Period:		1/1/2012		to		12/31/2012																			
13			<u>Experience Period</u>																							
14			<u>Aggregate Amount</u>		<u>PMPM</u>		<u>% of Prem</u>																			
15	Premiums (net of MLR Rebate) in Experience Period:		\$7,354,181		\$437.88		100.00%																			
16	Incurred Claims in Experience Period		\$5,601,080		333.50		76.16%																			
17	Allowed Claims:		\$6,484,765		386.11		88.18%																			
18	Index Rate of Experience Period																									
19	Experience Period Member Months		16,795																							
20	Section II: Allowed Claims, PMPM basis																									
21			<u>Experience Period</u>		<u>Projection Period:</u>		1/1/2014 to 12/31/2014		<u>Annualized Trend</u>		Mid-point to Mid-point, Experience to Projection:		24 months													
22			<u>on Actual Experience Allowed</u>		<u>Adj't. from Experience to Projection Period</u>		<u>Annualized Trend Factors</u>		<u>Projections, before credibility Adjustment</u>		<u>Credibility Manual</u>															
23	Benefit Category		Utilization		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk		Utilization per 1,000		Average Cost/Service		PMPM		Utilization per 1,000		Average Cost/Service		PMPM			
24	Inpatient Hospital		Days		186.66		\$3,615.94		\$56.25		1.000 1.000		1.053 0.996		184.98		\$4,006.98		\$61.77		193.75		\$5,055.17		\$81.62	
25	Outpatient Hospital		Services		7,913.16		200.00		131.89		1.000 1.000		1.052 1.053		8,773.35		221.52		161.96		7445.62		242.42		150.42	
26	Professional		Services		11,296.94		98.78		92.99		1.000 1.000		1.015 1.046		12,355.58		101.79		104.81		11652.83		98.82		95.96	
27	Other Medical		Services		1,454.01		102.11		12.37		1.000 1.000		1.024 1.049		1,600.78		107.03		14.28		165.86		127.66		1.76	
28	Capitation		Benefit Period		12,000.00		1.43		1.43		1.000 1.000		1.016 1.002		12,046.12		1.48		1.48		12046.12		15.29		15.35	
29	Prescription Drug		Prescriptions		13,028.03		79.99		86.84		1.000 1.000		1.048 1.052		14,412.57		87.77		105.42		12073.61		71.18		71.62	
30	Total								\$381.77																\$416.73	
31																										
32	Section III: Projected Experience:																									
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17	Allowed Claims:		\$81,801,775		354.97		97.55%																	
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UnitedHealthcare of New England, Inc. and United HealthCare Insurance Company
RI Small Group Rate Filing Template

Part 1. Historical Information

Experience Period for Developing Rates

From	To
1/1/2011	12/31/2012

Utilization/Experience Data by Quarter (Experience Period only)

A.

Quarter	End Date	IP Days	Member Months	Earned Premium*	Incurred Claims			Incurred Claims	Incurred Claims	Incurred Claims	Capitation	Claims not Otherwise categorized (explain)	Loss Ratio
					Total**	Incurred Claims IP	Incurred Claims OP	Primary Care	Other M/S	Rx			
1 (Oldest)	3/31/2011	176	67,772	\$23,084,033	\$18,985,975	\$4,114,396	\$6,022,986	\$999,735	\$3,400,702	\$2,925,341	\$1,522,814	\$0	82%
2	6/30/2011	193	66,777	\$23,088,998	\$19,368,919	\$4,367,624	\$6,166,770	\$1,018,962	\$3,345,046	\$2,970,060	\$1,500,457	\$0	84%
3	9/30/2011	195	66,589	\$23,295,884	\$19,697,860	\$4,205,109	\$6,544,324	\$1,038,287	\$3,453,201	\$2,960,707	\$1,496,232	\$0	85%
4	12/31/2011	202	65,274	\$23,231,304	\$19,921,648	\$4,248,280	\$6,538,011	\$1,222,464	\$3,426,843	\$3,019,366	\$1,466,685	\$0	86%
5	3/31/2012	191	64,080	\$23,073,551	\$19,409,163	\$4,830,018	\$5,850,700	\$1,002,033	\$3,339,772	\$3,010,688	\$1,375,951	\$0	84%
6	6/30/2012	172	63,339	\$22,937,449	\$18,673,012	\$4,130,869	\$6,213,540	\$943,369	\$3,033,658	\$2,991,536	\$1,360,040	\$0	81%
7	9/30/2012	194	62,034	\$22,867,413	\$18,195,893	\$4,072,628	\$6,050,454	\$956,768	\$2,976,295	\$2,807,728	\$1,332,019	\$0	80%
8	12/31/2012	201	60,223	\$22,538,102	\$18,959,220	\$4,346,146	\$6,568,525	\$1,091,625	\$2,858,169	\$2,801,621	\$1,293,132	\$0	84%

Quarter	End Date	Quality Improvement	Other Cost Containment	Other Claim Adjustment	Other Operating	Investment Income	Contribution to		
		Expense*	Expense*	Expense	Expense	Credit	Commissions	Reserves	Taxes
1 (Oldest)	3/31/2011	245,420	105,030	247,556	526,755	-\$300,092	\$807,941	\$230,840	\$577,101
2	6/30/2011	245,473	105,053	247,609	526,868	-\$300,157	\$808,115	\$230,890	\$577,225
3	9/30/2011	247,673	105,994	249,828	531,589	-\$302,846	\$815,356	\$232,959	\$582,397
4	12/31/2011	246,986	105,700	249,135	530,116	-\$302,007	\$813,096	\$232,313	\$580,783
5	3/31/2012	229,308	147,123	284,647	1,356,056	-\$299,956	\$738,354	\$230,736	\$576,839
6	6/30/2012	227,955	146,255	282,968	1,348,057	-\$298,187	\$733,998	\$229,374	\$573,436
7	9/30/2012	227,259	145,809	282,104	1,343,941	-\$297,276	\$731,757	\$228,674	\$571,685
8	12/31/2012	223,987	143,709	278,042	1,324,587	-\$292,995	\$721,219	\$225,381	\$563,453

*The premium is based on the final renewal premium summed for each group for the period being reported

**Claims include – paid claims for policies issued in RI for the incurred period with claim reserves (IBNR), capitation payments for capitated arrangements, and other costs associated with affiliated agreements i.e. OPTUM SERVICES

B. Allowed Data

Quarter	End Date	Allowed Claims			Allowed Claims	Allowed Claims	Allowed Claims	Capitation	Claims not Otherwise categorized (explain)
		Total	Allowed Claims IP	Allowed Claims OP	Primary Care	Other M/S	Rx		
1 (Oldest)		\$23,090,665	\$4,220,157	\$7,331,034	\$1,352,957	\$4,552,808	\$4,110,896	\$1,522,814	\$0
2		\$23,171,879	\$4,482,136	\$7,388,830	\$1,307,642	\$4,409,864	\$4,082,951	\$1,500,457	\$0
3		\$23,188,695	\$4,324,698	\$7,591,038	\$1,296,683	\$4,434,116	\$4,045,927	\$1,496,232	\$0
4		\$23,746,568	\$4,362,007	\$7,792,184	\$1,534,127	\$4,443,637	\$4,147,929	\$1,466,685	\$0
5		\$23,492,522	\$4,893,883	\$7,269,801	\$1,353,698	\$4,488,653	\$4,110,535	\$1,375,951	\$0
6		\$22,087,159	\$4,155,715	\$7,347,049	\$1,212,217	\$4,012,287	\$3,999,852	\$1,360,040	\$0
7		\$21,325,255	\$4,150,694	\$7,089,856	\$1,218,748	\$3,796,786	\$3,737,152	\$1,332,019	\$0
8		\$21,747,462	\$4,345,371	\$7,431,293	\$1,361,560	\$3,688,371	\$3,627,736	\$1,293,132	\$0

**UnitedHealthcare of New England, Inc. and United HealthCare Insurance Company
RI Small Group Rate Filing Template**

Part 2. Prospective Information

A. Trend Factors for Projection Purposes (Annualized)

		<u>Inpatient</u>	<u>Outpatient</u>	<u>Primary Care</u>	<u>Other M/S</u>	<u>Capitation</u>	<u>Retail Pharmacy</u>	<u>Weighted Aggregate</u>
Unit Cost	[1]	5.3%	5.2%	1.5%	2.4%	1.6%	4.8%	4.0%
Utilization / Service Mix / Benefit Leveraging	[2], [3], [4]	-0.4%	5.3%	4.6%	4.9%	0.2%	5.2%	3.6%
Proposed Pricing Trend	[5]	4.8%	10.8%	6.2%	7.4%	1.8%	10.2%	7.8%

Notes:

- [1] Represents core unit pricing increases, exclusive of service mix / intensity of services impact;
- [2] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [3] Represents expected changes in intensity of services provided.
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

B. The following items for the period to which the rate filing applies, by quarter:

	<u>Expected Pure Medical Cost Ratio without PPACA fees</u>	<u>Expected Pure Medical Cost Ratio</u>	<u>Expected Contribution to Reserves %</u>	<u>Quality Improvement Expense %*</u>	<u>Other Cost Containment Expense %*</u>	<u>Other Claim Adjustment Expense %*</u>	<u>Other Operating Expense %*</u>	<u>Average Commissions%*</u>	<u>PPACA Fees</u>	<u>Premium Tax %</u>	<u>Federal Tax %</u>
UHCNE	79.2%	84.6%	2.0%	1.0%	1.1%	1.1%	3.3%	3.9%	5.4%	2.0%	1.0%
UHIC	79.0%	84.6%	2.0%	1.0%	1.1%	1.1%	3.3%	3.9%	5.6%	2.0%	1.0%

C. Average Rate Increase Components

The following items should reconcile to the Weighted Average Percent Rate Increase for the year:

	<u>Price</u>	<u>Utilization, Mix</u>	<u>Total</u>
Hospital Inpatient Price	5.3%	-0.4%	4.8%
Hospital Outpatient	5.2%	5.3%	10.8%
Primary Care	1.5%	4.6%	6.2%
Med/Surg Other Than Primary Care	2.4%	4.9%	7.4%
Pharmacy	4.8%	5.2%	10.2%
Capitation	1.6%	0.2%	1.8%
Administrative Expense (Aggregated)			6.5%
Contribution to Reserves			2.0%
Taxes and Assessments			3.0%
Legally Mandated Changes			NA
Prior Period Adjustment (+/-)			NA
Total			NA

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Rate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name: UnitedHealthcare of New England and United HealthCare Insurance Company
 Plan Type(s): HMO/POS/EPO
 Market Segment: Small
 Rate Effective Date: 1/1/2014

Plan Number	Plan Type (HMO, POS, PPO, Indemnity, Other)	Pre-1/1/14 Carrier Code or Name ⁴	Discontinued, New, Existing (D, N, E)	1/1/14 Carrier Code or Name ⁴	Metallic Tier	Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange or N	Proposed Plan Relativity Factor for 1/1/14	Plan Relativity Factor for 1/1/13	Total Number of Members/Enrolled Policyholders + Covered Dependents ¹		
											Total Number of Subscribers/Enrolled Policyholders ¹	Total Number of Groups ¹	Total Number of Groups ¹
Totals											18,870	10,171	2,720
<i>Totals weighted by Total Members/Enrolled Policyholders + Covered Dependents</i>													
<i>Totals weighted by Impacted Members/Enrolled Policyholders + Covered Dependents</i>													
Base Rate for EHB Plan									1.0000				
Plan 1	POS	NA	N	R9-S	Bronze	0.62	Standard AV	N	0.4245	NA			
Plan 2	POS	NA	N	R9-T	Bronze	0.61	Standard AV	N	0.4213	NA			
Plan 3	POS	NA	N	R9-U	Bronze	0.60	Standard AV	N	0.4917	NA			
Plan 4	EPO	NA	N	R9-V	Silver	0.70	Standard AV	N	0.4701	NA			
Plan 5	POS	NA	N	R9-W	Silver	0.72	Standard AV	N	0.4930	NA			
Plan 6	POS	NA	N	K1-Q	Silver	0.71	Standard AV	N	0.5890	NA			
Plan 7	POS	NA	N	K1-R	Gold	0.78	Standard AV	N	0.6018	NA			
Plan 8	POS	NA	N	K1-S	Gold	0.78	Standard AV	N	0.6040	NA			
Plan 9	POS	NA	N	K1-T	Gold	0.80	Standard AV	N	0.6867	NA			
Plan 10	POS	NA	N	R9-X	Gold	0.78	Standard AV	N	0.5875	NA			
Plan 11	POS	NA	N	K1-U	Gold	0.82	Standard AV	N	0.6975	NA			
Plan 12	POS	NA	N	K1-V	Gold	0.81	Standard AV	N	0.6799	NA			
Plan 13	POS	NA	N	K1-W	Platinum	0.89	Standard AV	N	0.7634	NA			
Plan 14	POS	NA	N	K1-X	Platinum	0.91	Standard AV	N	0.8059	NA			
Plan 15	POS	NA	N	K1-Y	Platinum	0.91	Standard AV	N	0.8338	NA			
Plan 16	POS	NA	N	K1-Z	Platinum	0.89	Standard AV	N	0.7744	NA			
Plan 17	HMO	NA	N	RH-6	Silver	0.71	Standard AV	N	0.5607	NA			
Plan 18	HMO	NA	N	RH-7	Silver	0.71	Standard AV	Y	0.5607	NA			
Plan 19	HMO	NA	N	RH-8	Gold	0.79	Standard AV	N	0.6562	NA			
Plan 20	HMO	NA	N	RH-9	Gold	0.79	Standard AV	Y	0.6562	NA			
Plan 21	POS	NA	N	R9-Y	Bronze	0.60	Standard AV	N	0.4333	NA			
Plan 22	EPO	NA	N	R9-Z	Bronze	0.60	Standard AV	N	0.4432	NA			
Plan 23	EPO	NA	N	UP-U	Gold	0.81	Standard AV	N	0.6313	NA			
Plan 24	POS	NA	N	R9-1	Silver	0.69	Standard AV	N	0.5375	NA			
Plan 25	POS	NA	N	R9-2	Silver	0.72	Standard AV	N	0.4810	NA			
Plan 26	POS	NA	N	R9-3	Gold	0.81	Standard AV	N	0.5907	NA			
Plan 27	HMO	NA	N	R9-4	Bronze	0.61	Standard AV	N	0.4370	NA			
Plan 28	HMO	NA	N	R9-5	Bronze	0.61	Standard AV	Y	0.4370	NA			
Plan 29	HMO	NA	N	R9-6	Silver	0.70	Standard AV	N	0.4477	NA			
Plan 30	HMO	NA	N	R9-7	Silver	0.70	Standard AV	Y	0.4477	NA			
Plan 31	HMO	NA	N	UP-V	Gold	0.80	Standard AV	Y	0.6538	NA			
Plan 32	HMO	NA	N	UP-W	Gold	0.80	Standard AV	N	0.6601	NA			

Rate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name: UnitedHealthcare of New England and United HealthCare Insurance Company
 Plan Type(s): HMO/POS/EPO
 Market Segment: Small
 Rate Effective Date: 1/1/2014

Plan Number	Plan Type (HMO, POS, PPO, Indemnity, Other)	Pre-1/1/14 Carrier Code or Name ⁴	Discontinued, New, Existing (D, N, E)	1/1/14 Carrier Plan Code or Name ⁴	Metallic Tier	Metallic Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange Year or N	Proposed Plan Relativity Factor for 1/1/14	Plan Relativity Factor for 1/1/13	Total Number of Members/Enrolled Policyholders + Total Number of Dependents ¹		
											Covered Dependents ¹	Total Number of Subscribers/Enrolled Policyholders ¹	Total Number of Groups ¹
Totals											18,870	10,171	2,720
Plan 33	HMO	NA	N	UP-X	Platinum	0.89	Standard AV	Y	0.7706	NA			
Plan 34	HMO	NA	N	UP-Y	Platinum	0.89	Standard AV	N	0.7706	NA			
Plan 35	EPO	NA	N	UP-Z	Silver	0.72	Standard AV	N	0.5041	NA			
Plan 36	EPO	NA	N	UP-1	Silver	0.72	Standard AV	N	0.5129	NA			
Plan 37	EPO	NA	N	UP-2	Gold	0.81	Standard AV	N	0.6394	NA			
Plan 38	HMO	NA	N	RD1	Silver	0.72	Standard AV	N	0.5225	NA			
Plan 39	HMO	NA	N	RD1	Silver	0.72	Standard AV	N	0.5225	NA			
Plan 40	HMO	NA	N	RD2	Gold	0.82	Standard AV	N	0.6612	NA			
Plan 41	HMO	NA	N	RD2	Gold	0.82	Standard AV	N	0.6612	NA			
Plan 42	POS	7AT	D	NA	NA	NA	NA	NA	NA	0.6978	418	199	43
Plan 43	POS	7AU	D	NA	NA	NA	NA	NA	NA	0.6445	167	87	41
Plan 44	POS	2AP	D	NA	NA	NA	NA	NA	NA	0.5380	139	64	51
Plan 45	POS	2RA	D	NA	NA	NA	NA	NA	NA	0.5252	5	4	3
Plan 46	POS	U1G	D	NA	NA	NA	NA	NA	NA	0.7946	266	126	52
Plan 47	POS	JFD	D	NA	NA	NA	NA	NA	NA	0.5532	27	11	2
Plan 48	POS	LIE	D	NA	NA	NA	NA	NA	NA	0.5442	1	1	1
Plan 49	POS	7AA	D	NA	NA	NA	NA	NA	NA	0.6275	9	7	2
Plan 50	POS	7AB	D	NA	NA	NA	NA	NA	NA	0.6032	17	15	3
Plan 51	POS	7AC	D	NA	NA	NA	NA	NA	NA	0.5803	3	3	1
Plan 52	POS	7AD	D	NA	NA	NA	NA	NA	NA	0.5729	65	31	11
Plan 53	POS	7AE	D	NA	NA	NA	NA	NA	NA	0.6682	252	142	45
Plan 54	POS	7AF	D	NA	NA	NA	NA	NA	NA	0.6365	129	76	21
Plan 55	POS	7AG	D	NA	NA	NA	NA	NA	NA	0.6117	287	186	26
Plan 56	POS	7AP	D	NA	NA	NA	NA	NA	NA	0.5824	283	188	53
Plan 57	POS	7AR	D	NA	NA	NA	NA	NA	NA	0.5275	94	59	33
Plan 58	POS	1RN	D	NA	NA	NA	NA	NA	NA	0.6071	144	74	14
Plan 59	POS	1RO	D	NA	NA	NA	NA	NA	NA	0.5300	230	117	22
Plan 60	POS	1RA	D	NA	NA	NA	NA	NA	NA	0.6586	53	33	14
Plan 61	POS	1RB	D	NA	NA	NA	NA	NA	NA	0.5732	465	213	28
Plan 62	POS	1RT-HRA	D	NA	NA	NA	NA	NA	NA	0.6792	2	1	1
Plan 63	POS	1RV-HRA	D	NA	NA	NA	NA	NA	NA	0.5905	54	33	4
Plan 64	POS	1RU-HRA	D	NA	NA	NA	NA	NA	NA	0.6257	27	14	3
Plan 65	POS	1RW-HRA	D	NA	NA	NA	NA	NA	NA	0.5456	214	107	8
Plan 66	POS	1RR-HRA	D	NA	NA	NA	NA	NA	NA	0.7209	31	21	3
Plan 67	POS	7VC	D	NA	NA	NA	NA	NA	NA	0.5637	7	3	1
Plan 68	POS	7VG	D	NA	NA	NA	NA	NA	NA	0.4931	3	2	1
Plan 69	POS	WHC	D	NA	NA	NA	NA	NA	NA	0.8136	1	1	1

Rate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name: UnitedHealthcare of New England and United HealthCare Insurance Company
 Plan Type(s): HMO/POS/EPO
 Market Segment: Small
 Rate Effective Date: 1/1/2014

Plan Number	Plan Type (HMO, POS, PPO, Indemnity, Other)	Pre-1/1/14 Carrier or Name ⁴	Discontinued, New, Existing (D, N, E)	1/1/14 Carrier Plan Code or Name ⁴	Metallic Tier	Metallic Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange Year	Proposed Plan Relativity Factor for 1/1/14	Plan Relativity Factor for 1/1/13	Total Number of Members/Enrolled Policyholders + Total Number of		
											Covered Dependents ¹	Subscribers/Enrolled Policyholders ¹	Total Number of Groups ¹
Totals											18,870	10,171	2,720
Plan 70	POS	1RC	D	NA	NA	NA	NA	NA	NA	0.8189	106	59	11
Plan 71	POS	1RD	D	NA	NA	NA	NA	NA	NA	0.7734	52	26	7
Plan 72	POS	U8T-\$0 Kid	D	NA	NA	NA	NA	NA	NA	0.8203	267	149	62
Plan 73	POS	U8U-\$0 Kid	D	NA	NA	NA	NA	NA	NA	0.7764	263	154	44
Plan 74	POS	1RE	D	NA	NA	NA	NA	NA	NA	0.8036	51	33	7
Plan 75	POS	1RF	D	NA	NA	NA	NA	NA	NA	0.7920	45	29	9
Plan 76	POS	1RG	D	NA	NA	NA	NA	NA	NA	0.7041	53	31	16
Plan 77	POS	U8V-\$0 Kid	D	NA	NA	NA	NA	NA	NA	0.6990	166	98	26
Plan 78	POS	1RH	D	NA	NA	NA	NA	NA	NA	0.6636	3	2	1
Plan 79	POS	1RI	D	NA	NA	NA	NA	NA	NA	0.6107	26	12	5
Plan 80	POS	1RJ	D	NA	NA	NA	NA	NA	NA	0.7024	1,220	708	161
Plan 81	POS	1RK	D	NA	NA	NA	NA	NA	NA	0.6448	1,316	694	176
Plan 82	POS	1RL	D	NA	NA	NA	NA	NA	NA	0.7418	68	35	11
Plan 83	POS	1RM	D	NA	NA	NA	NA	NA	NA	0.7051	527	301	72
Plan 84	POS	U8W-\$0 Kid	D	NA	NA	NA	NA	NA	NA	0.7500	850	453	115
Plan 85	POS	1RP	D	NA	NA	NA	NA	NA	NA	0.6884	21	13	1
Plan 86	POS	G8F-EDGE	D	NA	NA	NA	NA	NA	NA	0.6252	152	86	26
Plan 87	POS	G8G-EDGE	D	NA	NA	NA	NA	NA	NA	0.5944	7	7	2
Plan 88	POS	G8H-EDGE	D	NA	NA	NA	NA	NA	NA	0.5557	140	77	24
Plan 89	POS	G8I-EDGE	D	NA	NA	NA	NA	NA	NA	0.5976	294	146	49
Plan 90	POS	Y3J-Edge H	D	NA	NA	NA	NA	NA	NA	0.5901	7	6	5
Plan 91	POS	Y3K-Edge H	D	NA	NA	NA	NA	NA	NA	0.5564	8	5	4
Plan 92	POS	Y3L-Edge H	D	NA	NA	NA	NA	NA	NA	0.5412	4	3	3
Plan 93	POS	Y3M-Edge H	D	NA	NA	NA	NA	NA	NA	0.4899	97	68	46
Plan 94	POS	Y3N-Edge H	D	NA	NA	NA	NA	NA	NA	0.6210	1,172	585	128
Plan 95	POS	2RF	D	NA	NA	NA	NA	NA	NA	0.7974	146	72	25
Plan 96	HMO	38X	D	NA	NA	NA	NA	NA	NA	0.6049	422	235	106
Plan 97	POS	RIA	D	NA	NA	NA	NA	NA	NA	0.8280	3	3	1
Plan 98	POS	RIB	D	NA	NA	NA	NA	NA	NA	0.7835	2	2	1
Plan 99	POS	RIK	D	NA	NA	NA	NA	NA	NA	0.7528	4	2	1
Plan 100	POS	3RA	D	NA	NA	NA	NA	NA	NA	0.8189	71	39	18
Plan 101	POS	3RB	D	NA	NA	NA	NA	NA	NA	0.7861	57	27	15
Plan 102	POS	3RC	D	NA	NA	NA	NA	NA	NA	0.7734	32	19	5
Plan 103	POS	3RD	D	NA	NA	NA	NA	NA	NA	0.8036	96	49	20
Plan 104	POS	3RE	D	NA	NA	NA	NA	NA	NA	0.7920	11	5	3
Plan 105	POS	3RF	D	NA	NA	NA	NA	NA	NA	0.7041	4	1	1
Plan 106	POS	3RG	D	NA	NA	NA	NA	NA	NA	0.6636	17	8	5

Rate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name: UnitedHealthcare of New England and United HealthCare Insurance Company
 Plan Type(s): HMO/POS/EPO
 Market Segment: Small
 Rate Effective Date: 1/1/2014

Plan Number	Plan Type (HMO, POS, PPO, Indemnity, Other)	Pre-1/1/14 Carrier or Name ⁴	Discontinued, New, Existing (D, N, E)	1/1/14 Carrier Plan Code or Name ⁴	Metallic Tier	Metallic Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange Year	Proposed Plan Relativity Factor for 1/1/14	Plan Relativity Factor for 1/1/13	Total Number of Members/Enrolled Policyholders + Dependents ¹		
											Covered Dependents ¹	Total Number of Subscribers/Enrolled Policyholders ¹	Total Number of Groups ¹
Totals											18,870	10,171	2,720
Plan 107	POS	3RH	D	NA	NA	NA	NA	NA	NA	0.6107	14	7	4
Plan 108	POS	3RI	D	NA	NA	NA	NA	NA	NA	0.7024	116	68	30
Plan 109	POS	3RJ	D	NA	NA	NA	NA	NA	NA	0.6448	68	38	16
Plan 110	POS	3RK	D	NA	NA	NA	NA	NA	NA	0.7418	210	116	40
Plan 111	POS	3RL	D	NA	NA	NA	NA	NA	NA	0.7051	27	14	3
Plan 112	POS	B33	D	NA	NA	NA	NA	NA	NA	0.6907	428	244	69
Plan 113	POS	B34	D	NA	NA	NA	NA	NA	NA	0.6341	709	369	79
Plan 114	POS	B01-\$0 Kids	D	NA	NA	NA	NA	NA	NA	0.7539	77	30	20
Plan 115	POS	B02-\$0 Kids	D	NA	NA	NA	NA	NA	NA	0.7294	477	246	67
Plan 116	POS	B06	D	NA	NA	NA	NA	NA	NA	0.6267	58	24	5
Plan 117	POS	B41-Smarth	D	NA	NA	NA	NA	NA	NA	0.5788	588	299	70
Plan 118	POS	B42-Smarth	D	NA	NA	NA	NA	NA	NA	0.5183	307	177	99
Plan 119	POS	B43	D	NA	NA	NA	NA	NA	NA	0.5432	59	26	10
Plan 120	POS	B04-HRA	D	NA	NA	NA	NA	NA	NA	0.7020	36	22	5
Plan 121	POS	B05-HRA	D	NA	NA	NA	NA	NA	NA	0.6455	72	34	3
Plan 122	POS	B31-HRA	D	NA	NA	NA	NA	NA	NA	0.6023	62	31	2
Plan 123	POS	B32-HRA	D	NA	NA	NA	NA	NA	NA	0.5259	117	49	4
Plan 124	POS	B03	D	NA	NA	NA	NA	NA	NA	0.7908	556	280	58
Plan 125	POS	B14	D	NA	NA	NA	NA	NA	NA	0.6013	29	13	4
Plan 126	POS	B15	D	NA	NA	NA	NA	NA	NA	0.5787	67	33	3
Plan 127	POS	B16	D	NA	NA	NA	NA	NA	NA	0.5713	158	82	19
Plan 128	POS	B07	D	NA	NA	NA	NA	NA	NA	0.6670	500	268	58
Plan 129	POS	B17	D	NA	NA	NA	NA	NA	NA	0.5655	212	133	36
Plan 130	POS	B18	D	NA	NA	NA	NA	NA	NA	0.5255	246	121	17
Plan 131	POS	B44	D	NA	NA	NA	NA	NA	NA	0.6302	171	82	23
Plan 132	POS	B08	D	NA	NA	NA	NA	NA	NA	0.7053	204	130	39
Plan 133	POS	B11-EDGE	D	NA	NA	NA	NA	NA	NA	0.6181	254	131	27
Plan 134	POS	B12-EDGE	D	NA	NA	NA	NA	NA	NA	0.5921	172	103	22
Plan 135	POS	B13-EDGE	D	NA	NA	NA	NA	NA	NA	0.6884	81	32	7
Plan 136	EPO	B21-Navigat	D	NA	NA	NA	NA	NA	NA	0.6932	57	38	17
Plan 137	EPO	B22-Navigat	D	NA	NA	NA	NA	NA	NA	0.6726	92	50	15
Plan 138	EPO	B23-Navigat	D	NA	NA	NA	NA	NA	NA	0.6014	30	18	2
Plan 139	EPO	B24-Navigat	D	NA	NA	NA	NA	NA	NA	0.6313	321	167	33
Plan 140	EPO	B25-Navigat	D	NA	NA	NA	NA	NA	NA	0.6036	97	57	11
Plan 141	EPO	B26-Navigat	D	NA	NA	NA	NA	NA	NA	0.5538	117	71	11
Plan 142	EPO	B27-Navigat	D	NA	NA	NA	NA	NA	NA	0.5677	445	259	48
Plan 143	EPO	R11-Navigat	D	NA	NA	NA	NA	NA	NA	0.5516	83	38	9

Rate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name: UnitedHealthcare of New England and United HealthCare Insurance Company
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Plan Number	Plan Type (HMO, POS, PPO, Indemnity, Other)	Pre-1/1/14 Carrier Plan Code or Name ⁴	Discontinue d, New, Existing (D, N, E)	1/1/14 Carrier Plan Code or Name ⁴	Metallic Tier	Metallic Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchan ge Y or N	Proposed Plan RelativityFa ctor for 1/1/14	Plan Relativity Factor for 1/1/13	Total Number of Members/Enrolle d Policyholders + Total Number of Subscribers/Enroll ed Policyholders ¹ Total Number of Groups ¹		
											Covered Dependents ¹	Subscribers/Enroll ed Policyholders ¹	Total Number of Groups ¹
Totals											18,870	10,171	2,720
Plan 144	EPO	R12-Navigai	D	NA	NA	NA	NA	NA	NA	0.5620	58	27	4
Plan 145	EPO	R14-Navigai	D	NA	NA	NA	NA	NA	NA	0.4233	7	6	3
Plan 146	POS	12A	D	NA	NA	NA	NA	NA	NA	0.6857	74	42	7
Plan 147	POS	R1K-SmarH	D	NA	NA	NA	NA	NA	NA	0.6140	179	87	16
Plan 148	EPO	RV1-Choice	D	NA	NA	NA	NA	NA	NA	0.5608	47	34	4
Plan 149	EPO	RV2-Choice	D	NA	NA	NA	NA	NA	NA	0.5427	15	15	1

United Health Care
Rate Template Part IV: Small Group Administrative Costs

	2012 Actual (from Filed Financial Statements)		2014 Proposed ***		% Change	
		Small Group		Small Group		Small Group
Total Estimated Member Months		223,165		242,700		9%
Total Estimated Premiums (\$PMPM)		359.85		382.74		6%
Total General Administrative Expense (Excludes CCE/CAE) (\$PMPM)		33.88		45.92		36%
Total Cost Containment Expense		4.70		5.86		25%
Total Other Claim Adjustment Expense		4.59		5.74		25%
Breakdown of General Administrative Expense (Exclude CCE/CAE) (\$PMPM)						
Payroll and Benefits		6.77		8.22		21%
Outsourced Services (EDP, claims, etc.)		1.23		1.49		18%
Auditing and Consulting		0.03		0.04		21%
Commissions		11.65		12.32		6%
Marketing and Advertising		0.58		0.71		21%
Legal Expenses		0.13		0.14		8%
Taxes, Licenses, and Fees		8.63		17.34		101%
Reimbursements by Uninsured Plans		-		-		0%
Other Administrative Expenses		4.87		5.68		17%

* 2007	2008	2009	2010	2011	2012	
Total Premiums	218,459,198	181,049,532	120,002,265	62,345,524	203,243,997	203,491,845
Total General Administrative Expense (Exclude CCE/CAE)	31,171,890	25,694,191	17,411,554	10,459,197	18,567,401	17,272,704
General Administrative Expense (Exclude CCE/CAE) Premium Ratio**	0.00%	0.00%	0.00%	0.00%	9.14%	8.49%
Total Fully Insured Member Months	677,015	532,154	344,330	177,265	575,995	542,040
General Administrative Expense (Exclude CCE/CAE) (\$PMPM) **	-	-	-	-	32.24	31.87
Breakdown of General Administrative Expenses (\$PMPM)						
Payroll and benefits	18.91	19.96	12.14	23.56	7.45	7.27
Outsourced Services (EDP, claims etc.)	0.15	0.02	10.99	5.34	2.79	1.32
Auditing and consulting	2.08	3.09	1.99	2.64	0.04	0.03
Commissions	8.17	8.92	8.56	7.98	9.60	10.36
Marketing and Advertising	3.78	1.33	0.99	1.71	0.64	0.63
Legal Expenses	0.21	0.13	0.12	0.31	0.12	0.12
Taxes, Licenses, and Fees	5.58	5.74	7.76	9.21	7.65	8.77
Reimbursements by Uninsured Plans	-	-	-	-	0.00	0.00
Other Administrative Expenses	7.18	9.1	8.04	8.25	3.95	3.37
Other Costs						
Cost Containment Expense	0.98	0.43	1.84	3.06	4.96	4.91
Other Claim Adjustment Expense	6.55	6.94	7.09	3.84	4.01	4.47
Self-insured						
Total Self-insured Member Months for All Affiliated Companies Doing Business in Rhode Island	1,065,197	1,061,701	970,917	950,426	953,993	985,725

Note:

* 2007 through 2010 Data as reported for UHC-NE while 2011 going forward data reflects UHIC - RI activity

** Recalculated some historical numbers to be consistent and provide metrics as of General and Admin Expenses (Excluding CCE/CAE) as a function of total premium

*** Includes UHIC RI activity and estimated UHC NE Exchange activity



April 15, 2013

Mr. Christopher F. Koller
Health Insurance Commissioner
Office of Health Insurance Commissioner
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

Re: Rating Factors Applicable to Small Group Rates
Effective January 1, 2014 through December 1, 2014 for
UnitedHealthcare of New England, Inc. and United HealthCare Insurance Company

Dear Commissioner Koller:

The purpose of this letter and attached supporting documents is to provide you with a Small Group Rate Filing for the Rhode Island Business Effective January 1, 2014 through December 1, 2014 by UnitedHealthcare of New England, Inc. and United HealthCare Insurance Company.

The following supporting exhibits and attachments are included in the filing:

- 1-1-2014 RI SG Rate Manual
- Rate Template Part I - Experience Data UHCNE UHIC
- Rate Template Part II Data Collection UHIC
- Rate Template Part II Data Collection UHCNE
- Rate Template Part III Plan Rates UHCNE UHIC
- Rate Template Part IV Administrative Cost
- Part III Actuarial Memorandum Certification RI UHCNE
- Part III Actuarial Memorandum Certification RI UHIC
- RI supplemental health care exhibits

A filing fee of \$100 will be submitted by an electronic funds transfer transaction via SERFF.

Should you have any questions or need additional information, please contact me at (203) 459-6424.

Sincerely,

A handwritten signature in cursive script that reads "Elvira Tananykin".

Elvira Tananykin
Assistant Pricing Director

cc: David H. Hoesly, ASA, MAAA
Charles C. DeWeese, FSA, MAAA
Patrick M. Tigue

UnitedHealthcare of New England, Inc. and United HealthCare Insurance Company
RI Small Group Rate Filing Template

Part 1. Historical Information

Experience Period for Developing Rates

From	To
1/1/2011	12/31/2012

Utilization/Experience Data by Quarter (Experience Period only)

A.

Quarter	End Date	IP Days	Member Months	Earned Premium*	Incurred Claims			Incurred Claims	Incurred Claims	Incurred Claims	Capitation	Claims not Otherwise categorized (explain)	Loss Ratio
					Total**	Incurred Claims IP	Incurred Claims OP	Primary Care	Other M/S	Rx			
1 (Oldest)	3/31/2011	176	67,772	\$23,084,033	\$18,985,975	\$4,114,396	\$6,022,986	\$999,735	\$3,400,702	\$2,925,341	\$1,522,814	\$0	82%
2	6/30/2011	193	66,777	\$23,088,998	\$19,368,919	\$4,367,624	\$6,166,770	\$1,018,962	\$3,345,046	\$2,970,060	\$1,500,457	\$0	84%
3	9/30/2011	195	66,589	\$23,295,884	\$19,697,860	\$4,205,109	\$6,544,324	\$1,038,287	\$3,453,201	\$2,960,707	\$1,496,232	\$0	85%
4	12/31/2011	202	65,274	\$23,231,304	\$19,921,648	\$4,248,280	\$6,538,011	\$1,222,464	\$3,426,843	\$3,019,366	\$1,466,685	\$0	86%
5	3/31/2012	191	64,080	\$23,073,551	\$19,409,163	\$4,830,018	\$5,850,700	\$1,002,033	\$3,339,772	\$3,010,688	\$1,375,951	\$0	84%
6	6/30/2012	172	63,339	\$22,937,449	\$18,673,012	\$4,130,869	\$6,213,540	\$943,369	\$3,033,658	\$2,991,536	\$1,360,040	\$0	81%
7	9/30/2012	194	62,034	\$22,867,413	\$18,195,893	\$4,072,628	\$6,050,454	\$956,768	\$2,976,295	\$2,807,728	\$1,332,019	\$0	80%
8	12/31/2012	201	60,223	\$22,538,102	\$18,959,220	\$4,346,146	\$6,568,525	\$1,091,625	\$2,858,169	\$2,801,621	\$1,293,132	\$0	84%

Quarter	End Date	Quality Improvement	Other Cost Containment	Other Claim Adjustment	Other Operating	Investment Income	Contribution to		
		Expense*	Expense*	Expense	Expense	Credit	Commissions	Reserves	Taxes
1 (Oldest)	3/31/2011	245,420	105,030	247,556	526,755	-\$300,092	\$807,941	\$230,840	\$577,101
2	6/30/2011	245,473	105,053	247,609	526,868	-\$300,157	\$808,115	\$230,890	\$577,225
3	9/30/2011	247,673	105,994	249,828	531,589	-\$302,846	\$815,356	\$232,959	\$582,397
4	12/31/2011	246,986	105,700	249,135	530,116	-\$302,007	\$813,096	\$232,313	\$580,783
5	3/31/2012	229,308	147,123	284,647	1,356,056	-\$299,956	\$738,354	\$230,736	\$576,839
6	6/30/2012	227,955	146,255	282,968	1,348,057	-\$298,187	\$733,998	\$229,374	\$573,436
7	9/30/2012	227,259	145,809	282,104	1,343,941	-\$297,276	\$731,757	\$228,674	\$571,685
8	12/31/2012	223,987	143,709	278,042	1,324,587	-\$292,995	\$721,219	\$225,381	\$563,453

*The premium is based on the final renewal premium summed for each group for the period being reported

**Claims include – paid claims for policies issued in RI for the incurred period with claim reserves (IBNR), capitation payments for capitated arrangements, and other costs associated with affiliated agreements i.e. OPTUM SERVICES

B. Allowed Data

Quarter	End Date	Allowed Claims			Allowed Claims	Allowed Claims	Allowed Claims	Capitation	Claims not Otherwise categorized (explain)
		Total	Allowed Claims IP	Allowed Claims OP	Primary Care	Other M/S	Rx		
1 (Oldest)		\$23,090,665	\$4,220,157	\$7,331,034	\$1,352,957	\$4,552,808	\$4,110,896	\$1,522,814	\$0
2		\$23,171,879	\$4,482,136	\$7,388,830	\$1,307,642	\$4,409,864	\$4,082,951	\$1,500,457	\$0
3		\$23,188,695	\$4,324,698	\$7,591,038	\$1,296,683	\$4,434,116	\$4,045,927	\$1,496,232	\$0
4		\$23,746,568	\$4,362,007	\$7,792,184	\$1,534,127	\$4,443,637	\$4,147,929	\$1,466,685	\$0
5		\$23,492,522	\$4,893,883	\$7,269,801	\$1,353,698	\$4,488,653	\$4,110,535	\$1,375,951	\$0
6		\$22,087,159	\$4,155,715	\$7,347,049	\$1,212,217	\$4,012,287	\$3,999,852	\$1,360,040	\$0
7		\$21,325,255	\$4,150,694	\$7,089,856	\$1,218,748	\$3,796,786	\$3,737,152	\$1,332,019	\$0
8		\$21,747,462	\$4,345,371	\$7,431,293	\$1,361,560	\$3,688,371	\$3,627,736	\$1,293,132	\$0

**UnitedHealthcare of New England, Inc. and United HealthCare Insurance Company
RI Small Group Rate Filing Template**

Part 2. Prospective Information

A. Trend Factors for Projection Purposes (Annualized)

		<u>Inpatient</u>	<u>Outpatient</u>	<u>Primary Care</u>	<u>Other M/S</u>	<u>Capitation</u>	<u>Retail Pharmacy</u>	<u>Weighted Aggregate</u>
Unit Cost	[1]	5.3%	5.2%	1.5%	2.4%	1.6%	4.8%	4.0%
Utilization / Service Mix / Benefit Leveraging	[2], [3], [4]	-0.4%	5.3%	4.6%	4.9%	0.2%	5.2%	3.6%
Proposed Pricing Trend	[5]	4.8%	10.8%	6.2%	7.4%	1.8%	10.2%	7.8%

Notes:

- [1] Represents core unit pricing increases, exclusive of service mix / intensity of services impact;
- [2] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [3] Represents expected changes in intensity of services provided.
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

B. The following items for the period to which the rate filing applies, by quarter:

	<u>Average % Rate Increase*</u>	<u>Expected Pure Medical Cost Ratio</u>	<u>Expected Contribution to Reserves %</u>	<u>Quality Improvement Expense %*</u>	<u>Other Cost Containment Expense %*</u>	<u>Other Claim Adjustment Expense %*</u>	<u>Other Operating Expense %*</u>	<u>Average Commissions%*</u>	<u>Premium Tax %</u>	<u>Federal Tax %</u>
UHCNE	5.9%	84.6%	2.0%	1.0%	1.1%	1.1%	3.3%	3.9%	2.0%	1.0%
UHIC	6.1%	84.6%	2.0%	1.0%	1.1%	1.1%	3.3%	3.9%	2.0%	1.0%

*Aggregate Rate Increase is on the benefit to benefit basis

C. Average Rate Increase Components

The following items should reconcile to the Weighted Average Percent Rate Increase for the year:

	<u>Price</u>	<u>Utilization, Mix</u>	<u>UHCNE</u>	<u>UHIC</u>
Hospital Inpatient Price	5.3%	-0.4%	4.8%	4.8%
Hospital Outpatient	5.2%	5.3%	10.8%	10.8%
Primary Care	1.5%	4.6%	6.2%	6.2%
Med/Surg Other Than Primary Care	2.4%	4.9%	7.4%	7.4%
Pharmacy	4.8%	5.2%	10.2%	10.2%
Capitation	1.6%	0.2%	1.8%	1.8%
Weighted Aggregate			7.8%	7.8%
Administrative Expense (Aggregated)			1.1%	1.1%
Contribution to Reserves			0.7%	0.7%
Taxes/Assessments/Fees			5.2%	5.4%
Prior Period Adjustment (+/-)			-8.9%	-8.9%
Total			5.9%	6.1%

Rate Template Part II

Company Legal Name: **UnitedHealthcare of New E State: RI**
 HIOS Issuer ID: **79881** Market: **Small Group**
 Effective Date: **1/1/2014**

Market Level Calculations (Same for all Plans)

Section I:

Experience Period:	1/1/2012	to	12/31/2012	
			<u>mppm</u>	<u>% of Prem</u>
Premiums (net of MLR Rebate) in Experience Period:	\$7,354,181	\$	437.88	100.0%
Tax credits used to pay premiums in above			-	0.0%
Incurred Claims in Experience Period	\$5,601,080		333.50	76.2%
Allowed Claims:	\$6,484,765		386.11	88.2%
Experience Period Paid to Allowed Factor			0.8637	
Index Rate of Experience Period		\$	386.11	
Experience Period Member Months	16,795			

Section II: Allowed Claims, PMPM basis

	Experience Period		Projection Period: 1/1/2014 to 12/31/2014		Mid-point to Mid-point, Experience to Projection: 24 months									
	on Actual Experience Allowed		Adj't. from Experience Annualized Trend to Projection Period		Projections, before credibility Adjustment									
			Factors		Credibility Manual									
					After Credibility									
Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util & Other	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM
Inpatient Hospital	Days	186.66	\$3,615.94	\$ 56.25	1.000	1.000	1.053	0.996	184.98	\$ 4,006.98	\$ 61.77	194	\$ 5,055.17	\$ 81.62
Outpatient Hospital	Services	7,913.16	\$200.00	\$ 131.89	1.000	1.000	1.052	1.053	8,773.35	221.52	\$ 161.96	7,446	242.42	\$ 150.42
MHCD FFS	Services	1,454.01	\$102.11	\$ 12.37	1.000	1.000	1.024	1.049	1,600.78	107.03	\$ 14.28	166	127.66	\$ 1.76
Primary Care	Services	4,350.73	\$59.12	\$ 21.43	1.000	1.000	1.024	1.049	4,789.88	61.97	\$ 24.74	3,969	59.50	\$ 19.68
Other Medical/Surgical	Services	6,946.21	\$123.62	\$ 71.56	1.000	1.000	1.015	1.046	7,597.14	127.39	\$ 80.65	7,684	119.13	\$ 76.28
Prescription Drug	Prescriptions	13,028.03	\$79.99	\$ 86.84	1.000	1.000	1.048	1.052	14,412.57	87.77	\$ 105.42	12,074	71.18	\$ 71.62
Capitation	Benefit Period	12,000	\$1.43	\$ 1.43	1.000	1.000	1.016	1.002	12,046.12	1.48	\$ 1.48	12,046	15.29	\$ 15.35
Other Not Categorized	-	-	-	-	1.000	1.000	1.000	1.000	-	-	-	-	-	-
Total				\$ 381.77							\$ 450.29	43,578		\$ 416.73

						Projected Period Tot
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)		7.460%	93%	\$ 419.23	\$6,429,371	
Paid to Allowed Average Factor in Projection Period				0.864		
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM				\$ 362.10	\$ 5,553,235	
Projected Risk Adjustments in excess (less than) Experience Period, PMPM				-11.64	(178,514)	
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM				\$ 373.74	\$ 5,731,749	
Projected ACA reinsurance recoveries, net of rein prem, PMPM					-	
Projected Incurred Claims				\$ 373.74	\$ 5,731,749	
Administrative Expense Load				10.40%	49.08	752,654
Premium Tax				2.00%	9.44	144,741
Contribution to Reserves				8.40%	39.64	607,913
Single Risk Pool Gross Premium Avg. Rate, PMPM					471.90	\$ 7,237,057
Index Rate for Projection Period				\$ 510.61		
% increase over Experience Period					8%	
% Increase, annualized:					4%	
Base EHB Rate for Projection Period				\$ 502.61		
Projected Member Months						15,336

Monthly Effective Date Projection Factor for each subsequent rate month (group only)		1.07800
1/1/2014		1.00000
2/1/2014		1.00628
3/1/2014		1.01260
4/1/2014		1.01895
5/1/2014		1.02535
6/1/2014		1.03179
7/1/2014		1.03827
8/1/2014		1.04479
9/1/2014		1.05135
10/1/2014		1.05795
11/1/2014		1.06459
12/1/2014		1.07127

Rate Template Part II

Company Legal Name: **UnitedHealthcare Insurance** State: **RI**
 HIOS Issuer ID: **90117** Market: **Small Group**
 Effective Date: **1/1/2014**

Market Level Calculations (Same for all Plans)

Section I:

Experience Period:	1/1/2012	to	12/31/2012		
				<u>ppm</u>	<u>% of Prem</u>
Premiums (net of MLR Rebate) in Experience Period:	\$83,854,244	\$	363.87	100.0%	
Tax credits used to pay premiums in above	-		-	0.0%	
Incurred Claims in Experience Period	\$67,702,669		293.78	80.7%	
Allowed Claims:	\$81,801,775		354.97	97.6%	
Experience Period Paid to Allowed Factor			0.8276		
Index Rate of Experience Period		\$	354.97		
Experience Period Member Months	230,450				

Section II: Allowed Claims, PMPM basis

Benefit Category	Experience Period				Projection Period: 1/1/2014 to 12/31/2014				Mid-point to Mid-point, Experience to Projection: 24 months											
	on Actual Experience Allowed				Adj't. from Experience Annualized Trend to Projection Period				Projections, before credibility Adjustment				Credibility Manual				After Credibility			
	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util & Other	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM			
Inpatient Hospital	Days	196.22	\$4,634.36	\$ 75.78	1.000	1.000	1.053	0.996	194.46	\$ 5,135.55	\$ 83.22	194	\$ 5,055.17	\$ 81.62						
Outpatient Hospital	Services	6,619.07	\$220.69	\$ 121.73	1.000	1.000	1.052	1.053	7,338.59	244.44	\$ 149.48	7,446	242.42	\$ 150.42						
MHCD FFS	Services	45.58	\$172.40	\$ 0.65	1.000	1.000	1.024	1.049	50.18	180.72	\$ 0.76	166	127.66	\$ 1.76						
Primary Care	Services	3,938.15	\$56.49	\$ 18.54	1.000	1.000	1.024	1.049	4,335.66	59.21	\$ 21.39	3,969	59.50	\$ 19.68						
Other Medical/Surgical	Services	6,664.46	\$118.79	\$ 65.97	1.000	1.000	1.015	1.046	7,288.99	122.42	\$ 74.36	7,684	119.13	\$ 76.28						
Prescription Drug	Prescriptions	10,743.32	\$63.39	\$ 56.75	1.000	1.000	1.048	1.052	11,885.06	\$ 69.56	\$ 68.89	12,074	\$ 71.18	\$ 71.62						
Capitation	Benefit Period	12,000	\$15.89	\$ 15.89	1.000	1.000	1.016	1.002	12,046.12	16.41	\$ 16.47	12,046	15.29	\$ 15.35						
Other Not Categorized	-	-	-	-	1.000	1.000	1.000	1.000	-	-	-	-	-	-	-					
Total				\$ 355.32							\$ 414.58	43,578		\$ 416.73						

Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	92.5%	7%	\$ 414.74	\$91,563,808
355.321745 Paid to Allowed Average Factor in Projection Period			0.828	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			\$ 343.25	\$ 75,782,147
Projected Risk Adjustments in excess (less than) Experience Period, PMPM			-11.64	(2,569,879)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			\$ 354.89	\$ 78,352,026
Projected ACA reinsurance recoveries, net of rein prem, PMPM			-	-
Projected Incurred Claims			\$ 354.89	\$ 78,352,026
Administrative Expense Load		10.40%	46.72	10,314,697
Premium Tax		2.00%	8.98	1,983,596
Contribution to Reserves		8.60%	38.63	8,529,461
Single Risk Pool Gross Premium Avg. Rate, PMPM			449.23	\$ 99,179,780
Index Rate for Projection Period			\$ 464.82	
% increase over Experience Period			23.46%	
% Increase, annualized:			11.11%	
Base EHB Rate for Projection Period			\$ 493.77	
Projected Member Months				220,776

Monthly Effective Date Projection Factor for each subsequent rate month (group only)	Factor
1/1/2014	1.00000
2/1/2014	1.00628
3/1/2014	1.01260
4/1/2014	1.01895
5/1/2014	1.02535
6/1/2014	1.03179
7/1/2014	1.03827
8/1/2014	1.04479
9/1/2014	1.05135
10/1/2014	1.05795
11/1/2014	1.06459
12/1/2014	1.07127

Rate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name: UnitedHealthcare of New England and United HealthCare Insurance Company
 Plan Type(s): HMO/POS/EPO
 Market Segment: Small
 Rate Effective Date: 1/1/2014

Plan Number	Plan Type (HMO, POS, PPO, Indemnity, Other)	Pre-1/1/14 Carrier Plan Code or Name ⁴	Discontinued, New, Existing (D, N, E)	1/1/14 Carrier Plan Code or Name ⁴	Metallic Tier	Metallic Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange Year or N	Proposed Plan Relativity Factor for 1/1/14	Plan Relativity Factor for 1/1/13	Total Number of Members/Enrolled			1/1/14 Number of Members/Enrolled		
											Covered Dependents ¹	Total Number of Policyholders/Enrolled Policyholders ¹	Total Number of Groups ¹	Covered Policyholders ²	1/1/14 Number of Subscribers/Enrolled Policyholders ²	1/1/14 Number of Groups ²
Totals											18,870	10,171	2,720	0	0	0
Totals weighted by Total Members/Enrolled Policyholders + Covered Dependents																
Totals weighted by Impacted Members/Enrolled Policyholders + Covered Dependents																
Base Rate for EHB Plan UHCNE											1.0000					
Base Rate for EHB Plan UHC											1.0000					
Plan 57	POS	NA	N	U5-3	Gold	0.78	Standard AV	Off	0.5875	NA						
Plan 58	POS	NA	N	UC-W	Gold	0.82	Standard AV	Off	0.6975	NA						
Plan 59	POS	NA	N	UC-X	Gold	0.81	Standard AV	Off	0.6799	NA						
Plan 60	POS	NA	N	UC-Y	Platinum	0.89	Standard AV	Off	0.7634	NA						
Plan 61	POS	NA	N	UC-Z	Platinum	0.91	Standard AV	Off	0.8059	NA						
Plan 62	POS	NA	N	UC-1	Platinum	0.91	Standard AV	Off	0.8338	NA						
Plan 63	POS	NA	N	UC-2	Platinum	0.89	Standard AV	Off	0.7744	NA						
Plan 64	HMO	NA	N	UC-3	Silver	0.71	Standard AV	Off	0.5635	NA						
Plan 65	HMO	NA	N	UC-4	Gold	0.79	Standard AV	Off	0.6595	NA						
Plan 66	POS	NA	N	U5-4	Bronze	0.60	Standard AV	Off	0.4333	NA						
Plan 67	EPO	NA	N	UC-5	Bronze	0.60	Standard AV	Off	0.4432	NA						
Plan 68	EPO	NA	N	UC-6	Gold	0.81	Standard AV	Off	0.6422	NA						
Plan 69	POS	NA	N	UC-7	Silver	0.69	Standard AV	Off	0.5420	NA						
Plan 70	POS	NA	N	UC-8	Silver	0.72	Standard AV	Off	0.4893	NA						
Plan 71	POS	NA	N	UC-9	Gold	0.81	Standard AV	Off	0.6916	NA						
Plan 72	HMO	NA	N	VB-5	Bronze	0.61	Standard AV	Off	0.4570	NA						
Plan 73	HMO	NA	N	VD-X	Silver	0.70	Standard AV	Off	0.4637	NA						
Plan 74	HMO	NA	N	VD-Y	Gold	0.80	Standard AV	Off	0.6690	NA						
Plan 75	EPO	NA	N	VF-9	Silver	0.72	Standard AV	Off	0.5041	NA						
Plan 76	EPO	NA	N	VZ-7	Silver	0.72	Standard AV	Off	0.5129	NA						
Plan 77	EPO	NA	N	VZ-8	Gold	0.81	Standard AV	Off	0.6394	NA						
Plan 78	EPO	NA	N	UC-6	Gold	0.81	Standard AV	Off	0.6313	NA						
Plan 79	EPO	NA	N	VZ-8	Gold	0.81	Standard AV	Off	0.6503	NA						
Plan 80	POS	NA	N	UC-9	Gold	0.81	Standard AV	Off	0.6807	NA						
Plan 81	POS	7AT	D	NA	NA	NA	NA	NA	NA	0.6978	418	199	43			
Plan 82	POS	7AU	D	NA	NA	NA	NA	NA	NA	0.6445	167	87	41			
Plan 83	POS	2AP	D	NA	NA	NA	NA	NA	NA	0.5380	139	64	51			
Plan 84	POS	2RA	D	NA	NA	NA	NA	NA	NA	0.5252	5	4	3			
Plan 85	POS	U1G	D	NA	NA	NA	NA	NA	NA	0.7946	266	126	52			
Plan 86	POS	JFD	D	NA	NA	NA	NA	NA	NA	0.5532	27	11	2			
Plan 87	POS	LIE	D	NA	NA	NA	NA	NA	NA	0.5442	1	1	1			
Plan 88	POS	7AA	D	NA	NA	NA	NA	NA	NA	0.6275	9	7	2			
Plan 89	POS	7AB	D	NA	NA	NA	NA	NA	NA	0.6032	17	15	3			
Plan 90	POS	7AC	D	NA	NA	NA	NA	NA	NA	0.5803	3	3	1			
Plan 91	POS	7AD	D	NA	NA	NA	NA	NA	NA	0.5729	65	31	11			
Plan 92	POS	7AE	D	NA	NA	NA	NA	NA	NA	0.6682	252	142	45			
Plan 93	POS	7AF	D	NA	NA	NA	NA	NA	NA	0.6365	129	76	21			
Plan 94	POS	7AG	D	NA	NA	NA	NA	NA	NA	0.6117	287	186	26			
Plan 95	POS	7AP	D	NA	NA	NA	NA	NA	NA	0.5824	283	188	53			
Plan 96	POS	7AR	D	NA	NA	NA	NA	NA	NA	0.5275	94	59	33			
Plan 97	POS	1RN	D	NA	NA	NA	NA	NA	NA	0.6071	144	74	14			
Plan 98	POS	1RO	D	NA	NA	NA	NA	NA	NA	0.5300	230	117	22			
Plan 99	POS	1RA	D	NA	NA	NA	NA	NA	NA	0.6586	53	33	14			
Plan 100	POS	1RB	D	NA	NA	NA	NA	NA	NA	0.5732	465	213	28			
Plan 101	POS	1RT-HRA	D	NA	NA	NA	NA	NA	NA	0.6792	2	1	1			
Plan 102	POS	1RV-HRA	D	NA	NA	NA	NA	NA	NA	0.5905	54	33	4			
Plan 103	POS	1RU-HRA	D	NA	NA	NA	NA	NA	NA	0.6257	27	14	3			
Plan 104	POS	1RW-HRA	D	NA	NA	NA	NA	NA	NA	0.5456	214	107	8			
Plan 105	POS	1RR-HRA	D	NA	NA	NA	NA	NA	NA	0.7209	31	21	3			
Plan 106	POS	7VC	D	NA	NA	NA	NA	NA	NA	0.5637	7	3	1			
Plan 107	POS	7VG	D	NA	NA	NA	NA	NA	NA	0.4931	3	2	1			
Plan 108	POS	WHC	D	NA	NA	NA	NA	NA	NA	0.8136	1	1	1			
Plan 109	POS	1RC	D	NA	NA	NA	NA	NA	NA	0.8189	106	59	11			
Plan 110	POS	1RD	D	NA	NA	NA	NA	NA	NA	0.7734	52	26	7			
Plan 111	POS	UBT-\$0 Kids	D	NA	NA	NA	NA	NA	NA	0.8203	267	149	62			
Plan 112	POS	UBU-\$0 Kids	D	NA	NA	NA	NA	NA	NA	0.7764	263	154	44			

Rate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name: UnitedHealthcare of New England and United HealthCare Insurance Company
 Plan Type(s): HMO/POS/EPO
 Market Segment: Small
 Rate Effective Date: 1/1/2014

Plan Number	Plan Type (HMO, POS, PPO, Indemnity, Other)	Pre-1/1/14 Carrier Plan Code or Name ⁴	Discontinued, New, Existing (D, N, E)	1/1/14 Carrier Plan Code or Name ⁴	Metallic Tier	Metallic Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange Y or N	Proposed Plan Relativity Factor for 1/1/14	Plan Relativity Factor for 1/1/13	Total Number of Members/Enrolled			1/1/14 Number of Members/Enrolled		
											Covered Dependents ¹	Total Number of Policyholders + Subscribers/Enrolled ¹	Total Number of Groups ¹	Covered Dependents ²	1/1/14 Number of Policyholders + Subscribers/Enrolled ²	1/1/14 Number of Groups ²
Totals											18,870	10,171	2,720	0	0	0
<i>Totals weighted by Total Members/Enrolled Policyholders + Covered Dependents</i>																
<i>Totals weighted by Impacted Members/Enrolled Policyholders + Covered Dependents</i>																
Base Rate for EHB Plan UHCNE											1.0000					
Base Rate for EHB Plan UHIC											1.0000					
Plan 113	POS	1RE	D	NA	NA	NA	NA	NA	NA	0.8036	51	33	7			
Plan 114	POS	1RF	D	NA	NA	NA	NA	NA	NA	0.7920	45	29	9			
Plan 115	POS	1RG	D	NA	NA	NA	NA	NA	NA	0.7041	53	31	16			
Plan 116	POS	U8V-\$0 Kids	D	NA	NA	NA	NA	NA	NA	0.6990	166	98	26			
Plan 117	POS	1RH	D	NA	NA	NA	NA	NA	NA	0.6636	3	2	1			
Plan 118	POS	1RI	D	NA	NA	NA	NA	NA	NA	0.6107	26	12	5			
Plan 119	POS	1RJ	D	NA	NA	NA	NA	NA	NA	0.7024	1,220	708	161			
Plan 120	POS	1RK	D	NA	NA	NA	NA	NA	NA	0.6448	1,316	694	176			
Plan 121	POS	1RL	D	NA	NA	NA	NA	NA	NA	0.7418	68	35	11			
Plan 122	POS	1RM	D	NA	NA	NA	NA	NA	NA	0.7051	527	301	72			
Plan 123	POS	U8W-\$0 Kid	D	NA	NA	NA	NA	NA	NA	0.7500	850	453	115			
Plan 124	POS	1RP	D	NA	NA	NA	NA	NA	NA	0.6884	21	13	1			
Plan 125	POS	G8F-EDGE	D	NA	NA	NA	NA	NA	NA	0.6252	152	86	26			
Plan 126	POS	G8G-EDGE	D	NA	NA	NA	NA	NA	NA	0.5944	7	7	2			
Plan 127	POS	G8H-EDGE	D	NA	NA	NA	NA	NA	NA	0.5557	140	77	24			
Plan 128	POS	G8I-EDGE	D	NA	NA	NA	NA	NA	NA	0.5976	294	146	49			
Plan 129	POS	Y3J-Edge H	D	NA	NA	NA	NA	NA	NA	0.5901	7	6	5			
Plan 130	POS	Y3K-Edge H	D	NA	NA	NA	NA	NA	NA	0.5564	8	5	4			
Plan 131	POS	Y3L-Edge H	D	NA	NA	NA	NA	NA	NA	0.5412	4	3	3			
Plan 132	POS	Y3M-Edge H	D	NA	NA	NA	NA	NA	NA	0.4899	97	68	46			
Plan 133	POS	Y3N-Edge H	D	NA	NA	NA	NA	NA	NA	0.6210	1,172	585	128			
Plan 134	POS	2RF	D	NA	NA	NA	NA	NA	NA	0.7974	146	72	25			
Plan 135	HMO	38X	D	NA	NA	NA	NA	NA	NA	0.6049	422	235	106			
Plan 136	POS	RIA	D	NA	NA	NA	NA	NA	NA	0.8280	3	3	1			
Plan 137	POS	RIB	D	NA	NA	NA	NA	NA	NA	0.7835	2	2	1			
Plan 138	POS	RIK	D	NA	NA	NA	NA	NA	NA	0.7528	4	2	1			
Plan 139	POS	3RA	D	NA	NA	NA	NA	NA	NA	0.8189	71	39	18			
Plan 140	POS	3RB	D	NA	NA	NA	NA	NA	NA	0.7861	57	27	15			
Plan 141	POS	3RC	D	NA	NA	NA	NA	NA	NA	0.7734	32	19	5			
Plan 142	POS	3RD	D	NA	NA	NA	NA	NA	NA	0.8036	96	49	20			
Plan 143	POS	3RE	D	NA	NA	NA	NA	NA	NA	0.7920	11	5	3			
Plan 144	POS	3RF	D	NA	NA	NA	NA	NA	NA	0.7041	4	1	1			
Plan 145	POS	3RG	D	NA	NA	NA	NA	NA	NA	0.6636	17	8	5			
Plan 146	POS	3RH	D	NA	NA	NA	NA	NA	NA	0.6107	14	7	4			
Plan 147	POS	3RI	D	NA	NA	NA	NA	NA	NA	0.7024	116	68	30			
Plan 148	POS	3RJ	D	NA	NA	NA	NA	NA	NA	0.6448	68	38	16			
Plan 149	POS	3RK	D	NA	NA	NA	NA	NA	NA	0.7418	210	116	40			
Plan 150	POS	3RL	D	NA	NA	NA	NA	NA	NA	0.7051	27	14	3			
Plan 151	POS	B33	D	NA	NA	NA	NA	NA	NA	0.6907	428	244	69			
Plan 152	POS	B34	D	NA	NA	NA	NA	NA	NA	0.6341	709	369	79			
Plan 153	POS	B01-\$0 Kids	D	NA	NA	NA	NA	NA	NA	0.7539	77	30	20			
Plan 154	POS	B02-\$0 Kids	D	NA	NA	NA	NA	NA	NA	0.7294	477	246	67			
Plan 155	POS	B06	D	NA	NA	NA	NA	NA	NA	0.6267	58	24	5			
Plan 156	POS	B41-Smarth	D	NA	NA	NA	NA	NA	NA	0.5788	588	299	70			
Plan 157	POS	B42-Smarth	D	NA	NA	NA	NA	NA	NA	0.5183	307	177	99			
Plan 158	POS	B43	D	NA	NA	NA	NA	NA	NA	0.5432	59	26	10			
Plan 159	POS	B04-HRA	D	NA	NA	NA	NA	NA	NA	0.7020	36	22	5			
Plan 160	POS	B05-HRA	D	NA	NA	NA	NA	NA	NA	0.6455	72	34	3			
Plan 161	POS	B31-HRA	D	NA	NA	NA	NA	NA	NA	0.6023	62	31	2			
Plan 162	POS	B32-HRA	D	NA	NA	NA	NA	NA	NA	0.5259	117	49	4			
Plan 163	POS	B03	D	NA	NA	NA	NA	NA	NA	0.7908	556	280	58			
Plan 164	POS	B14	D	NA	NA	NA	NA	NA	NA	0.6013	29	13	4			
Plan 165	POS	B15	D	NA	NA	NA	NA	NA	NA	0.5787	67	33	3			
Plan 166	POS	B16	D	NA	NA	NA	NA	NA	NA	0.5713	158	82	19			
Plan 167	POS	B07	D	NA	NA	NA	NA	NA	NA	0.6670	500	268	58			
Plan 168	POS	B17	D	NA	NA	NA	NA	NA	NA	0.5655	212	133	36			

Rate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name: UnitedHealthcare of New England and United HealthCare Insurance Company
 Plan Type(s): HMO/POS/EPO
 Market Segment: Small
 Rate Effective Date: 1/1/2014

Plan Number	Plan Type (HMO, POS, PPO, Indemnity, Other)	Pre-1/1/14 Carrier Plan Code or Name ⁴	Discontinued, New, Existing (D, N, E)	1/1/14 Carrier Plan Code or Name ⁴	Metallic Tier	Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange Y or N	Proposed Plan Relativity Factor for 1/1/14	Plan Relativity Factor for 1/1/13	Total Number of Members/Enrolled			1/1/14 Number of Members/Enrolled		
											Covered Dependents ¹	Subscribers/Enrolled Policyholders ¹	Total Number of Groups ¹	Covered Dependents ²	Subscribers/Enrolled Policyholders ²	1/1/14 Number of Groups ²
Totals											18,870	10,171	2,720	0	0	0
<i>Totals weighted by Total Members/Enrolled Policyholders + Covered Dependents</i>																
<i>Totals weighted by Impacted Members/Enrolled Policyholders + Covered Dependents</i>																
Base Rate for EHB Plan UHCNE											1.0000					
Base Rate for EHB Plan UHC											1.0000					
Plan 169	POS	B18	D	NA	NA	NA	NA	NA	NA	0.5255	246	121	17			
Plan 170	POS	B44	D	NA	NA	NA	NA	NA	NA	0.6302	171	82	23			
Plan 171	POS	B08	D	NA	NA	NA	NA	NA	NA	0.7053	204	130	39			
Plan 172	POS	B11-EDGE	D	NA	NA	NA	NA	NA	NA	0.6181	254	131	27			
Plan 173	POS	B12-EDGE	D	NA	NA	NA	NA	NA	NA	0.5921	172	103	22			
Plan 174	POS	B13-EDGE	D	NA	NA	NA	NA	NA	NA	0.6884	81	32	7			
Plan 175	EPO	B21-Navigat	D	NA	NA	NA	NA	NA	NA	0.6932	57	38	17			
Plan 176	EPO	B22-Navigat	D	NA	NA	NA	NA	NA	NA	0.6726	92	50	15			
Plan 177	EPO	B23-Navigat	D	NA	NA	NA	NA	NA	NA	0.6014	30	18	2			
Plan 178	EPO	B24-Navigat	D	NA	NA	NA	NA	NA	NA	0.6313	321	167	33			
Plan 179	EPO	B25-Navigat	D	NA	NA	NA	NA	NA	NA	0.6036	97	57	11			
Plan 180	EPO	B26-Navigat	D	NA	NA	NA	NA	NA	NA	0.5538	117	71	11			
Plan 181	EPO	B27-Navigat	D	NA	NA	NA	NA	NA	NA	0.5677	445	259	48			
Plan 182	EPO	R11-Navigat	D	NA	NA	NA	NA	NA	NA	0.5516	83	38	9			
Plan 183	EPO	R12-Navigat	D	NA	NA	NA	NA	NA	NA	0.5620	58	27	4			
Plan 184	EPO	R14-Navigat	D	NA	NA	NA	NA	NA	NA	0.4233	7	6	3			
Plan 185	POS	I2A	D	NA	NA	NA	NA	NA	NA	0.6857	74	42	7			
Plan 186	POS	R1K-SmarH	D	NA	NA	NA	NA	NA	NA	0.6140	179	87	16			
Plan 187	EPO	RV1-Choice	D	NA	NA	NA	NA	NA	NA	0.5608	47	34	4			
Plan 188	EPO	RV2-Choice	D	NA	NA	NA	NA	NA	NA	0.5427	15	15	1			

Rate Template ParRate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name:
 Plan Type(s):
 Market Segment:
 Rate Effective Date:

Plan Number	Base Plan Rate PMPM in effect 12 months Prior to Rate Effective Date ³	Proposed Base Plan Rate PMPM for Rate Effective Date ^{3,5}	Proposed Pediatric Dental Rate PMPM for Rate Effective Date ³	Proposed Rate Change Compared to Prior 12 months	% of Total Members/Enrolled Policyholders + Covered Dependents	% of 1/1/14 Members/Enrolled Policyholders + Covered Dependents
Totals						
Totals weighted by Total Membership	\$0.00	\$0.00		#DIV/0!		
Totals weighted by Impacted Membership	#DIV/0!	#DIV/0!		#DIV/0!		
Base Rate for EHB Plan UHCN		\$502.61		#DIV/0!	0.0%	#DIV/0!
Base Rate for EHB Plan UHIC		\$493.77				
Plan 1		\$210.64	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 2		\$209.06	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 3		\$244.02	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 4		\$233.31	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 5		\$244.66	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 6		\$292.26	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 7		\$298.63	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 8		\$299.72	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 9		\$340.75	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 10		\$291.52	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 11		\$346.13	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 12		\$337.39	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 13		\$378.82	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 14		\$399.90	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 15		\$413.78	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 16		\$384.30	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 17		\$281.81		#DIV/0!	0.0%	#DIV/0!
Plan 18		\$283.22	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 19		\$329.81		#DIV/0!	0.0%	#DIV/0!
Plan 20		\$331.47	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 21		\$215.04	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 22		\$219.93	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 23		\$318.68	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 24		\$268.96	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 25		\$242.79	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 26		\$343.22	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 27		\$228.54		#DIV/0!	0.0%	#DIV/0!
Plan 28		\$223.69	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 29		\$231.90		#DIV/0!	0.0%	#DIV/0!
Plan 30		\$233.06	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 31		\$334.59	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 32		\$336.25	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 33		\$390.98	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 34		\$250.14	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 35		\$254.54	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 36		\$317.30	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 37		\$270.96	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 38		\$269.60		#DIV/0!	0.0%	#DIV/0!
Plan 39		\$270.96	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 40		\$269.60		#DIV/0!	0.0%	#DIV/0!
Plan 41		\$262.06	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 42		\$260.75		#DIV/0!	0.0%	#DIV/0!
Plan 43		\$262.06	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 44		\$260.75		#DIV/0!	0.0%	#DIV/0!
Plan 45		\$313.30	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 46		\$322.73	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 47		\$337.79	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 48		\$209.61		#DIV/0!	0.0%	#DIV/0!
Plan 49		\$208.03		#DIV/0!	0.0%	#DIV/0!
Plan 50		\$242.79		#DIV/0!	0.0%	#DIV/0!
Plan 51		\$232.12		#DIV/0!	0.0%	#DIV/0!
Plan 52		\$243.43		#DIV/0!	0.0%	#DIV/0!
Plan 53		\$290.83		#DIV/0!	0.0%	#DIV/0!
Plan 54		\$297.15		#DIV/0!	0.0%	#DIV/0!
Plan 55		\$298.24		#DIV/0!	0.0%	#DIV/0!
Plan 56		\$339.07		#DIV/0!	0.0%	#DIV/0!

Rate Template ParRate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name:
 Plan Type(s):
 Market Segment:
 Rate Effective Date:

Plan Number	Base Plan Rate PMPM in effect 12 months Prior to Rate Effective Date ³	Proposed Base Plan Rate PMPM for Rate Effective Date ^{3,5}	Proposed Pediatric Dental Rate PMPM for Rate Effective Date ³	Proposed Rate Change Compared to Prior 12 months	% of Total Members/Enrolled Policyholders + Covered Dependents	% of 1/1/14 Members/Enrolled Policyholders + Covered Dependents
Totals						
Totals weighted by Total Membership	\$0.00	\$0.00		#DIV/0!		
Totals weighted by Impacted Membership	#DIV/0!	#DIV/0!		#DIV/0!		
Base Rate for EHB Plan UHCN		\$502.61		#DIV/0!	0.0%	#DIV/0!
Base Rate for EHB Plan UHIC		\$493.77				
Plan 57		\$290.09		#DIV/0!	0.0%	#DIV/0!
Plan 58		\$344.40		#DIV/0!	0.0%	#DIV/0!
Plan 59		\$335.71		#DIV/0!	0.0%	#DIV/0!
Plan 60		\$376.94		#DIV/0!	0.0%	#DIV/0!
Plan 61		\$397.93		#DIV/0!	0.0%	#DIV/0!
Plan 62		\$411.71		#DIV/0!	0.0%	#DIV/0!
Plan 63		\$382.38		#DIV/0!	0.0%	#DIV/0!
Plan 64		\$283.22	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 65		\$331.47	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 66		\$213.95		#DIV/0!	0.0%	#DIV/0!
Plan 67		\$218.84		#DIV/0!	0.0%	#DIV/0!
Plan 68		\$317.10		#DIV/0!	0.0%	#DIV/0!
Plan 69		\$267.62		#DIV/0!	0.0%	#DIV/0!
Plan 70		\$241.60		#DIV/0!	0.0%	#DIV/0!
Plan 71		\$341.49		#DIV/0!	0.0%	#DIV/0!
Plan 72		\$229.69	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 73		\$233.06	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 74		\$336.25	\$2.69	#DIV/0!	0.0%	#DIV/0!
Plan 75		\$248.91		#DIV/0!	0.0%	#DIV/0!
Plan 76		\$253.25		#DIV/0!	0.0%	#DIV/0!
Plan 77		\$315.72		#DIV/0!	0.0%	#DIV/0!
Plan 78		\$311.72		#DIV/0!	0.0%	#DIV/0!
Plan 79		\$321.10		#DIV/0!	0.0%	#DIV/0!
Plan 80		\$336.11		#DIV/0!	0.0%	#DIV/0!
Plan 81				#DIV/0!	2.2%	#DIV/0!
Plan 82				#DIV/0!	0.9%	#DIV/0!
Plan 83				#DIV/0!	0.7%	#DIV/0!
Plan 84				#DIV/0!	0.0%	#DIV/0!
Plan 85				#DIV/0!	1.4%	#DIV/0!
Plan 86				#DIV/0!	0.1%	#DIV/0!
Plan 87				#DIV/0!	0.0%	#DIV/0!
Plan 88				#DIV/0!	0.0%	#DIV/0!
Plan 89				#DIV/0!	0.1%	#DIV/0!
Plan 90				#DIV/0!	0.0%	#DIV/0!
Plan 91				#DIV/0!	0.3%	#DIV/0!
Plan 92				#DIV/0!	1.3%	#DIV/0!
Plan 93				#DIV/0!	0.7%	#DIV/0!
Plan 94				#DIV/0!	1.5%	#DIV/0!
Plan 95				#DIV/0!	1.5%	#DIV/0!
Plan 96				#DIV/0!	0.5%	#DIV/0!
Plan 97				#DIV/0!	0.8%	#DIV/0!
Plan 98				#DIV/0!	1.2%	#DIV/0!
Plan 99				#DIV/0!	0.3%	#DIV/0!
Plan 100				#DIV/0!	2.5%	#DIV/0!
Plan 101				#DIV/0!	0.0%	#DIV/0!
Plan 102				#DIV/0!	0.3%	#DIV/0!
Plan 103				#DIV/0!	0.1%	#DIV/0!
Plan 104				#DIV/0!	1.1%	#DIV/0!
Plan 105				#DIV/0!	0.2%	#DIV/0!
Plan 106				#DIV/0!	0.0%	#DIV/0!
Plan 107				#DIV/0!	0.0%	#DIV/0!
Plan 108				#DIV/0!	0.0%	#DIV/0!
Plan 109				#DIV/0!	0.6%	#DIV/0!
Plan 110				#DIV/0!	0.3%	#DIV/0!
Plan 111				#DIV/0!	1.4%	#DIV/0!
Plan 112				#DIV/0!	1.4%	#DIV/0!

Rate Template ParRate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name:
 Plan Type(s):
 Market Segment:
 Rate Effective Date:

Plan Number	Base Plan Rate PMPM in effect 12 months Prior to Rate Effective Date ³	Proposed Base Plan Rate PMPM for Rate Effective Date ^{3,5}	Proposed Pediatric Dental Rate PMPM for Rate Effective Date ³	Proposed Rate Change Compared to Prior 12 months	% of Total Members/Enrolled Policyholders + Covered Dependents	% of 1/1/14 Members/Enrolled Policyholders + Covered Dependents
Totals						
Totals weighted by Total Mem	\$0.00	\$0.00		#DIV/0!		
Totals weighted by Impacted M	#DIV/0!	#DIV/0!		#DIV/0!		
Base Rate for EHB Plan UHCN		\$502.61		#DIV/0!	0.0%	#DIV/0!
Base Rate for EHB Plan UHIC		\$493.77				
Plan 113				#DIV/0!	0.3%	#DIV/0!
Plan 114				#DIV/0!	0.2%	#DIV/0!
Plan 115				#DIV/0!	0.3%	#DIV/0!
Plan 116				#DIV/0!	0.9%	#DIV/0!
Plan 117				#DIV/0!	0.0%	#DIV/0!
Plan 118				#DIV/0!	0.1%	#DIV/0!
Plan 119				#DIV/0!	6.5%	#DIV/0!
Plan 120				#DIV/0!	7.0%	#DIV/0!
Plan 121				#DIV/0!	0.4%	#DIV/0!
Plan 122				#DIV/0!	2.8%	#DIV/0!
Plan 123				#DIV/0!	4.5%	#DIV/0!
Plan 124				#DIV/0!	0.1%	#DIV/0!
Plan 125				#DIV/0!	0.8%	#DIV/0!
Plan 126				#DIV/0!	0.0%	#DIV/0!
Plan 127				#DIV/0!	0.7%	#DIV/0!
Plan 128				#DIV/0!	1.6%	#DIV/0!
Plan 129				#DIV/0!	0.0%	#DIV/0!
Plan 130				#DIV/0!	0.0%	#DIV/0!
Plan 131				#DIV/0!	0.0%	#DIV/0!
Plan 132				#DIV/0!	0.5%	#DIV/0!
Plan 133				#DIV/0!	6.2%	#DIV/0!
Plan 134				#DIV/0!	0.8%	#DIV/0!
Plan 135				#DIV/0!	2.2%	#DIV/0!
Plan 136				#DIV/0!	0.0%	#DIV/0!
Plan 137				#DIV/0!	0.0%	#DIV/0!
Plan 138				#DIV/0!	0.0%	#DIV/0!
Plan 139				#DIV/0!	0.4%	#DIV/0!
Plan 140				#DIV/0!	0.3%	#DIV/0!
Plan 141				#DIV/0!	0.2%	#DIV/0!
Plan 142				#DIV/0!	0.5%	#DIV/0!
Plan 143				#DIV/0!	0.1%	#DIV/0!
Plan 144				#DIV/0!	0.0%	#DIV/0!
Plan 145				#DIV/0!	0.1%	#DIV/0!
Plan 146				#DIV/0!	0.1%	#DIV/0!
Plan 147				#DIV/0!	0.6%	#DIV/0!
Plan 148				#DIV/0!	0.4%	#DIV/0!
Plan 149				#DIV/0!	1.1%	#DIV/0!
Plan 150				#DIV/0!	0.1%	#DIV/0!
Plan 151				#DIV/0!	2.3%	#DIV/0!
Plan 152				#DIV/0!	3.8%	#DIV/0!
Plan 153				#DIV/0!	0.4%	#DIV/0!
Plan 154				#DIV/0!	2.5%	#DIV/0!
Plan 155				#DIV/0!	0.3%	#DIV/0!
Plan 156				#DIV/0!	3.1%	#DIV/0!
Plan 157				#DIV/0!	1.6%	#DIV/0!
Plan 158				#DIV/0!	0.3%	#DIV/0!
Plan 159				#DIV/0!	0.2%	#DIV/0!
Plan 160				#DIV/0!	0.4%	#DIV/0!
Plan 161				#DIV/0!	0.3%	#DIV/0!
Plan 162				#DIV/0!	0.6%	#DIV/0!
Plan 163				#DIV/0!	2.9%	#DIV/0!
Plan 164				#DIV/0!	0.2%	#DIV/0!
Plan 165				#DIV/0!	0.4%	#DIV/0!
Plan 166				#DIV/0!	0.8%	#DIV/0!
Plan 167				#DIV/0!	2.6%	#DIV/0!
Plan 168				#DIV/0!	1.1%	#DIV/0!

Rate Template ParRate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name:
 Plan Type(s):
 Market Segment:
 Rate Effective Date:

Plan Number	Base Plan Rate PMPM in effect 12 months Prior to Rate Effective Date ³	Proposed Base Plan Rate PMPM for Rate Effective Date ^{3,5}	Proposed Pediatric Dental Rate PMPM for Rate Effective Date ³	Proposed Rate Change Compared to Prior 12 months	% of Total Members/Enrolled Policyholders + Dependents	% of 1/1/14 Members/Enrolled Policyholders + Dependents
Totals						
Totals weighted by Total Mem	\$0.00	\$0.00		#DIV/0!		
Totals weighted by Impacted M	#DIV/0!	#DIV/0!		#DIV/0!		
Base Rate for EHB Plan UHCN		\$502.61		#DIV/0!	0.0%	#DIV/0!
Base Rate for EHB Plan UHIC		\$493.77				
Plan 169				#DIV/0!	1.3%	#DIV/0!
Plan 170				#DIV/0!	0.9%	#DIV/0!
Plan 171				#DIV/0!	1.1%	#DIV/0!
Plan 172				#DIV/0!	1.3%	#DIV/0!
Plan 173				#DIV/0!	0.9%	#DIV/0!
Plan 174				#DIV/0!	0.4%	#DIV/0!
Plan 175				#DIV/0!	0.3%	#DIV/0!
Plan 176				#DIV/0!	0.5%	#DIV/0!
Plan 177				#DIV/0!	0.2%	#DIV/0!
Plan 178				#DIV/0!	1.7%	#DIV/0!
Plan 179				#DIV/0!	0.5%	#DIV/0!
Plan 180				#DIV/0!	0.6%	#DIV/0!
Plan 181				#DIV/0!	2.4%	#DIV/0!
Plan 182				#DIV/0!	0.4%	#DIV/0!
Plan 183				#DIV/0!	0.3%	#DIV/0!
Plan 184				#DIV/0!	0.0%	#DIV/0!
Plan 185				#DIV/0!	0.4%	#DIV/0!
Plan 186				#DIV/0!	0.9%	#DIV/0!
Plan 187				#DIV/0!	0.2%	#DIV/0!
Plan 188				#DIV/0!	0.1%	#DIV/0!

United Health Care
Requested Individual, Small and Large Group Administrative Costs

	2012 Actual (from Filed Financial Statements)			2014 Proposed ***			% Change		
	Individual	Small Group	Large Group	Individual	Small Group	Large Group	Individual	Small Group	Large Group
Total Estimated Member Months		223,165			242,700			9%	
Total Estimated Premiums (\$PMPM)		359.85			382.74			6%	
Total General Administrative Expense (Excludes CCE/CAE) (\$PMPM)		33.88			45.92			36%	
Total Cost Containment Expense		4.70			5.86			25%	
Total Other Claim Adjustment Expense		4.59			5.74			25%	
Breakdown of General Administrative Expense (Exclude CCE/CAE) (\$PMPM)									
Payroll and Benefits		6.77			8.22			21%	
Outsourced Services (EDP, claims, etc.)		1.23			1.49			18%	
Auditing and Consulting		0.03			0.04			21%	
Commissions		11.65			12.32			6%	
Marketing and Advertising		0.58			0.71			21%	
Legal Expenses		0.13			0.14			8%	
Taxes, Licenses, and Fees		8.63			17.34			101%	
Reimbursements by Uninsured Plans		-			-			0%	
Other Administrative Expenses		4.87			5.68			17%	

* 2007	2008	2009	2010	2011	2012	
Total Premiums	218,459,198	181,049,532	120,002,265	62,345,524	203,243,997	203,491,845
Total General Administrative Expense (Exclude CCE/CAE)	31,171,890	25,694,191	17,411,554	10,459,197	18,567,401	17,272,704
General Administrative Expense (Exclude CCE/CAE) Premium Ratio**	0.00%	0.00%	0.00%	0.00%	9.14%	8.49%
Total Fully Insured Member Months	677,015	532,154	344,330	177,265	575,995	542,040
General Administrative Expense (Exclude CCE/CAE) (\$PMPM) **	-	-	-	-	32.24	31.87
Breakdown of General Administrative Expenses (\$PMPM)						
Payroll and benefits	18.91	19.96	12.14	23.56	7.45	7.27
Outsourced Services (EDP, claims etc.)	0.15	0.02	10.99	5.34	2.79	1.32
Auditing and consulting	2.08	3.09	1.99	2.64	0.04	0.03
Commissions	8.17	8.92	8.56	7.98	9.60	10.36
Marketing and Advertising	3.78	1.33	0.99	1.71	0.64	0.63
Legal Expenses	0.21	0.13	0.12	0.31	0.12	0.12
Taxes, Licenses, and Fees	5.58	5.74	7.76	9.21	7.65	8.77
Reimbursements by Uninsured Plans	-	-	-	-	0.00	0.00
Other Administrative Expenses	7.18	9.1	8.04	8.25	3.95	3.37
Other Costs						
Cost Containment Expense	0.98	0.43	1.84	3.06	4.96	4.91
Other Claim Adjustment Expense	6.55	6.94	7.09	3.84	4.01	4.47
Self-insured						
Total Self-insured Member Months for All Affiliated Companies Doing Business in Rhode Island	1,065,197	1,061,701	970,917	950,426	953,993	985,725

Note:

* 2007 through 2010 Data as reported for UHC-NE while 2011 going forward data reflects UHIC - RI activity

** Recalculated some historical numbers to be consistent and provide metrics as of General and Admin Expenses (Excluding CCE/CAE) as a function of total premium

*** Includes UHIC RI activity and estimated UHC NE Exchange activity

UnitedHealthcare of New England, Inc. 2014 Non-Grandfathered Employer Rates

Summary

UnitedHealthcare is filing 2014 rates for new benefit plans that meet the coverage and rating requirements of the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010, collectively referred to as the Affordable Care Act (ACA).

New benefit plans are being offered at each of the new metallic levels: platinum, gold, silver and bronze.

In addition, rating factors are being revised to comply with ACA provisions, which eliminates all rating factors other than: age (limited to 3:1 band for adults) and family composition. The impact of transitioning to these new rating factors in 2014 will vary significantly by group.

Changes in Medical Service Costs

There are many different health care cost trends that contribute to increases in the overall U.S. health care spending each year. These trend factors affect health insurance premiums, which can mean a premium rate increase to cover costs. Some of the key health care cost trends that have affected this year's rate actions include:

- **Increasing Cost of Medical Services** – Annual increases in reimbursement rates to health care providers – such as hospitals, doctors and pharmaceutical companies.
- **Increased Utilization** – The number of office visits and other services continues to grow. In addition, total health care spending will vary by the intensity of care and/or use of different types of health services. Patients who are sicker generally have a higher intensity of health care utilization. The price of care can be affected by the use of expensive procedures such as surgery vs. simply monitoring or providing medications.
- **Higher Costs from Deductible Leveraging** – Health care costs continue to rise every year, while deductibles and copayments remain the same. As a result, a greater percentage of health care costs need to be covered by health insurance premiums each year.
- **Cost shifting from the public to the private sector** – Reimbursements from the Center for Medicare and Medicaid Services (CMS) to hospitals are no longer covering all of the cost of care. The cost difference is being shifted to private health plans. Additionally, Medicare and Medicaid rates to hospitals are expected to decline due to the impact of the Patient Protection and Affordable

Care Act on Medicare and the affect of the recession on Medicaid. A rate increase paid by Medicaid to hospitals is often below the actual cost increase hospitals will experience.

- **Impact of New Technology** - Improvements to medical technology and clinical practice require use of more expensive services - leading to increased health care spending and utilization.

Changes in Benefits

- **Coverage Mandates** – Benefits are being enhanced to the meet the Essential Health Benefit and other PPACA requirements, among others the introduction of pediatric dental and vision benefits. Plans will no longer include internal dollar limits on Essential Health Benefits, and all customer copays, including prescription drug copays, will count towards satisfying the overall plan out-of-pocket maximum.

Administrative Costs and Anticipated Margin

UnitedHealthcare works to directly control administrative expenses by adopting better processes and technology, and through the development of programs and innovations that make health care more affordable. We have led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions.

Additionally, UnitedHealthcare indirectly controls medical cost payments by using appropriate payment structures with providers and facilities. UnitedHealthcare's goal is to control costs, maximize efficiency, and work closely with physicians and providers to obtain the best value and coverage.

In addition, increases in State and/or Federal government imposed taxation and fees are another significant factor that impacts health care spending. These fees include new ACA taxes and fees which will increase health insurance costs and need to be reflected in premium. A review of the current UnitedHealthcare premium rate indicates that the rate is not sufficient to cover the administrative costs. The requested rate increase is anticipated to be sufficient to cover the projected additional administrative costs in 2014.

UnitedHealthcare Insurance Company 2014 Non-Grandfathered Employer Rates

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UnitedHealthcare is filing 2014 rates for new benefit plans that meet the coverage and rating requirements of the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010, collectively referred to as the Affordable Care Act (ACA).

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- **Higher Costs from Deductible Leveraging** – Health care costs continue to rise every year, while deductibles and copayments remain the same. As a result, a greater percentage of health care costs need to be covered by health insurance premiums each year.
- **Cost shifting from the public to the private sector** – Reimbursements from the Center for Medicare and Medicaid Services (CMS) to hospitals are no longer covering all of the cost of care. The cost difference is being shifted to private health plans. Additionally, Medicare and Medicaid rates to hospitals are expected to decline due to the impact of the Patient Protection and Affordable

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Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For RI Small Group UnitedHealthcare of New England,
Inc.

State of RI Rate Review

FEDERAL Rate Justification PART III – Actuarial Memorandum & Actuarial Certification

Purpose

The purpose of this actuarial memorandum is to provide information relevant to the Part I Health Uniform Rate Review Template (HURRT).

Actuarial Certification

I, David H. Hoesly, am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

General Information

Company Identifying Information

Company Legal Name: UnitedHealthcare of New England, Inc.

State: Rhode Island

HIOS Issuer ID: 79881

Market: Small Employer

Effective Date: 1/1/2014

Company Contact Information

Primary Contact Name: David Hoesly

Primary Contact Telephone Number: 952.979.5637

Primary Contact Email Address: david_h_hoesly@uhc.com

Proposed Rate Increase(s)

UnitedHealthcare of New England, Inc. in RI issues group major medical products.

Reason For Rate Increase(s)

UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA). As requested by OHIC, an overall theoretical increase for our existing portfolio would have produced an overall rate increase of approximately 5.9%. This is a combination of base rate increase of .2% and the inclusion of PPACA Fees of 5.7%

The following describes the major components contributing to the overall rate level of the new portfolio:

- The most recent 12 months of claims experience adjusted for catastrophic claims and trend produced a claim projection indication of .2% for 1/1/2014 Effective Date
- For plans which now include pediatric dental coverage it contributed .5% to the overall premium level
- The addition of pediatric vision coverage contributed .1% to the overall premium level
- The addition of other Essential Health Benefits contributed 4.6% to the overall premium level
- PPACA Fees contributed 5.7% to the overall premium level
- Risk Adjustment: Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer and reflected this amount to adjust the overall premium level

- In addition to the adjustments listed above, revenue neutrality adjustments were made for transitioning to the new Age Factors and Benefit Slope (consistent with risk adjusters and AV Calculator), based on existing membership attributes.
- SHOP Exchange User Fee: We do not have an estimate of Fees associated with participating in the Exchange. We are maintaining a place holder to increase rates by 80% of the overall fees since we estimate 80% of our membership will be on the Exchange and 20% will be off the Exchange.
- Shop Selection bias by allowing members to choose any plan/carrier from the Bronze to Gold AV designated plans is estimated to contribute 4.7% to the SHOP Exchange related business. We again assumed 80% of the membership would be on the SHOP Exchange so we again applied that percentage to calculate a 3.8% increase to the overall premium level.

Experience Period Premium and Claims

Experience Period, Paid Through Date

- The experience period is 1/1/2012 to 12/31/2012 paid through 2/28/2013.

Experience Period – Premiums

- Earned premiums for the experience period are given in Part I. The earned premiums are the sum total of the actual premiums in the experience period for each small group policy. UnitedHealthcare of New England, Inc. does not anticipate paying any MLR rebates for 2012 premiums.

Experience Period – Allowed and Incurred Claims

- Incurred claims were developed by first starting with actual claims paid through 2/28/13 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e catastrophic claims, pended claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
- 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.

- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors

- **Insured Population Morbidity Changes:** No changes in the average morbidity are assumed.
- **Changes in Benefits:** The estimate of the cost of added Essential Health Benefits were developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors adopted by Rhode Island are used in rating.
- **Trend Factors:** United Healthcare Medical Expense Forecasting Process Overview & Considerations:
- UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development

Experience Data Used – Source and Appropriateness

- The fully credible experience period source data used to develop manual rates is the combined actual experience on both UnitedHealthcare Insurance Company and UnitedHealthcare of New England, Inc. licenses.

Experience Credibility

The combined experience of both licenses is deemed to be fully credible.

Paid To Allowed Ratio

The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance

Projected Risk Adjustments (PMPMs)

Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

This item is for the Individual and Combined Markets. The state of RI chose not to combine its individual and small group markets, therefore, not applicable to this rate filing.

Non-Benefit Expenses and Risk Margin

Administrative Expenses

The expenses assumed in the development of the proposed rates are detailed in Attachment 3.

Projected Loss Ratio: The projected loss ratio is 84.6%.

Index Rate

HMO UnitedHealthcare of New England, RI													
2014 Effective Dates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Member Months	1,659	546	735	1,051	1,658	686	1,789	652	776	5,690	815	738	16,795
Allowed Claims PMPM 2012	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	386.11	
Benefit Increase (EHB)	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
Annual Trend Rate	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
Months of Trend	24	25	26	27	28	29	30	31	32	33	34	35	
Projected Allowed Claims	485.88	489.76	493.66	497.60	501.57	505.57	509.60	513.66	517.76	521.89	526.05	530.24	510.61
Index Rate for Part I	510.61												
Effective Date for Part I	1/1/2014												

AV Metal Values

A description of the assumptions utilized within the AV Calculator can be found in Attachment 6 for the appropriate license.

AV Pricing Values

Benefit plan ID 79881RI0010011 is the fixed reference plan selected as the basis for the AV Pricing Values. 100% of the AV Pricing Value is attributable to the cost-sharing design of the plans.

Membership Projections

Membership is projected to continue at the current December, 2012 level.

Terminated Products

Plans being discontinued are shown in Rate Template III.

Plan Type

Not applicable.

Reliance

In assembling the information for this filing, I relied on several internal departments to supply information. Two critical areas were Health Care Economics which supplied Trend information and Corporate Finance which supplied information regarding Administrative Cost forecasts.

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For RI Small Group UnitedHealthcare Insurance
Company

State of RI Rate Review

FEDERAL Rate Justification PART III – Actuarial Memorandum & Actuarial Certification

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Effective Date: 1/1/2014

Company Contact Information

Primary Contact Name: David Hoesly

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Primary Contact Email Address: david_h_hoesly@uhc.com

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UnitedHealthcare Insurance Company in RI issues group major medical products.

Reason For Rate Increase(s)

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The following describes the major components contributing to the overall rate level of the new portfolio:

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Experience Period, Paid Through Date

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- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors adopted by Rhode Island are used in rating.
- **Trend Factors:** United Healthcare Medical Expense Forecasting Process Overview & Considerations:
- UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development

Experience Data Used – Source and Appropriateness

- The fully credible experience period source data used to develop manual rates is the combined actual experience on both UnitedHealthcare Insurance Company and UnitedHealthcare of New England, Inc. licenses.

Experience Credibility

The combined experience of both licenses is deemed to be fully credible.

Paid To Allowed Ratio

The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance

Projected Risk Adjustments (PMPMs)

Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

This item is for the Individual and Combined Markets. The state of RI chose not to combine its individual and small group markets, therefore, not applicable to this rate filing.

Non-Benefit Expenses and Risk Margin

Administrative Expenses

The expenses assumed in the development of the proposed rates are detailed in Attachment 3.

Projected Loss Ratio: The projected loss ratio is 84.6%,

Index Rate

OHI UnitedHealthcare Insurance Company													
2014 Effective Dates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Member Months	38,820	19,986	13,901	20,402	12,126	14,446	24,859	18,758	14,735	20,847	20,312	11,258	230,450
Allowed Claims PMPM 2012	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	354.97	
Benefit Increase (EHB)	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
Annual Trend Rate	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
Months of Trend	24	25	26	27	28	29	30	31	32	33	34	35	
Projected Allowed Claims	446.69	450.25	453.84	457.46	461.11	464.78	468.49	472.23	475.99	479.79	483.61	487.47	464.82
Index Rate for Part I	464.82												
Effective Date for Part I	1/1/2014												

AV Metal Values

A description of the assumptions utilized within the AV Calculator can be found in Attachment 6 for the appropriate license.

AV Pricing Values

Benefit plan ID 90117RI0010014 is the fixed reference plan selected as the basis for the AV Pricing Values. 100% of the AV Pricing Value is attributable to the cost-sharing design of the plans.

Membership Projections

Membership is projected to continue at the current December, 2012 level.

Terminated Products

Plans being discontinued are shown in Rate Template III.

Plan Type

Not applicable.

Reliance

In assembling the information for this filing, I relied on several internal departments to supply information. Two critical areas were Health Care Economics which supplied Trend information and Corporate Finance which supplied information regarding Administrative Cost forecasts.

UnitedHealthcare of New England and United HealthCare Insurance Company

Rhode Island Small Business Rating Manual

Updated For 1/1/2014 and Later Rating Periods

**UnitedHealthcare of New England and United HealthCare Insurance Company
Rhode Island Small Business Rating Manual**

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UnitedHealthcare of New England and United HealthCare Insurance Company

Base Rate Review Process Overview:

Base Rate Review is a process that compares current manual premium rates to the needed revenue. It is automated and standardized process used across all legacy UHC markets to test the adequacy of the current manual rates and determine if pricing adjustment to manual rates is required.

The Base Rate Reviews start with actual net claim pmpms in a market, apply projected trend, and compare that result to the current manual rates in the market for the same age/gender, geographic, and benefit plan mix underlying the starting point claim experience. Since the data provides a direct mapping of membership to benefit plans, the average plan relativity adjustment in the BRR manual rate build is possible.

Rhode Island Small Business 1-50 2012Q4 Base Rate Review (Attachment 1)

Needed Revenue PMPM Development

Rhode Island Small Business 1-50 actual net medical and pharmacy claim pmpms data was pulled for the most recent CY 2012 experience period available. A capitation payment is added in to account for the capitated arrangements and other cost associated with affiliated agreements. Then it was trended forward to July 1, 2014 (the mid point of the projection period), using 30 months of actual trends at 7.8%. 2014 projected actual trends are provided and described in the RI Small Group Trend Template. Needed Revenue PMPM is then calculated by adjusting projected claims pmpm by appropriate retention load (Attachment 3).

Current Premium PMPM Calculation

Rhode Island Small Business 1-50 current manual rates are calculated for the July 1, 2014 effective date. This was accomplished by utilizing rates on file for 1/1/2013 trended at 6 mo at 9.7% (with combination of 6.6% base rate decrease equals to 2.5% cap) and 12 mo 2014 at -0.6% to determine July 1, 2014 appropriate rate level. Then, manual rates are adjusted by age/gender and benefit plan mix underlying the starting point claim experience.

UnitedHealthcare of New England and United HealthCare Insurance Company

Rhode Island

Small Business 1-50

2012Q4 Rate Review

Att 1 - 2014 Base Rate Review

Experience 2012Q1 - 2012Q4	HMO/HMP/POS
Medical Member Months	247,245
Average Mbrs	20,604
Net Claims Medical PMPM*	\$256.94
Net Claims Pharmacy PMPM	<u>\$39.54</u>
Total Claim Cost	\$296.48
- Site Specific Cat Claim Level	(\$21.79)
+ Expected Cat Claim Level	\$34.30
Subtotal	<u>\$308.99</u>
X Annual Trend Forecast (for 30 months)**	7.8%
X <i>women's preventative</i>	1.003
Claim Cost Subtotal	<u>\$373.37</u>
/ Target BCR	84.6%
Needed Revenue PMPM 7/1/2014 eff	\$441.34

Current Manual Rate

Medical Base Rate 1/1/2013 Eff Date	\$467.47
X Average Med Plan Rel	0.7326
X Medical Pricing Trend***	1.041
Subtotal: Medical	<u>\$356.45</u>
Pharmacy Base Rate 1/1/2013	\$131.68
X Average Rx Plan Rel	0.4656
Rx Pricing Trend***	1.041
Subtotal: Pharmacy	<u>\$63.81</u>
Subtotal = Medical + Pharmacy	<u>\$420.26</u>
X Age/Sex Factors	1.050
Current Undisc. Premium PMPM 7/1/2014 eff	\$441.34

*Capitation payments for capitated arrangements, and other cost associated with affiliated agreements i.e. OPTUM SERVICES

**Claims are trended forward to July 1, 2014 (the mid point of the projection period), using 30 months of actual trends at 7.8%.

***6 mo at 9.7% (with combination of 6.6% base rate decrease equals to 2.5% cap) and 12 mo 2014 at -0.6% (Jan 2014 @ 0.2%)

**UnitedHealthcare of New England and United HealthCare Insurance Company
Medical and Pharmacy Base Rate Development - January 1, 2014**

				UHCNE HMO/HMP \$589.66	UHIC POS/EPO \$599.85
Medical/RX Base Rate-1-1-13					
2014 Rate Change (including trend)				0.2%	0.2%
Early Term Effect on 2014 Rates				0.3%	0.3%
Risk Adjustment (Attachment 3)				2.9%	2.9%
Pediatric Vision				0.1%	0.1%
Other EHBs				2.0%	2.0%
Mental Health Parity				0.6%	0.6%
Obesity Surgery				2.0%	2.0%
Total 2014 Fees (Attachment 4)				4.6%	4.6%
SHOP Selection Bias (Only for UHC NE 80% of 4.7%)				3.8%	0.0%
SHOP Additional Expenses				TBD	NA
Total Rate Level Adjustments				17.6%	13.3%
1/1/2014 Base Rate Projection Prior to Revenue Neutrality				\$693.39	\$679.82
	Current	Revised	Change		
Age/Gender	1.050	1.375	30.9%	-23.6%	-23.6%
Medical + Rx Rel (Med Resloping)1	0.654	0.696	6.5%	-6.1%	-6.1%
Utilization rate adjustment based on 70% AV plan	1.000	1.325	32.5%	-24.5%	-24.5%
Total Revenue Neutrality Adjustments	0.686	0.957	39.5%	-45.9%	-45.9%
Total 1/1/2014 Base Rate				\$375.38	\$368.03

UnitedHealthcare of New England and United HealthCare Insuranc

**Attachment 3
Retention**

	UHCNE/UHIC
Small Group	2014 %
Administrative Expenses	6.5%
Commissions	3.9%
Prem tax	2.0%
Profit	3%
PPACA	4.6%
Total retention	20.0%
Target BCR	80.0%

UnitedHealthcare of New England

2014 ACA Liability Estimation

Attachment 4

2013 Forecasted Information	
Member Months	237,900
Premium PMPM	\$377.96
Expected Revenue	\$89,916,684

Estimated 2014 Revenue Increase 12.4%
Not including the ACA Liability

Projected 2014 Revenue

Estimated Insurer Fee 2.3%
Estimated Reinsurance Liability \$5.25

2014 Estimated Total Liability \$3,317,059

2014 Premium Month	Contract Effective Month												
	January	February	March	April	May	June	July	August	September	October	November	December	
January	\$1,332,583												
February	\$1,332,583	\$704,373											
March	\$1,332,583	\$704,373	\$451,449										
April	\$1,332,583	\$704,373	\$451,449	\$576,353									
May	\$1,332,583	\$704,373	\$451,449	\$576,353	\$510,639								
June	\$1,332,583	\$704,373	\$451,449	\$576,353	\$510,639	\$517,570							
July	\$1,332,583	\$704,373	\$451,449	\$576,353	\$510,639	\$517,570	\$1,272,503						
August	\$1,332,583	\$704,373	\$451,449	\$576,353	\$510,639	\$517,570	\$1,272,503	\$630,325					
September	\$1,332,583	\$704,373	\$451,449	\$576,353	\$510,639	\$517,570	\$1,272,503	\$630,325	\$563,132				
October	\$1,332,583	\$704,373	\$451,449	\$576,353	\$510,639	\$517,570	\$1,272,503	\$630,325	\$563,132	\$703,975			
November	\$1,332,583	\$704,373	\$451,449	\$576,353	\$510,639	\$517,570	\$1,272,503	\$630,325	\$563,132	\$703,975	\$738,003		
December	\$1,332,583	\$704,373	\$451,449	\$576,353	\$510,639	\$517,570	\$1,272,503	\$630,325	\$563,132	\$703,975	\$738,003	\$422,845	

2014 Total Premium Before ACA \$58,198,817
Estimated \$ Liability \$3,317,059
Total Revenue Needed \$61,515,876

Additional % Increase for ACA 5.70% 5.4%

United HealthCare Insurance Company

2014 ACA Liability Estimation

Attachment 4

2013 Forecasted Information	
Member Months	237,900
Premium PMPM	\$377.96
Expected Revenue	\$89,916,684

Estimated 2014 Revenue Increase Not including the ACA Liability 8.3%

Projecte 2014 Revenue

Estimated Insurer Fee	2.3%
Estimated Reinsurance Liability	\$5.25

2014 Estimated Total Liability \$3,317,059

2014 Premium Month	Contract Effective Month											
	January	February	March	April	May	June	July	August	September	October	November	December
January	\$1,284,293											
February	\$1,284,293	\$678,849										
March	\$1,284,293	\$678,849	\$435,090									
April	\$1,284,293	\$678,849	\$435,090	\$555,467								
May	\$1,284,293	\$678,849	\$435,090	\$555,467	\$492,135							
June	\$1,284,293	\$678,849	\$435,090	\$555,467	\$492,135	\$498,815						
July	\$1,284,293	\$678,849	\$435,090	\$555,467	\$492,135	\$498,815	\$1,226,390					
August	\$1,284,293	\$678,849	\$435,090	\$555,467	\$492,135	\$498,815	\$1,226,390	\$607,483				
September	\$1,284,293	\$678,849	\$435,090	\$555,467	\$492,135	\$498,815	\$1,226,390	\$607,483	\$542,725			
October	\$1,284,293	\$678,849	\$435,090	\$555,467	\$492,135	\$498,815	\$1,226,390	\$607,483	\$542,725	\$678,465		
November	\$1,284,293	\$678,849	\$435,090	\$555,467	\$492,135	\$498,815	\$1,226,390	\$607,483	\$542,725	\$678,465	\$711,260	
December	\$1,284,293	\$678,849	\$435,090	\$555,467	\$492,135	\$498,815	\$1,226,390	\$607,483	\$542,725	\$678,465	\$711,260	\$407,522

2014 Total Premium Before ACA	\$56,089,839
Estimated \$ Liability	\$3,317,059
Total Revenue Needed	\$59,406,898

Additional % Increase for ACA 5.9% 5.6%

UnitedHealthcare of New England and United HealthCare Insurance Company
Risk Selection Calculation
Attachment 5

		Member Months	%
Market	XSG	995,778	100%
Issuer Code	186641	304,447	30.6%

Premium without risk selection = Premium with risk selection - Transfers [1]

[1] From the 2014 proposed HHS notice of benefits and parameters

Statewide Market Average Premium (User Input)	\$400.00
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#	Diagnostic	Diagnoses	Plan	MbrMo	PLRSi	ARFi	GCFi	IDFi	AVi	Factors incl. risk score	Factors excl. risk score	HHS Transfer	Transfer PMPM (Estimate)	\$ Transfer (Estimate)	Premium with Risk Selection	Premium w/out Risk Selection
1	Excluded	Unlimited	Platinum	50,111	1.5553	1.3324	1.0000	1.1500	90%	1.7886	1.3790	(0.0266)	-\$10.63	-\$532,500	\$450.00	\$460.63
1	Excluded	Unlimited	Gold	165,657	1.3984	1.3565	1.0000	1.0800	80%	1.5103	1.1720	(0.0282)	-\$11.29	-\$1,871,041	\$400.00	\$411.29
1	Excluded	Unlimited	Silver	80,223	1.2236	1.4072	1.0000	1.0300	70%	1.2603	1.0146	(0.0518)	-\$20.70	-\$1,660,707	\$350.00	\$370.70
1	Excluded	Unlimited	Bronze	8,456	1.2992	1.5187	1.0000	1.0000	60%	1.2992	0.9112	0.0505	\$20.22	\$170,969	\$300.00	\$279.78
1	Excluded	Unlimited	Statewide	995,778	1.5595	1.4271	1.0000	1.1000	82%	1.7248	1.2967	-	\$0.00	\$0		
2	Excluded	Unlimited	Issuer Total	304,447	1.3754	1.3704	1.0000	1.0761	78%				-\$12.79	-\$3,893,280	\$392.28	\$405.07
2	Excluded	Limited	Platinum	50,111	1.5553	1.3324	1.0000	1.1500	90%	1.7886	1.3790	(0.0231)	-\$9.24	-\$463,193	\$450.00	\$459.24
2	Excluded	Limited	Gold	165,657	1.3984	1.3565	1.0000	1.0800	80%	1.5103	1.1720	(0.0253)	-\$10.13	-\$1,677,572	\$400.00	\$410.13
2	Excluded	Limited	Silver	80,223	1.2236	1.4072	1.0000	1.0300	70%	1.2603	1.0146	(0.0493)	-\$19.73	-\$1,582,526	\$350.00	\$369.73
2	Excluded	Limited	Bronze	8,456	1.2992	1.5187	1.0000	1.0000	60%	1.2992	0.9112	0.0531	\$21.22	\$179,464	\$300.00	\$278.78
2	Excluded	Limited	Statewide	995,778	1.5545	1.4271	1.0000	1.1000	82%	1.7191	1.2967	-	\$0.00	\$0		
2	Excluded	Limited	Issuer Total	304,447	1.3754	1.3704	1.0000	1.0761	78%			-2.9%	-\$11.64	-\$3,543,827	\$392.28	\$403.92
3	Included	Unlimited	Platinum	50,111	1.6587	1.3324	1.0000	1.1500	90%	1.9075	1.3790	(0.0566)	-\$22.63	-\$1,134,086	\$450.00	\$472.63
3	Included	Unlimited	Gold	165,657	1.4655	1.3565	1.0000	1.0800	80%	1.5828	1.1720	(0.0684)	-\$27.35	-\$4,529,946	\$400.00	\$427.35
3	Included	Unlimited	Silver	80,223	1.3027	1.4072	1.0000	1.0300	70%	1.3418	1.0146	(0.0741)	-\$29.65	-\$2,378,289	\$350.00	\$379.65
3	Included	Unlimited	Bronze	8,456	1.3269	1.5187	1.0000	1.0000	60%	1.3269	0.9112	(0.0023)	-\$0.91	-\$7,693	\$300.00	\$300.91
3	Included	Unlimited	Statewide	995,778	1.7123	1.4271	1.0000	1.1000	82%	1.8944	1.2967	-	\$0.00	\$0		
3	Included	Unlimited	Issuer Total	304,447	1.4506	1.3704	1.0000	1.0761	78%				-\$26.44	-\$8,050,014	\$392.28	\$418.72
4	Included	Limited	Platinum	50,111	1.6587	1.3324	1.0000	1.1500	90%	1.9075	1.3790	(0.0541)	-\$21.63	-\$1,083,755	\$450.00	\$471.63
4	Included	Limited	Gold	165,657	1.4655	1.3565	1.0000	1.0800	80%	1.5828	1.1720	(0.0663)	-\$26.51	-\$4,391,890	\$400.00	\$426.51
4	Included	Limited	Silver	80,223	1.3027	1.4072	1.0000	1.0300	70%	1.3418	1.0146	(0.0723)	-\$28.94	-\$2,321,610	\$350.00	\$378.94
4	Included	Limited	Bronze	8,456	1.3269	1.5187	1.0000	1.0000	60%	1.3269	0.9112	(0.0005)	-\$0.21	-\$1,785	\$300.00	\$300.21
4	Included	Limited	Statewide	995,778	1.7081	1.4271	1.0000	1.1000	82%	1.8897	1.2967	-	\$0.00	\$0		
4	Included	Limited	Issuer Total	304,447	1.4506	1.3704	1.0000	1.0761	78%				-\$25.62	-\$7,799,041	\$392.28	\$417.89
9	Excluded	Unlimited	Silver	304,447	1.2469	1.3704	1.0000	1.0300	70%	1.2843	0.9881	(0.0439)	-\$17.56	-\$5,346,052	\$350.00	\$367.56
9	Excluded	Unlimited	Statewide	995,778	1.3607	1.4271	1.0000	1.0300	70%	1.4015	1.0290	-	\$0.00	\$0		
10	Included	Unlimited	Silver	304,447	1.3202	1.3704	1.0000	1.0300	70%	1.3598	0.9881	(0.0842)	-\$33.67	-\$10,249,824	\$350.00	\$383.67
10	Included	Unlimited	Statewide	995,778	1.5070	1.4271	1.0000	1.0300	70%	1.5522	1.0290	-	\$0.00	\$0		

Note: Version 9 and 10 of the results above is produced by assuming that all members are enrolled into a silver plan.

UnitedHealthcare of New England
Rhode Island Small Business Rating Manual

Metal	AV	HIOS Plan ID	In-Ntwk	In-Ntwk	In-Ntwk	OON	OON	OON								
		Standard Component														
Tier	Value	ID	Ded	Coins	OOP Max	Ded	Coins	OOP Max	PCP	SPEC	UC	ER	OP	IP	RX1	RX2
Silver	71%	79881RI001	\$2,000	20%	\$6,250				\$35	\$70	\$75		\$250 (a, c, e)		20/35/60/200 (d, f)	
Silver	71%	79881RI001	\$2,000	20%	\$6,250				\$35	\$70	\$75		\$250 (a, c, e)		20/35/60/200 (d, f)	
Gold	79%	79881RI001	\$1,500	0%	\$4,000				\$20	\$40	\$75	\$150	\$250 (a, c, e)		20/35/60/200 (d, f)	
Gold	79%	79881RI001	\$1,500	0%	\$4,000				\$20	\$40	\$75	\$150	\$250 (a, c, e)		20/35/60/200 (d, f)	
Bronze	61%	79881RI001	\$5,000	0% (g)	\$6,250				\$30 (a)	\$30 (a, g)	\$75 (a)		\$500 (a, c, e, l (h)		0/70/200 (a, d, f)	
Bronze	61%	79881RI001	\$5,000	0% (g)	\$6,250				\$30 (a)	\$30 (a, g)	\$75 (a)		\$500 (a, c, e, l (h)		0/70/200 (a, d, f)	
Silver	70%	79881RI001	\$5,000	0% (g)	\$6,250				\$30 (a)	\$30 (a, g)	\$75 (a)	\$250 (a)	500 (a, c, e, l (h)	\$500 (a, h)	0/70/200 (a, d, f)	
Silver	70%	79881RI001	\$5,000	0% (g)	\$6,250				\$30 (a)	\$30 (a, g)	\$75 (a)	\$250 (a)	500 (a, c, e, l (h)	\$500 (a, h)	0/70/200 (a, d, f)	
Gold	80%	79881RI001	\$1,000	0% (g)	\$3,000				\$30	\$30 (g)	\$75	\$200	500 (a, c, e, l (h)	\$250 (h)	0/200 50 Ded (a, d, f)	
Gold	80%	79881RI001	\$1,000	0% (g)	\$3,000				\$30	\$30 (g)	\$75		\$500 (a, c, e, l (h)	\$250 (h)	0/200 50 Ded (a, d, f)	
Platinum	89%	79881RI001	\$0	0% (g)	\$2,000				\$20	\$20 (g)	\$75	\$100	(a, c, e, h)	(h)	35/60/200 (d, f)	
Platinum	89%	79881RI001	\$0	0% (g)	\$2,000				\$20	\$20 (g)	\$75	\$100	(a, c, e, h)	(h)	35/60/200 (d, f)	
Silver	71%	79881RI001	\$5,000	20%	\$10,000				\$30	\$60	\$100	\$200			10/30/50 (f)/50 250 Ded (a, f)	
Silver	71%	79881RI001	\$5,000	20%	\$10,000				\$30	\$60	\$100	\$200			10/30/50 (f)/50 250 Ded (a, f)	
Gold	82%	79881RI001	\$1,500	0%	\$3,000				\$30	\$50	\$100	\$200			10/30/50 (f)/50 250 Ded (a, f)	
Gold	82%	79881RI001	\$1,500	0%	\$3,000				\$30	\$50	\$100	\$200			10/30/50 (f)/50 250 Ded (a, f)	

Methodology

- a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.
- b) Actuarial Value Calculator does not support Rx benefit with coinsurance and per script max, so company's pharmacy data was used to blend Rx tiered benefits and to estimate effective co-insurance factor.
- c) Actuarial Value Calculator does not support outpatient copay, company's data was used to estimate effective co-insurance factor.
- d) Actuarial Value Calculator does not support tier 4 drugs, blend of tier 3 and tier 4 drugs for Non-Preferred Brand Drugs utilization are 90% and 10%, respectively
- e) Actuarial Value is the blend of Free-Standing and Hospital setting run, where Free Standing and Hospital Setting utilization are 48% and 52%, respectively.
- f) Speciality Rx: Multiple cost sharing levels are combined into a composite level using HHS tool unit cost to different tiers.
- g) Premium Designation plans break specialists into two categories of providers based on whether or not the specialist meets certain levels of Quality and Efficiency (QE). Tier 1 benefits will be applied when the insured uses providers that meet those standards (Premium Designated = QE) while tier 2 benefits will be applied to those that do not (Non-Premium Designated = Non QE). Tier 1 and tier 2 utilization level are 53.5% and 46.5% respectively.
- h) For the plans that have Per Occurrence Copay(POD), the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.
- i) Actuarial Value is the blend of Kids and Adults setting run, where Kids and Adult setting utilization are 28% and 72%, respectively.

United HealthCare Insurance Company
Rhode Island Small Business Rating Manual

Metal	AV	HIOS Plan ID	In-Ntwk	In-Ntwk	In-Ntwk	OON	OON	OON								
Tier	Value	Standard Component ID	Ded	Coins	OOP Max	Ded	Coins	OOP Max	PCP	SPEC	UC	ER	OP	IP	RX1	RX2
Bronze	62%	90117RI0010001	\$3,500	50%	\$6,000	\$6,000	50%	\$24,000							20/40/70 (a, f)	
Bronze	61%	90117RI0010002	\$4,000	30%	\$6,250	\$6,000	50%	\$24,000							20/40/70 (a, f)	
Bronze	60%	90117RI0010003	\$5,000	0%	\$6,250	\$6,000	20%	\$24,000							20/40/70 (a, f)	
Silver	70%	90117RI0020001	\$2,000	10%	\$6,000										15/40/85 (a, f)	
Silver	72%	90117RI0010004	\$1,500	20%	\$4,000	\$4,000	40%	\$16,000	\$35 (a)	\$60 (a)	\$75 (a)	\$250 (a)	\$150 (a, c, e)	\$500 (a)	5/40/85 (a, f)	
Silver	71%	90117RI0010005	\$2,000	20%	\$6,250	\$4,000	40%	\$16,000	\$35	\$60	\$75	\$250	\$250 (a, c, e)		20/35/60 (f)	
Gold	78%	90117RI0010006	\$2,000	20%	\$6,250	\$4,000	40%	\$16,000	\$30	\$60	\$75	\$250	\$250 (a, c, e)		20/35/60 (f)	
Gold	78%	90117RI0010007	\$1,500	30%	\$6,250	\$4,000	40%	\$16,000	\$30	\$60	\$75	\$250	\$250 (a, c, e)		20/35/60 (f)	
Gold	80%	90117RI0010008	\$1,500	0%	\$4,000	\$4,000	20%	\$16,000	\$20	\$30	\$75	\$150	\$250 (a, c, e)		20/35/60 (f)	
Gold	78%	90117RI0010009	\$1,250	0%	\$5,000	\$5,000	20%	\$20,000	\$20 (a)	\$35 (a)	\$75 (a)	\$150 (a)	\$250 (a, c, e)		10/40/70 (a, f)	
Gold	82%	90117RI0010010	\$1,000	10%	\$3,000	\$3,000	30%	\$6,000	\$20	\$35	\$75	\$150			10/40/70 (f)	
Gold	81%	90117RI0010011	\$500	20%	\$3,500	\$3,500	40%	\$7,000	\$20(i)	\$50	\$75	\$200			15/40/75 (f)	
Platinum	89%	90117RI0010012	\$500	0%	\$3,000	\$3,000	20%	\$6,000	\$10	\$30	\$50	\$150			20/40/70/200 (d, f)	
Platinum	91%	90117RI0010013		0%	\$3,000		20%	\$6,000	\$20	\$30	\$50	\$150		\$150 (a)	40/70/200 (d, f)	
Platinum	91%	90117RI0010014		0%	\$3,000		20%	\$6,000	\$20(i)	\$35	\$50	\$200		\$150 (a)	10/30/50 (f)	
Platinum	89%	90117RI0010015	\$1,000	0%	\$2,000	\$2,000	20%	\$8,000	\$20	\$40	\$75	\$100	\$250 (a, c, e)		10/30/50 (f)	
Bronze	60%	90117RI0010016	\$3,500	0%	\$6,000	\$6,000	20%	\$24,000	\$30 (a)	\$60 (a)	\$75 (a)	\$250 (a)	\$150 (a, c, e)	\$500 (a)	0/40/70 (a, f)	
Bronze	60%	90117RI0020002	\$5,000	0%	\$6,250										20/40/70 (f)	
Gold	81%	90117RI0020003	\$1,500	0%	\$3,000				\$20	\$40	\$75	\$150			20/35/60 50 Ded 10/40/70 (f)	
Silver	69%	90117RI0010017	\$2,000	0%	\$4,000	\$4,000	20%	\$8,000	\$30	\$30	\$100	\$250	\$250 (a, c, e)	500 (h)	15/40/85 (f)	
Silver	72%	90117RI0010018	\$3,000	10%	\$6,250	\$6,000	30%	\$24,000	\$40	\$40	\$100	\$250	\$250 (a, c, e)	500 (h)	i/85 250 Ded (a, f)	
Gold	81%	90117RI0010019	\$1,000	0%	\$3,000	\$3,000	40%	\$12,000	\$30	\$30	\$75	\$200	\$250 (a, c, e)	500 (h)	10/40/70 (f)	
Silver	72%	90117RI0020004	\$2,500	20% (g)	\$6,250				\$40	\$40 (g)	\$40	\$150	(a, c, e, h)	(h)	1/70 250 Ded (a, f)	
Silver	72%	90117RI0020005	\$2,000	20% (g)	\$6,250				\$40	\$40 (g)	\$40	\$250	(a, c, e, h)	(h)	1/70 150 Ded (a, f)	
Gold	81%	90117RI0020006	\$1,000	0% (g)	\$2,000				\$25	\$25 (g)	\$25	\$150	(a, c, e, h)	(h)	5/60 50 Ded 10/40/70 (f)	

Methodology

- a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.
- b) Actuarial Value Calculator does not support Rx benefit with coinsurance and per script max, so company's pharmacy data was used to blend Rx tiered benefits and to estimate effective co-insurance factor.
- c) Actuarial Value Calculator does not support outpatient copay, company's data was used to estimate effective co-insurance factor.
- d) Actuarial Value Calculator does not support tier 4 drugs, blend of tier 3 and tier 4 drugs for Non-Preferred Brand Drugs utilization are 90% and 10%, respectively
- e) Actuarial Value is the blend of Free-Standing and Hospital setting run, where Free Standing and Hospital Setting utilization are 48% and 52%, respectively.
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- h) For the plans that have Per Occurrence Copay(POD), the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.
- i) Actuarial Value is the blend of Kids and Adults setting run, where Kids and Adult setting utilization are 28% and 72%, respectively.

UnitedHealthCare of New England and United HealthCare Insurance Company

Rhode Island SMALL BUSINESS MANUAL RATE CALCULATION METHODOLOGY

Step 1. Market Rate (i.e. Start Rate or Base Rate)

Start base rate based on the product for Medical and Rx from Exhibit 3

Step 2. Trended Market Rate

Depending on the effective date of the group, take the product of the market rate from the Step 1 and multiply by the trend factor from Exhibit 3

Step 3. Health Coverage Plan Rate

Depending on the medical + pharmacy plan option, choose the appropriate plan factor from Exhibit 4
Take the product of the trended market rate from step 2 and plan factor.

Step 4. Health Coverage Plan Rate with Riders

If Rider option is selected, apply adjustment factor from Exhibit 6 to Health Coverage Plan Rate

Step 5. Age Adjustment

Depending on the case characteristics of the group, choose the appropriate age factors from Exhibit 5 and multiply by Rider Adjusted Health Coverage Plan Rate from step 5

Age Factor = Sum of Age Factors divided by the sum of effective members

note-exception are dependents under 21 in excess of 3 per family

Step 6. Group Premium Rate

Group Premium Rate = Sum of the Rates from step 5

Illustration of Family Composition Rates

Conversion factor converts Member basis rates to employee basis rates and creates the single employee rate.

Rate Ratios are used to calculate the employee plus spouse rate, the employee plus child rate, and family rate.

Member basis rate = Health coverage Plan Rate (from Step 4) * Age Factor (from Step 5)

Conversion factor = Product of Subscribers * RR's/by the total # of members

The following Rate Ratios are used:

	Rate Ratio
EE	1
ES	2
EC	1.8
F	2.8

Single Rate = Member Basis Rate * Conversion Factor

Rate for other Tiers = Single Rate * Rate Ratio

Numerical Rating Example for a Typical Group

Group Information

New Group Effective 1/1/2014
POS Plan K1-S with 20/35/60 Pharmacy and Dental Pediatric Coverage

Sample Group Information			Dependents Age 21-26		
Subscriber Age	Spouse Age	Dependent(s) under 21	DEP-1 Age	DEP-2 Age	DEP-3 Age
35					
40	35	2			
45		4	25		

Step 1. Market Rate

1.1 Start Rate PMPM (Medical+Rx) (Exhibit 3) \$368.03

Step 2. Trended Medical Rate

2.1 Trend factor (Exhibit 3) 1.00
2.2 Trended Start Rate PMPM \$368.03 --> 2.2 = 1.1 * 2.1

Step 3. Plan Factors and Health Coverage Plan Rate

3.1 Plan Factor (Exhibit 4) 0.8041
3.2 Health Coverage Plan Rate \$295.94 --> 3.2 = 2.2 * 3.1

Step 4. Rider Adjusted Health Coverage Plan Rate

4.1 Dental Pediatric Rider Factor (Exhibit 6) 1.005
4.2 Health Coverage Plan Rate with Dental Pediatric Coverage \$297.42

Step 5. Age Adjustment

5.1. Case characteristics of the group Age Factors (Exhibit 5)

Subscriber Information			Dependents Age 21-26			Premium Tier	Premium Factor
Subscriber Age	Spouse Age	Dependent(s) under 21	DEP-1 Age	DEP-2 Age	DEP-3 Age		
1,222						EE	1
1,278	1,222	1,270				ESC	2.8
1,444		1,905	1,004			EC	1.8

5.2. Age Adjusted Health Coverage Plan Rate --> 5.2 = 4.2 * 5.1

\$363.44					
\$380.10	\$363.44	\$377.72			
\$429.47		\$566.58	\$298.61		

Step 6. Group Premium Rate

6.1. Group Premium \$2,779.35 --> 6.1 = sum of rates in step 5.2

Illustration of Family Composition Rates

Sum of Age Factors from 4.1 =	9.3450
Sum of Effective Members	10
Average Age Factor	0.9345

Conversion Factor

Average Contract Size	3.33	=10/3
Average Premium Ratio	1.87	=average(1.1,1.8,2.8)
Conversion Factor	1.79	=Average Contract Size/Average Premium Ratio

Single Rate

Employee/Spouse	\$496.31	=Step 3.2 * Conversion Rate * Average Age Factor
Employee/Children	\$992.62	=Single Rate * 2.0
Family	\$893.36	=Single Rate * 1.8
	\$1,389.67	=Single Rate * 2.8

Group Premium

	Contract	Total Premium
Single Rate	1	\$496.31
Employee/Spouse	0	\$0.00
Employee/Children	1	\$893.36
Family	1	\$1,389.67
	3	\$2,779.35

UnitedHealthcare of New England and United HealthCare Insurance Company
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Exhibit 3 - Market Rate & Trend Factors

Market Rate

START RATES - January 1, 2014	
Medical Product	Start Rate PMPM
POS	\$368.03
EPO	\$368.03
HMO	\$375.38
HMP	\$375.38

Trending Factors

EFFECTIVE DATE ADJUSTMENTS (TREND)		
<u>Effective Date</u>	<u>EPO/POS</u>	<u>HMP/HMO</u>
Jan-14	1.000	1.000
Feb-14	1.006	1.006
Mar-14	1.013	1.013
Apr-14	1.019	1.019
May-14	1.025	1.025
Jun-14	1.032	1.032
Jul-14	1.038	1.038
Aug-14	1.045	1.045
Sep-14	1.051	1.051
Oct-14	1.058	1.058
Nov-14	1.065	1.065
Dec-14	1.071	1.071
Annualized Trend Rate	7.8%	7.8%

Exhibit 4 - Plan Factors

Plan Code	Pharmacy	Exchange	License	Product	Metal Tier	AV Value	Net To Allowed	Utilization Factor	Base EHB Relativity	In-Ntwk Ded	In-Ntwk Coins	In-Ntwk OOP Max	OON Ded	OON Coins	OON OOP Max	PCP	SPEC	UC	ER	OP	IP
R9-S	20/40/70	Off	UHC	POS	Bronze	0.616	0.548	0.977	0.535	\$3,500	0.5	\$6,000	\$6,000	0.5	\$24,000						
R9-T	20/40/70	Off	UHC	POS	Bronze	0.607	0.544	0.977	0.531	\$4,000	0.3	\$6,250	\$6,000	0.5	\$24,000						
R9-U	20/40/70	Off	UHC	POS	Bronze	0.6	0.547	1.134	0.62	\$5,000	0	\$6,250	\$6,000	0.2	\$24,000						
R9-V	15/40/85	Off	UHC	EPO	Silver	0.701	0.626	0.967	0.605	\$2,000	0.1	\$6,000									
R9-W	15/40/85	Off	UHC	POS	Silver	0.72	0.648	0.977	0.633	\$1,500	0.2	\$4,000	\$4,000	0.4	\$16,000	\$35	\$60	\$75	\$250	\$150	\$500
K1-Q	20/35/60	Off	UHC	POS	Silver	0.71	0.707	1.104	0.78	\$2,000	0.2	\$6,250	\$4,000	0.4	\$16,000	\$35	\$60	\$75	\$250	\$250	
K1-R	20/35/60	Off	UHC	POS	Gold	0.781	0.721	1.105	0.797	\$2,000	0.2	\$6,250	\$4,000	0.4	\$16,000	\$30	\$60	\$75	\$250	\$250	
K1-S	20/35/60	Off	UHC	POS	Gold	0.78	0.723	1.107	0.8	\$1,500	0.3	\$6,250	\$4,000	0.4	\$16,000	\$30	\$60	\$75	\$250	\$250	
K1-T	20/35/60	Off	UHC	POS	Gold	0.798	0.768	1.185	0.91	\$1,500	0	\$4,000	\$4,000	0.2	\$16,000	\$20	\$30	\$75	\$150	\$250	
R9-X	10/40/70	Off	UHC	POS	Gold	0.78	0.743	1.028	0.763	\$1,250	0	\$5,000	\$5,000	0.2	\$20,000	\$20	\$35	\$75	\$150	\$250	
K1-U	10/40/70	Off	UHC	POS	Gold	0.82	0.778	1.188	0.924	\$1,000	0.1	\$3,000	\$3,000	0.3	\$6,000	\$20	\$35	\$75	\$150		
K1-V	15/40/75	Off	UHC	POS	Gold	0.814	0.769	1.171	0.901	\$500	0.2	\$3,500	\$3,500	0.4	\$7,000	\$20	\$50	\$75	\$200		
K1-W	20/40/70/200	Off	UHC	POS	Platinum	0.89	0.806	1.254	1.011	\$500	0	\$3,000	\$3,000	0.2	\$6,000	\$10	\$30	\$50	\$150		
K1-X	20/40/70/200	Off	UHC	POS	Platinum	0.91	0.832	1.283	1.068		0	\$3,000		0.2	\$6,000	\$20	\$30	\$50	\$150		\$150
K1-Y	10/30/50	Off	UHC	POS	Platinum	0.91	0.863	1.279	1.105		0	\$3,000		0.2	\$6,000	\$20	\$35	\$50	\$200		\$150
K1-Z	10/30/50	Off	UHC	POS	Platinum	0.887	0.839	1.223	1.026	\$1,000	0	\$2,000	\$2,000	0.2	\$8,000	\$20	\$40	\$75	\$100	\$250	
RH-6	20/35/60/200	On	UHC of New England, Inc	HMO	Silver	0.714	0.68	1.092	0.743	2000	0.2	6250				35	70	75		250	
RH-7	20/35/60/200	Off	UHC of New England, Inc	HMO	Silver	0.714	0.68	1.092	0.743	\$2,000	0.2	\$6,250				\$35	\$70	\$75		\$250	
RH-8	20/35/60/200	On	UHC of New England, Inc	HMO	Gold	0.792	0.74	1.174	0.869	1500	0	4000				20	40	75	150	250	
RH-9	20/35/60/200	Off	UHC of New England, Inc	HMO	Gold	0.792	0.74	1.174	0.869	\$1,500	0	\$4,000				\$20	\$40	\$75	\$150	\$250	
R9-Y	20/40/70	Off	UHC	POS	Bronze	0.598	0.562	0.979	0.55	\$3,500	0	\$6,000	\$6,000	0.2	\$24,000	\$30	\$60	\$75	\$250	\$150	\$500
R9-Z	20/40/70	Off	UHC	EPO	Bronze	0.6	0.499	1.121	0.559	\$5,000	0	\$6,250									
UP-U	10/40/70	Off	UHC	EPO	Gold	0.81	0.719	1.183	0.851	\$1,500	0	\$3,000				\$20	\$40	\$75	\$150		
R9-1	15/40/85	Off	UHC	POS	Silver	0.693	0.697	1	0.697	2000	0	4000	4000	0.2	8000	30	30	100	250	250	500
R9-2	15/45/85 250 Ded	Off	UHC	POS	Silver	0.719	0.65	0.976	0.635	\$3,000	0.1	\$6,250	\$6,000	0.3	\$24,000	\$40	\$40	\$100	\$250	\$250	\$500
R9-3	10/40/70	Off	UHC	POS	Gold	0.809	0.766	1.197	0.916	\$1,000	0	\$3,000	\$3,000	0.4	\$12,000	\$30	\$30	\$75	\$200	\$250	\$500
R9-4	20/40/70/200	On	UHC of New England, Inc	HMO	Bronze	0.614	0.608	0.967	0.588	5000	0	6250				30	30	75		500	
R9-5	20/40/70/200	Off	UHC of New England, Inc	HMO	Bronze	0.614	0.608	0.967	0.588	\$5,000	0	\$6,250				\$30	\$30	\$75		\$500	
R9-6	20/40/70/200	On	UHC of New England, Inc	HMO	Silver	0.702	0.619	0.967	0.598	5000	0	6250				30	30	75	250	500	500
R9-7	20/40/70/200	Off	UHC of New England, Inc	HMO	Silver	0.702	0.619	0.967	0.598	\$5,000	0	\$6,250				\$30	\$30	\$75	\$250	\$500	\$500
UP-V	10/40/70/200 50 Ded	On	UHC of New England, Inc	HMO	Gold	0.8	0.74	1.192	0.882	1000	0	3000				30	30	75	200	500	250
UP-W	10/40/70/200 50 Ded	Off	UHC of New England, Inc	HMO	Gold	0.8	0.74	1.192	0.882	\$1,000	0	\$3,000				\$30	\$30	\$75	\$200	\$500	\$250
UP-Y	20/35/60/200	Off	UHC of New England, Inc	HMO	Platinum	0.89	0.794	1.292	1.025	\$0	0	\$2,000				\$20	\$20	\$75	\$100		
UP-Z	20/40/70 250 Ded	Off	UHC	EPO	Silver	0.718	0.617	1.083	0.668	\$2,500	0.2	\$6,250				\$40	\$40	\$40	\$150		
UP-1	20/40/70 150 Ded	Off	UHC	EPO	Silver	0.718	0.624	1.089	0.679	\$2,000	0.2	\$6,250				\$40	\$40	\$40	\$250		
UP-2	20/35/60 50 Ded	Off	UHC	EPO	Gold	0.81	0.691	1.225	0.847	\$1,000	0	\$2,000				\$25	\$25	\$25	\$150		
V1-5	10/30/50	Off	UHC of New England, Inc	HMO	Silver	0.712	0.741	0.959	0.711	\$5,000	0.2	\$10,000				\$30	\$60	\$100	\$200		
V1-6	10/30/50	Off	UHC of New England, Inc	HMO	Silver	0.712	0.741	0.959	0.711	\$5,000	0.2	\$10,000				\$30	\$60	\$100	\$200		
V1-7	10/30/50	Off	UHC of New England, Inc	HMO	Gold	0.817	0.741	0.959	0.711	\$1,500	0	\$3,000				\$30	\$50	\$100	\$200		
V1-8	10/30/50	Off	UHC of New England, Inc	HMO	Gold	0.817	0.741	0.959	0.711	\$1,500	0	\$3,000				\$30	\$50	\$100	\$200		
V1-5	10/30/50 250 Ded	Off	UHC of New England, Inc	HMO	Silver	0.712	0.724	0.95	0.687	\$5,000	0.2	\$10,000				\$30	\$60	\$100	\$200		
V1-6	10/30/50 250 Ded	Off	UHC of New England, Inc	HMO	Silver	0.712	0.724	0.95	0.687	\$5,000	0.2	\$10,000				\$30	\$60	\$100	\$200		
V1-7	10/30/50 250 Ded	Off	UHC of New England, Inc	HMO	Gold	0.817	0.724	0.95	0.687	\$1,500	0	\$3,000				\$30	\$50	\$100	\$200		
V1-8	10/30/50 250 Ded	Off	UHC of New England, Inc	HMO	Gold	0.817	0.724	0.95	0.687	\$1,500	0	\$3,000				\$30	\$50	\$100	\$200		
UP-U	20/35/60 50 Ded	Off	UHC	EPO	Gold	0.81	0.708	1.181	0.836	\$1,500	0	\$3,000				\$20	\$40	\$75	\$150		
UP-2	10/40/70	Off	UHC	EPO	Gold	0.81	0.702	1.227	0.861	\$1,000	0	\$2,000				\$25	\$25	\$25	\$150		
R9-3	20/35/60 50 Ded	Off	UHC	POS	Gold	0.809	0.755	1.195	0.902	\$1,000	0	\$3,000	\$3,000	0.4	\$12,000	\$30	\$30	\$75	\$200	250	500
TT-7	20/40/70	Off	UHC	POS	Bronze	0.616	0.548	0.977	0.535	\$3,500	0.5	\$6,000	\$6,000	0.5	\$24,000						
VZ-9	20/40/70	Off	UHC	POS	Bronze	0.607	0.544	0.977	0.531	\$4,000	0.3	\$6,250	\$6,000	0.5	\$24,000						
TT-8	20/40/70	Off	UHC	POS	Bronze	0.6	0.547	1.134	0.62	\$5,000	0	\$6,250	\$6,000	0.2	\$24,000						
TT-9	15/40/85	Off	UHC	EPO	Silver	0.701	0.626	0.967	0.605	\$2,000	0.1	\$6,000									
TV-9	15/40/85	Off	UHC	POS	Silver	0.72	0.648	0.977	0.633	\$1,500	0.2	\$4,000	\$4,000	0.4	\$16,000	\$35	\$60	\$75	\$250	\$150	\$500
UC-S	20/35/60	Off	UHC	POS	Silver	0.71	0.707	1.104	0.78	\$2,000	0.2	\$6,250	\$4,000	0.4	\$16,000	\$35	\$60	\$75	\$250	\$250	
UC-T	20/35/60	Off	UHC	POS	Gold	0.781	0.721	1.105	0.797	\$2,000	0.2	\$6,250	\$4,000	0.4	\$16,000	\$30	\$60	\$75	\$250	\$250	
UC-U	20/35/60	Off	UHC	POS	Gold	0.78	0.723	1.107	0.8	\$1,500	0.3	\$6,250	\$4,000	0.4	\$16,000	\$30	\$60	\$75	\$250	\$250	
UC-V	20/35/60	Off	UHC	POS	Gold	0.798	0.768	1.185	0.91	\$1,500	0	\$4,000	\$4,000	0.2	\$16,000	\$20	\$30	\$75	\$150	\$250	
U5-3	10/40/70	Off	UHC	POS	Gold	0.78	0.743	1.028	0.763	\$1,250	0	\$5,000	\$5,000	0.2	\$20,000	\$20	\$35	\$75	\$150	\$250	
UC-W	10/40/70	Off	UHC	POS	Gold	0.82	0.778	1.188	0.924	\$1,000	0.1	\$3,000	\$3,000	0.3	\$6,000	\$20	\$35	\$75	\$150		
UC-X	15/40/75	Off	UHC	POS	Gold	0.814	0.769	1.171	0.901	\$500	0.2	\$3,500	\$3,500	0.4	\$7,000	\$20	\$50	\$75	\$200		

UnitedHealthcare of New England and United HealthCare Insurance Company
Rhode Island Small Business Rating Manual

Exhibit 4 - Plan Factors

Plan Code	Pharmacy	Exchange	License	Product	Metal Tier	AV Value	Net To Allowed	Utilization Factor	Base EHB Relativity	In-Ntwk Ded	In-Ntwk Coins	In-Ntwk OOP Max	OON Ded	OON Coins	OON OOP Max	PCP	SPEC	UC	ER	OP	IP
UC-Y	20/40/70/200	Off	UHIC	POS	Platinum	0.89	0.806	1.254	1.011	\$500	0	\$3,000	\$3,000	0.2	\$6,000	\$10	\$30	\$50	\$150		
UC-Z	20/40/70/200	Off	UHIC	POS	Platinum	0.91	0.832	1.283	1.068		0	\$3,000		0.2	\$6,000	\$20	\$30	\$50	\$150		\$150
UC-1	10/30/50	Off	UHIC	POS	Platinum	0.91	0.863	1.279	1.105		0	\$3,000		0.2	\$6,000	\$20	\$35	\$50	\$200		\$150
UC-2	10/30/50	Off	UHIC	POS	Platinum	0.887	0.839	1.223	1.026	\$1,000	0	\$2,000	\$2,000	0.2	\$8,000	\$20	\$40	\$75	\$100	\$250	
U5-4	20/40/70	Off	UHIC	POS	Bronze	0.598	0.562	0.979	0.55	\$3,500	0	\$6,000	\$6,000	0.2	\$24,000	\$30	\$60	\$75	\$250	\$150	\$500
UC-5	20/40/70	Off	UHIC	EPO	Bronze	0.6	0.499	1.121	0.559	\$5,000	0	\$6,250									
UC-6	10/40/70	Off	UHIC	EPO	Gold	0.81	0.719	1.183	0.851	\$1,500	0	\$3,000				\$20	\$40	\$75	\$150		
UC-7	15/40/85	Off	UHIC	POS	Silver	0.693	0.697	1	0.697	\$2,000	0	\$4,000	\$4,000	0.2	\$8,000	\$30	\$30	\$100	\$250	\$250	\$500
UC-8	15/45/85 250 Ded	Off	UHIC	POS	Silver	0.719	0.65	0.976	0.635	\$3,000	0.1	\$6,250	\$6,000	0.3	\$24,000	\$40	\$40	\$100	\$250	\$250	\$500
UC-9	10/40/70	Off	UHIC	POS	Gold	0.809	0.766	1.197	0.916	\$1,000	0	\$3,000	\$3,000	0.4	\$12,000	\$30	\$30	\$75	\$200	\$250	\$500
VF-9	20/40/70 250 Ded	Off	UHIC	EPO	Silver	0.718	0.617	1.083	0.668	\$2,500	0.2	\$6,250				\$40	\$40	\$40	\$150		
VZ-7	20/40/70 150 Ded	Off	UHIC	EPO	Silver	0.718	0.624	1.089	0.679	\$2,000	0.2	\$6,250				\$40	\$40	\$40	\$250		
VZ-8	20/35/60 50 Ded	Off	UHIC	EPO	Gold	0.81	0.691	1.225	0.847	\$1,000	0	\$2,000				\$25	\$25	\$25	\$150		
UC-6	20/35/60 50 Ded	Off	UHIC	EPO	Gold	0.81	0.708	1.181	0.836	\$1,500	0	\$3,000				\$20	\$40	\$75	\$150		
VZ-8	10/40/70	Off	UHIC	EPO	Gold	0.81	0.702	1.227	0.861	\$1,000	0	\$2,000				\$25	\$25	\$25	\$150		
UC-9	20/35/60 50 Ded	Off	UHIC	POS	Gold	0.809	0.755	1.195	0.902	\$1,000	0	\$3,000	\$3,000	0.4	\$12,000	\$30	\$30	\$75	\$200	250	500

UnitedHealthcare of New England and United HealthCare Insurance Company

Exhibit 4A-Rate crosswalk to CMS template and form filing

1/1/2014 EHB Base Rate UHIC 368.03375

1/1/2014 EHB Base Rate UHCNE 375.38286

														Rate Manual Ex 4 & Rel in OHIC		Rate Manual Ex 6		Rate		FINAL
														Template Part III				Adjusted for		Rider Adj
														Base EHB		Dental				
														Pediatric		Acupunct		Religious Exclu		Base EHB Rel
Plan	From Ex 6			Rate Adjusted for			Metal	AV	HIOS	HIOS Plan ID	Net To	Utilization	Relativity	Pediatric	Acupunct	Religious Exclu	Base EHB Rel			
Code	Pharmacy	Exchange	Dental	Pediatric	Acupunct	Religious	License	Product	Tier	Value	Product	Standard Component	Allowed	Factor	Relativity	Pediatric	Acupunct	Religious Exclu	Base EHB Rel	
RH-6	20/35/60/200	On	N/A	No	No	No	UHC of New England, Inc	HMO	Silver	0.714	RI001	79881RI0010001	0.680	1.092	0.743	1	1	1	0.7428	
RH-7	20/35/60/200	Off	D1	No	No	No	UHC of New England, Inc	HMO	Silver	0.714	RI001	79881RI0010002	0.680	1.092	0.743	1.005	1	1	0.7465	
RH-8	20/35/60/200	On	N/A	No	No	No	UHC of New England, Inc	HMO	Gold	0.792	RI001	79881RI0010003	0.740	1.174	0.869	1	1	1	0.8693	
RH-9	20/35/60/200	Off	D1	No	No	No	UHC of New England, Inc	HMO	Gold	0.792	RI001	79881RI0010004	0.740	1.174	0.869	1.005	1	1	0.8736	
R9-4	20/40/70/200	On	N/A	No	No	No	UHC of New England, Inc	HMO	Bronze	0.614	RI001	79881RI0010005	0.608	0.967	0.588	1	1	1	0.5875	
R9-5	20/40/70/200	Off	D1	No	No	No	UHC of New England, Inc	HMO	Bronze	0.614	RI001	79881RI0010006	0.608	0.967	0.588	1.005	1	1	0.5905	
R9-6	20/40/70/200	On	N/A	No	No	No	UHC of New England, Inc	HMO	Silver	0.702	RI001	79881RI0010007	0.619	0.967	0.598	1	1	1	0.5978	
R9-7	20/40/70/200	Off	D1	No	No	No	UHC of New England, Inc	HMO	Silver	0.702	RI001	79881RI0010008	0.619	0.967	0.598	1.005	1	1	0.6008	
UP-V	10/40/70/200 50 Ded	On	N/A	No	No	No	UHC of New England, Inc	HMO	Gold	0.8	RI001	79881RI0010009	0.740	1.192	0.882	1	1	1	0.8819	
UP-W	10/40/70/200 50 Ded	Off	D1	No	No	No	UHC of New England, Inc	HMO	Gold	0.8	RI001	79881RI0010010	0.740	1.192	0.882	1.005	1	1	0.8863	
UP-Y	20/35/60/200	Off	D1	No	No	No	UHC of New England, Inc	HMO	Platinum	0.89	RI001	79881RI0010012	0.794	1.292	1.025	1.005	1	1	1.0305	
V1-5	10/30/50	Off	D1	No	No	No	UHC of New England, Inc	HMO	Silver	0.712	RI001	79881RI0010013	0.741	0.959	0.711	1.005	1	1	0.7141	
V1-6	10/30/50	Off	N/A	No	No	No	UHC of New England, Inc	HMO	Silver	0.712	RI001	79881RI0010014	0.741	0.959	0.711	1	1	1	0.7106	
V1-7	10/30/50	Off	D1	No	No	No	UHC of New England, Inc	HMO	Gold	0.817	RI001	79881RI0010015	0.741	0.959	0.711	1.005	1	1	0.7141	
V1-8	10/30/50	Off	N/A	No	No	No	UHC of New England, Inc	HMO	Gold	0.817	RI001	79881RI0010016	0.741	0.959	0.711	1	1	1	0.7106	
V1-5	10/30/50 250 Ded	Off	D1	No	No	No	UHC of New England, Inc	HMO	Silver	0.712	RI001	79881RI0010017	0.724	0.950	0.687	1.005	1	1	0.6907	
V1-6	10/30/50 250 Ded	Off	N/A	No	No	No	UHC of New England, Inc	HMO	Silver	0.712	RI001	79881RI0010018	0.724	0.950	0.687	1	1	1	0.6873	
V1-7	10/30/50 250 Ded	Off	D1	No	No	No	UHC of New England, Inc	HMO	Gold	0.817	RI001	79881RI0010019	0.724	0.950	0.687	1.005	1	1	0.6907	
V1-8	10/30/50 250 Ded	Off	N/A	No	No	No	UHC of New England, Inc	HMO	Gold	0.817	RI001	79881RI0010020	0.724	0.950	0.687	1	1	1	0.6873	
RH-6	20/35/60/200	On	N/A	Yes	No	No	UHC of New England, Inc	HMO	Silver	0.714	RI001	79881RI0010021	0.680	1.092	0.743	1	1.003	1	0.745	
RH-7	20/35/60/200	Off	D1	Yes	No	No	UHC of New England, Inc	HMO	Silver	0.714	RI001	79881RI0010022	0.680	1.092	0.743	1.005	1.003	1	0.7487	
RH-8	20/35/60/200	On	N/A	Yes	No	No	UHC of New England, Inc	HMO	Gold	0.792	RI001	79881RI0010023	0.740	1.174	0.869	1	1.003	1	0.8719	
RH-9	20/35/60/200	Off	D1	Yes	No	No	UHC of New England, Inc	HMO	Gold	0.792	RI001	79881RI0010024	0.740	1.174	0.869	1.005	1.003	1	0.8762	
R9-4	20/40/70/200	On	N/A	Yes	No	No	UHC of New England, Inc	HMO	Bronze	0.614	RI001	79881RI0010025	0.608	0.967	0.588	1	1.003	1	0.5893	
R9-5	20/40/70/200	Off	D1	Yes	No	No	UHC of New England, Inc	HMO	Bronze	0.614	RI001	79881RI0010026	0.608	0.967	0.588	1.005	1.003	1	0.5923	
R9-6	20/40/70/200	On	N/A	Yes	No	No	UHC of New England, Inc	HMO	Silver	0.702	RI001	79881RI0010027	0.619	0.967	0.598	1	1.003	1	0.5996	
R9-7	20/40/70/200	Off	D1	Yes	No	No	UHC of New England, Inc	HMO	Silver	0.702	RI001	79881RI0010028	0.619	0.967	0.598	1.005	1.003	1	0.6026	
UP-V	10/40/70/200 50 Ded	On	N/A	Yes	No	No	UHC of New England, Inc	HMO	Gold	0.8	RI001	79881RI0010029	0.740	1.192	0.882	1	1.003	1	0.8845	
UP-W	10/40/70/200 50 Ded	Off	D1	Yes	No	No	UHC of New England, Inc	HMO	Gold	0.8	RI001	79881RI0010030	0.740	1.192	0.882	1.005	1.003	1	0.889	
UP-Y	20/35/60/200	Off	D1	Yes	No	No	UHC of New England, Inc	HMO	Platinum	0.89	RI001	79881RI0010032	0.794	1.292	1.025	1.005	1.003	1	1.0336	
V1-5	10/30/50	Off	D1	Yes	No	No	UHC of New England, Inc	HMO	Silver	0.712	RI001	79881RI0010033	0.741	0.959	0.711	1.005	1.003	1	0.7162	
V1-6	10/30/50	Off	N/A	Yes	No	No	UHC of New England, Inc	HMO	Silver	0.712	RI001	79881RI0010034	0.741	0.959	0.711	1	1.003	1	0.7127	
V1-7	10/30/50	Off	D1	Yes	No	No	UHC of New England, Inc	HMO	Gold	0.817	RI001	79881RI0010035	0.741	0.959	0.711	1.005	1.003	1	0.7162	
V1-8	10/30/50	Off	N/A	Yes	No	No	UHC of New England, Inc	HMO	Gold	0.817	RI001	79881RI0010036	0.741	0.959	0.711	1	1.003	1	0.7127	
V1-5	10/30/50 250 Ded	Off	D1	Yes	No	No	UHC of New England, Inc	HMO	Silver	0.712	RI001	79881RI0010037	0.724	0.950	0.687	1.005	1.003	1	0.6928	
V1-6	10/30/50 250 Ded	Off	N/A	Yes	No	No	UHC of New England, Inc	HMO	Silver	0.712	RI001	79881RI0010038	0.724	0.950	0.687	1	1.003	1	0.6894	
V1-7	10/30/50 250 Ded	Off	D1	Yes	No	No	UHC of New England, Inc	HMO	Gold	0.817	RI001	79881RI0010039	0.724	0.950	0.687	1.005	1.003	1	0.6928	
V1-8	10/30/50 250 Ded	Off	N/A	Yes	No	No	UHC of New England, Inc	HMO	Gold	0.817	RI001	79881RI0010040	0.724	0.950	0.687	1	1.003	1	0.6894	
RH-6	20/35/60/200	On	N/A	No	Yes	No	UHC of New England, Inc	HMO	Silver	0.714	RI001	79881RI0010053	0.680	1.092	0.743	1	1	0.996	0.7398	
RH-7	20/35/60/200	Off	D1	No	Yes	No	UHC of New England, Inc	HMO	Silver	0.714	RI001	79881RI0010054	0.680	1.092	0.743	1.005	1	0.996	0.7435	
RH-8	20/35/60/200	On	N/A	No	Yes	No	UHC of New England, Inc	HMO	Gold	0.792	RI001	79881RI0010055	0.740	1.174	0.869	1	1	0.996	0.8658	
RH-9	20/35/60/200	Off	D1	No	Yes	No	UHC of New England, Inc	HMO	Gold	0.792	RI001	79881RI0010056	0.740	1.174	0.869	1.005	1	0.996	0.8701	
R9-4	20/40/70/200	On	N/A	No	Yes	No	UHC of New England, Inc	HMO	Bronze	0.614	RI001	79881RI0010057	0.608	0.967	0.588	1	1	0.996	0.5852	
R9-5	20/40/70/200	Off	D1	No	Yes	No	UHC of New England, Inc	HMO	Bronze	0.614	RI001	79881RI0010058	0.608	0.967	0.588	1.005	1	0.996	0.5881	
R9-6	20/40/70/200	On	N/A	No	Yes	No	UHC of New England, Inc	HMO	Silver	0.702	RI001	79881RI0010059	0.619	0.967	0.598	1	1	0.996	0.5954	
R9-7	20/40/70/200	Off	D1	No	Yes	No	UHC of New England, Inc	HMO	Silver	0.702	RI001	79881RI0010060	0.619	0.967	0.598	1.005	1	0.996	0.5984	
UP-V	10/40/70/200 50 Ded	On	N/A	No	Yes	No	UHC of New England, Inc	HMO	Gold	0.8	RI001	79881RI0010061	0.740	1.192	0.882	1	1	0.996	0.8784	
UP-W	10/40/70/200 50 Ded	Off	D1	No	Yes	No	UHC of New England, Inc	HMO	Gold	0.8	RI001	79881RI0010062	0.740	1.192	0.882	1.005	1	0.996	0.8828	
UP-Y	20/35/60/200	Off	D1	No	Yes	No	UHC of New England, Inc	HMO	Platinum	0.89	RI001	79881RI0010064	0.794	1.292	1.025	1.005	1	0.996	1.0264	
V1-5	10/30/50	Off	D1	No	Yes	No	UHC of New England, Inc	HMO	Silver	0.712	RI001	79881RI0010065	0.741	0.959	0.711	1.005	1	0.996	0.7112	
V1-6	10/30/50	Off	N/A	No	Yes	No	UHC of New England, Inc	HMO	Silver	0.712	RI001	79881RI0010066	0.741	0.959	0.711	1	1	0.996	0.7078	
V1-7	10/30/50	Off	D1	No	Yes	No	UHC of New England, Inc	HMO	Gold	0.817	RI001	79881RI0010067	0.741	0.959	0.711	1.005	1	0.996	0.7112	

UnitedHealthcare of New England and United HealthCare Insurance Company

Exhibit 4A-Rate crosswalk to CMS template and form filing

1/1/2014 EHB Base Rate UHIC 368.03375

1/1/2014 EHB Base Rate UHCNE 375.38286

														Rate Manual Ex 4 & Rel in OHIC		Rate Manual Ex 6		Rate		FINAL	
														Template Part III				Adjusted for	Rider Adj		
														Base EHB	Dental						
														Pediatric	Acupunct	Religious	Exclu	Base EHB	Rel		
Plan	From Ex 6			Rate Adjusted for			Metal	AV	HIOS	HIOS Plan ID	Net To	Utilization									
Code	Pharmacy	Exchange	Dental	Pediatric	Acupunct	Religious	License	Product	Tier	Value	Product	Standard Component	Allowed	Factor	Relativity	Pediatric	Acupunct	Religious	Exclu	Base EHB	Rel
V1-8	10/30/50	Off	N/A	No	Yes	UHC of New England, Inc	HMO	Gold	0.817	RI001	79881RI0010068	0.741	0.959	0.711	1	1	0.996				0.7078
V1-5	10/30/50 250 Ded	Off	D1	No	Yes	UHC of New England, Inc	HMO	Silver	0.712	RI001	79881RI0010069	0.724	0.950	0.687	1.005	1	0.996				0.6879
V1-6	10/30/50 250 Ded	Off	N/A	No	Yes	UHC of New England, Inc	HMO	Silver	0.712	RI001	79881RI0010070	0.724	0.950	0.687	1	1	0.996				0.6846
V1-7	10/30/50 250 Ded	Off	D1	No	Yes	UHC of New England, Inc	HMO	Gold	0.817	RI001	79881RI0010071	0.724	0.950	0.687	1.005	1	0.996				0.6879
V1-8	10/30/50 250 Ded	Off	N/A	No	Yes	UHC of New England, Inc	HMO	Gold	0.817	RI001	79881RI0010072	0.724	0.950	0.687	1	1	0.996				0.6846
RH-6	20/35/60/200	On	N/A	Yes	Yes	UHC of New England, Inc	HMO	Silver	0.714	RI001	79881RI0010073	0.680	1.092	0.743	1	1.003	0.996				0.742
RH-7	20/35/60/200	Off	D1	Yes	Yes	UHC of New England, Inc	HMO	Silver	0.714	RI001	79881RI0010074	0.680	1.092	0.743	1.005	1.003	0.996				0.7457
RH-8	20/35/60/200	On	N/A	Yes	Yes	UHC of New England, Inc	HMO	Gold	0.792	RI001	79881RI0010075	0.740	1.174	0.869	1	1.003	0.996				0.8684
RH-9	20/35/60/200	Off	D1	Yes	Yes	UHC of New England, Inc	HMO	Gold	0.792	RI001	79881RI0010076	0.740	1.174	0.869	1.005	1.003	0.996				0.8727
R9-4	20/40/70/200	On	N/A	Yes	Yes	UHC of New England, Inc	HMO	Bronze	0.614	RI001	79881RI0010077	0.608	0.967	0.588	1	1.003	0.996				0.5869
R9-5	20/40/70/200	Off	D1	Yes	Yes	UHC of New England, Inc	HMO	Bronze	0.614	RI001	79881RI0010078	0.608	0.967	0.588	1.005	1.003	0.996				0.5899
R9-6	20/40/70/200	On	N/A	Yes	Yes	UHC of New England, Inc	HMO	Silver	0.702	RI001	79881RI0010079	0.619	0.967	0.598	1	1.003	0.996				0.5972
R9-7	20/40/70/200	Off	D1	Yes	Yes	UHC of New England, Inc	HMO	Silver	0.702	RI001	79881RI0010080	0.619	0.967	0.598	1.005	1.003	0.996				0.6002
UP-V	10/40/70/200 50 Ded	On	N/A	Yes	Yes	UHC of New England, Inc	HMO	Gold	0.8	RI001	79881RI0010081	0.740	1.192	0.882	1	1.003	0.996				0.881
UP-W	10/40/70/200 50 Ded	Off	D1	Yes	Yes	UHC of New England, Inc	HMO	Gold	0.8	RI001	79881RI0010082	0.740	1.192	0.882	1.005	1.003	0.996				0.8854
UP-Y	20/35/60/200	Off	D1	Yes	Yes	UHC of New England, Inc	HMO	Platinum	0.89	RI001	79881RI0010084	0.794	1.292	1.025	1.005	1.003	0.996				1.0295
V1-5	10/30/50	Off	D1	Yes	Yes	UHC of New England, Inc	HMO	Silver	0.712	RI001	79881RI0010085	0.741	0.959	0.711	1.005	1.003	0.996				0.7133
V1-6	10/30/50	Off	N/A	Yes	Yes	UHC of New England, Inc	HMO	Silver	0.712	RI001	79881RI0010086	0.741	0.959	0.711	1	1.003	0.996				0.7098
V1-7	10/30/50	Off	D1	Yes	Yes	UHC of New England, Inc	HMO	Gold	0.817	RI001	79881RI0010087	0.741	0.959	0.711	1.005	1.003	0.996				0.7133
V1-8	10/30/50	Off	N/A	Yes	Yes	UHC of New England, Inc	HMO	Gold	0.817	RI001	79881RI0010088	0.741	0.959	0.711	1	1.003	0.996				0.7098
V1-5	10/30/50 250 Ded	Off	D1	Yes	Yes	UHC of New England, Inc	HMO	Silver	0.712	RI001	79881RI0010089	0.724	0.950	0.687	1.005	1.003	0.996				0.69
V1-6	10/30/50 250 Ded	Off	N/A	Yes	Yes	UHC of New England, Inc	HMO	Silver	0.712	RI001	79881RI0010090	0.724	0.950	0.687	1	1.003	0.996				0.6866
V1-7	10/30/50 250 Ded	Off	D1	Yes	Yes	UHC of New England, Inc	HMO	Gold	0.817	RI001	79881RI0010091	0.724	0.950	0.687	1.005	1.003	0.996				0.69
V1-8	10/30/50 250 Ded	Off	N/A	Yes	Yes	UHC of New England, Inc	HMO	Gold	0.817	RI001	79881RI0010092	0.724	0.950	0.687	1	1.003	0.996				0.6866
R9-W	15/40/85	Off	D1	No	No	UHC	POS	Silver	0.72	RI001	90117RI0010005	0.648	0.977	0.633	1.005	1	1				0.636
K1-Q	20/35/60	Off	D1	No	No	UHC	POS	Silver	0.71	RI001	90117RI0010006	0.707	1.104	0.780	1.005	1	1				0.7842
K1-R	20/35/60	Off	D1	No	No	UHC	POS	Gold	0.781	RI001	90117RI0010007	0.721	1.105	0.797	1.005	1	1				0.8012
K1-S	20/35/60	Off	D1	No	No	UHC	POS	Gold	0.78	RI001	90117RI0010008	0.723	1.107	0.800	1.005	1	1				0.8041
K1-T	20/35/60	Off	D1	No	No	UHC	POS	Gold	0.798	RI001	90117RI0010009	0.768	1.185	0.910	1.005	1	1				0.9142
R9-X	10/40/70	Off	D1	No	No	UHC	POS	Gold	0.78	RI001	90117RI0010010	0.743	1.028	0.763	1.005	1	1				0.7671
K1-U	10/40/70	Off	D1	No	No	UHC	POS	Gold	0.82	RI001	90117RI0010011	0.778	1.188	0.924	1.005	1	1				0.9286
K1-V	15/40/75	Off	D1	No	No	UHC	POS	Gold	0.814	RI001	90117RI0010012	0.769	1.171	0.901	1.005	1	1				0.9052
K1-W	20/40/70/200	Off	D1	No	No	UHC	POS	Platinum	0.89	RI001	90117RI0010013	0.806	1.254	1.011	1.005	1	1				1.0163
K1-X	20/40/70/200	Off	D1	No	No	UHC	POS	Platinum	0.91	RI001	90117RI0010014	0.832	1.283	1.068	1.005	1	1				1.0729
K1-Z	10/30/50	Off	D1	No	No	UHC	POS	Platinum	0.887	RI001	90117RI0010016	0.839	1.223	1.026	1.005	1	1				1.031
R9-Y	20/40/70	Off	D1	No	No	UHC	POS	Bronze	0.598	RI001	90117RI0010017	0.562	0.979	0.550	1.005	1	1				0.5526
R9-2	15/45/85 250 Ded	Off	D1	No	No	UHC	POS	Silver	0.719	RI001	90117RI0010021	0.650	0.976	0.635	1.005	1	1				0.6377
R9-W	15/40/85	Off	D1	Yes	No	UHC	POS	Silver	0.72	RI001	90117RI0010033	0.648	0.977	0.633	1.005	1.003	1				0.6379
K1-Q	20/35/60	Off	D1	Yes	No	UHC	POS	Silver	0.71	RI001	90117RI0010034	0.707	1.104	0.780	1.005	1.003	1				0.7866
K1-R	20/35/60	Off	D1	Yes	No	UHC	POS	Gold	0.781	RI001	90117RI0010035	0.721	1.105	0.797	1.005	1.003	1				0.8036
K1-S	20/35/60	Off	D1	Yes	No	UHC	POS	Gold	0.78	RI001	90117RI0010036	0.723	1.107	0.800	1.005	1.003	1				0.8065
K1-T	20/35/60	Off	D1	Yes	No	UHC	POS	Gold	0.798	RI001	90117RI0010037	0.768	1.185	0.910	1.005	1.003	1				0.9169
R9-X	10/40/70	Off	D1	Yes	No	UHC	POS	Gold	0.78	RI001	90117RI0010038	0.743	1.028	0.763	1.005	1.003	1				0.7694
K1-U	10/40/70	Off	D1	Yes	No	UHC	POS	Gold	0.82	RI001	90117RI0010039	0.778	1.188	0.924	1.005	1.003	1				0.9314
K1-V	15/40/75	Off	D1	Yes	No	UHC	POS	Gold	0.814	RI001	90117RI0010040	0.769	1.171	0.901	1.005	1.003	1				0.9079
K1-W	20/40/70/200	Off	D1	Yes	No	UHC	POS	Platinum	0.89	RI001	90117RI0010041	0.806	1.254	1.011	1.005	1.003	1				1.0193
K1-X	20/40/70/200	Off	D1	Yes	No	UHC	POS	Platinum	0.91	RI001	90117RI0010042	0.832	1.283	1.068	1.005	1.003	1				1.0761
K1-Z	10/30/50	Off	D1	Yes	No	UHC	POS	Platinum	0.887	RI001	90117RI0010044	0.839	1.223	1.026	1.005	1.003	1				1.0341
TT-7	20/40/70	Off	N/A	No	No	UHC	POS	Bronze	0.616	RI001	90117RI0010057	0.548	0.977	0.535	1	1	1				0.5355
VZ-9	20/40/70	Off	N/A	No	No	UHC	POS	Bronze	0.607	RI001	90117RI0010058	0.544	0.977	0.531	1	1	1				0.5312
TT-8	20/40/70	Off	N/A	No	No	UHC	POS	Bronze	0.6	RI001	90117RI0010059	0.547	1.134	0.620	1	1	1				0.6204
TV-9	15/40/85	Off	N/A	No	No	UHC	POS	Silver	0.72	RI001	90117RI0010061	0.648	0.977	0.633	1	1	1				0.6328

UnitedHealthcare of New England and United HealthCare Insurance Company

Exhibit 4A-Rate crosswalk to CMS template and form filing

1/1/2014 EHB Base Rate UHIC 368.03375

1/1/2014 EHB Base Rate UHCNE 375.38286

														Rate Manual Ex 4 & Rel in OHIC				Rate Manual Ex 6		Rate		FINAL
														Template Part III		Dental		Adjusted for	Rider Adj			
														Base EHB	Dental	Religious	Exclu	Base EHB	Rel			
Plan			From Ex 6				Metal	AV	HIOS	HIOS Plan ID		Net To	Utilization	Relativity	Pediatric	Acupunct	Religious	Exclu	Base EHB	Rel		
Code	Pharmacy	Exchange	Pediatric	Acupunct	Religious	License	Product	Tier	Value	Product	Standard	Component	Allowed	Factor	Relativity	Pediatric	Acupunct	Religious	Exclu	Base EHB	Rel	
UC-S	20/35/60	Off	N/A	No	No	UHIC	POS	Silver	0.71	RI001	90117RI0010062		0.707	1.104	0.780	1	1	1			0.7803	
UC-T	20/35/60	Off	N/A	No	No	UHIC	POS	Gold	0.781	RI001	90117RI0010063		0.721	1.105	0.797	1	1	1			0.7972	
UC-U	20/35/60	Off	N/A	No	No	UHIC	POS	Gold	0.78	RI001	90117RI0010064		0.723	1.107	0.800	1	1	1			0.8001	
UC-V	20/35/60	Off	N/A	No	No	UHIC	POS	Gold	0.798	RI001	90117RI0010065		0.768	1.185	0.910	1	1	1			0.9097	
U5-3	10/40/70	Off	N/A	No	No	UHIC	POS	Gold	0.78	RI001	90117RI0010066		0.743	1.028	0.763	1	1	1			0.7633	
UC-W	10/40/70	Off	N/A	No	No	UHIC	POS	Gold	0.82	RI001	90117RI0010067		0.778	1.188	0.924	1	1	1			0.924	
UC-X	15/40/75	Off	N/A	No	No	UHIC	POS	Gold	0.814	RI001	90117RI0010068		0.769	1.171	0.901	1	1	1			0.9007	
UC-Y	20/40/70/200	Off	N/A	No	No	UHIC	POS	Platinum	0.89	RI001	90117RI0010069		0.806	1.254	1.011	1	1	1			1.0113	
UC-Z	20/40/70/200	Off	N/A	No	No	UHIC	POS	Platinum	0.91	RI001	90117RI0010070		0.832	1.283	1.068	1	1	1			1.0676	
UC-1	10/30/50	Off	N/A	No	No	UHIC	POS	Platinum	0.91	RI001	90117RI0010071		0.863	1.279	1.105	1	1	1			1.1046	
UC-2	10/30/50	Off	N/A	No	No	UHIC	POS	Platinum	0.887	RI001	90117RI0010072		0.839	1.223	1.026	1	1	1			1.0259	
U5-4	20/40/70	Off	N/A	No	No	UHIC	POS	Bronze	0.598	RI001	90117RI0010073		0.562	0.979	0.550	1	1	1			0.5499	
UC-7	15/40/85	Off	N/A	No	No	UHIC	POS	Silver	0.693	RI001	90117RI0010076		0.697	1.000	0.697	1	1	1			0.6972	
UC-8	15/45/85 250 Ded	Off	N/A	No	No	UHIC	POS	Silver	0.719	RI001	90117RI0010077		0.650	0.976	0.635	1	1	1			0.6345	
UC-9	10/40/70	Off	N/A	No	No	UHIC	POS	Gold	0.809	RI001	90117RI0010078		0.766	1.197	0.916	1	1	1			0.9162	
UC-9	20/35/60 50 Ded	Off	N/A	No	No	UHIC	POS	Gold	0.809	RI001	90117RI0010084		0.755	1.195	0.902	1	1	1			0.9017	
K1-Q	20/35/60	Off	D1	No	Yes	UHIC	POS	Silver	0.71	RI001	90117RI0010085		0.707	1.104	0.780	1.005	1	0.996			0.7811	
K1-Q	20/35/60	Off	D1	Yes	Yes	UHIC	POS	Silver	0.71	RI001	90117RI0010086		0.707	1.104	0.780	1.005	1.003	0.996			0.7835	
K1-Y	10/30/50	Off	D1	No	No	UHIC	POS	Platinum	0.91	RI001	90117RI0010087		0.863	1.279	1.105	1.005	1	1			1.1101	
K1-Y	10/30/50	Off	D1	Yes	No	UHIC	POS	Platinum	0.91	RI001	90117RI0010088		0.863	1.279	1.105	1.005	1.003	1			1.1134	
R9-1	15/40/85	Off	D1	No	No	UHIC	POS	Silver	0.693	RI001	90117RI0010089		0.697	1.000	0.697	1.005	1	1			0.7007	
R9-3	10/40/70	Off	D1	No	No	UHIC	POS	Gold	0.809	RI001	90117RI0010090		0.766	1.197	0.916	1.005	1	1			0.9208	
R9-3	20/35/60 50 Ded	Off	D1	No	No	UHIC	POS	Gold	0.809	RI001	90117RI0010091		0.755	1.195	0.902	1.005	1	1			0.9062	
R9-S	20/40/70	Off	D1	No	No	UHIC	POS	Bronze	0.616	RI001	90117RI0010092		0.548	0.977	0.535	1.005	1	1			0.5381	
R9-S	20/40/70	Off	D1	Yes	No	UHIC	POS	Bronze	0.616	RI001	90117RI0010093		0.548	0.977	0.535	1.005	1.003	1			0.5397	
R9-T	20/40/70	Off	D1	No	No	UHIC	POS	Bronze	0.607	RI001	90117RI0010094		0.544	0.977	0.531	1.005	1	1			0.5339	
R9-T	20/40/70	Off	D1	Yes	No	UHIC	POS	Bronze	0.607	RI001	90117RI0010095		0.544	0.977	0.531	1.005	1.003	1			0.5355	
R9-U	20/40/70	Off	D1	No	No	UHIC	POS	Bronze	0.6	RI001	90117RI0010096		0.547	1.134	0.620	1.005	1	1			0.6235	
R9-U	20/40/70	Off	D1	Yes	No	UHIC	POS	Bronze	0.6	RI001	90117RI0010097		0.547	1.134	0.620	1.005	1.003	1			0.6254	
K1-R	20/35/60	Off	D1	No	Yes	UHIC	POS	Gold	0.781	RI001	90117RI0010098		0.721	1.105	0.797	1.005	1	0.996			0.798	
K1-R	20/35/60	Off	D1	Yes	Yes	UHIC	POS	Gold	0.781	RI001	90117RI0010099		0.721	1.105	0.797	1.005	1.003	0.996			0.8004	
K1-S	20/35/60	Off	D1	No	Yes	UHIC	POS	Gold	0.78	RI001	90117RI0010100		0.723	1.107	0.800	1.005	1	0.996			0.8009	
K1-S	20/35/60	Off	D1	Yes	Yes	UHIC	POS	Gold	0.78	RI001	90117RI0010101		0.723	1.107	0.800	1.005	1.003	0.996			0.8033	
K1-T	20/35/60	Off	D1	No	Yes	UHIC	POS	Gold	0.798	RI001	90117RI0010102		0.768	1.185	0.910	1.005	1	0.996			0.9105	
K1-T	20/35/60	Off	D1	Yes	Yes	UHIC	POS	Gold	0.798	RI001	90117RI0010103		0.768	1.185	0.910	1.005	1.003	0.996			0.9132	
K1-U	10/40/70	Off	D1	No	Yes	UHIC	POS	Gold	0.82	RI001	90117RI0010104		0.778	1.188	0.924	1.005	1	0.996			0.9249	
K1-U	10/40/70	Off	D1	Yes	Yes	UHIC	POS	Gold	0.82	RI001	90117RI0010105		0.778	1.188	0.924	1.005	1.003	0.996			0.9277	
K1-V	15/40/75	Off	D1	No	Yes	UHIC	POS	Gold	0.814	RI001	90117RI0010106		0.769	1.171	0.901	1.005	1	0.996			0.9016	
K1-V	15/40/75	Off	D1	Yes	Yes	UHIC	POS	Gold	0.814	RI001	90117RI0010107		0.769	1.171	0.901	1.005	1.003	0.996			0.9043	
K1-W	20/40/70/200	Off	D1	No	Yes	UHIC	POS	Platinum	0.89	RI001	90117RI0010108		0.806	1.254	1.011	1.005	1	0.996			1.0122	
K1-W	20/40/70/200	Off	D1	Yes	Yes	UHIC	POS	Platinum	0.89	RI001	90117RI0010109		0.806	1.254	1.011	1.005	1.003	0.996			1.0152	
K1-X	20/40/70/200	Off	D1	No	Yes	UHIC	POS	Platinum	0.91	RI001	90117RI0010110		0.832	1.283	1.068	1.005	1	0.996			1.0686	
K1-X	20/40/70/200	Off	D1	Yes	Yes	UHIC	POS	Platinum	0.91	RI001	90117RI0010111		0.832	1.283	1.068	1.005	1.003	0.996			1.0718	
K1-Y	10/30/50	Off	D1	Yes	Yes	UHIC	POS	Platinum	0.91	RI001	90117RI0010112		0.863	1.279	1.105	1.005	1.003	0.996			1.1089	
K1-Z	10/30/50	Off	D1	No	Yes	UHIC	POS	Platinum	0.887	RI001	90117RI0010113		0.839	1.223	1.026	1.005	1	0.996			1.0269	
K1-Z	10/30/50	Off	D1	Yes	Yes	UHIC	POS	Platinum	0.887	RI001	90117RI0010114		0.839	1.223	1.026	1.005	1.003	0.996			1.03	
R9-2	15/45/85 250 Ded	Off	D1	Yes	No	UHIC	POS	Silver	0.719	RI001	90117RI0010115		0.650	0.976	0.635	1.005	1.003	1			0.6396	
R9-3	10/40/70	Off	D1	Yes	No	UHIC	POS	Gold	0.809	RI001	90117RI0010116		0.766	1.197	0.916	1.005	1.003	1			0.9236	
R9-3	20/35/60 50 Ded	Off	D1	Yes	No	UHIC	POS	Gold	0.809	RI001	90117RI0010117		0.755	1.195	0.902	1.005	1.003	1			0.9089	
R9-3	10/40/70	Off	D1	No	Yes	UHIC	POS	Gold	0.809	RI001	90117RI0010118		0.766	1.197	0.916	1.005	1	0.996			0.9171	
R9-3	20/35/60 50 Ded	Off	D1	No	Yes	UHIC	POS	Gold	0.809	RI001	90117RI0010119		0.755	1.195	0.902	1.005	1	0.996			0.9026	
R9-3	10/40/70	Off	D1	Yes	Yes	UHIC	POS	Gold	0.809	RI001	90117RI0010120		0.766	1.197	0.916	1.005	1.003	0.996			0.9199	

UnitedHealthcare of New England and United HealthCare Insurance Company

Exhibit 4A-Rate crosswalk to CMS template and form filing

1/1/2014 EHB Base Rate UHIC 368.03375

1/1/2014 EHB Base Rate UHCNE 375.38286

														Rate Manual Ex 4 & Rel in OHIC					Rate Manual Ex 6		Rate		FINAL
														Template Part III					Rate	FINAL			
														Base EHB	Dental			Adjusted for	Rider Adj				
														Pediatric	Acupunct	Religious	Exclu	Base EHB	Rel				
Plan	From Ex 6			Rate Adjusted for			Metal	AV	HIOS	HIOS Plan ID	Net To	Utilization	Relativity										
Code	Pharmacy	Exchange	Dental	Pediatric	Acupunct	Religious	License	Product	Tier	Value	Product	Standard Component	Allowed	Factor	Relativity	Pediatric	Acupunct	Religious	Exclu	Base EHB	Rel		
R9-U	20/40/70	Off	D1	Yes	Yes	Yes	UHIC	POS	Bronze	0.6	RI001	90117RI0010121	0.547	1.134	0.620	1.005	1.003	0.996			0.6229		
R9-W	15/40/85	Off	D1	No	Yes	Yes	UHIC	POS	Silver	0.72	RI001	90117RI0010122	0.648	0.977	0.633	1.005	1	0.996			0.6335		
R9-W	15/40/85	Off	D1	Yes	Yes	Yes	UHIC	POS	Silver	0.72	RI001	90117RI0010123	0.648	0.977	0.633	1.005	1.003	0.996			0.6353		
R9-X	10/40/70	Off	D1	No	Yes	Yes	UHIC	POS	Gold	0.78	RI001	90117RI0010124	0.743	1.028	0.763	1.005	1	0.996			0.764		
UC-2	10/30/50	Off	N/A	Yes	Yes	Yes	UHIC	POS	Platinum	0.887	RI001	90117RI0010125	0.839	1.223	1.026	1	1.003	0.996			1.0249		
UC-7	15/40/85	Off	N/A	Yes	No	Yes	UHIC	POS	Silver	0.693	RI001	90117RI0010126	0.697	1.000	0.697	1	1.003	1			0.6993		
UC-7	15/40/85	Off	N/A	No	Yes	Yes	UHIC	POS	Silver	0.693	RI001	90117RI0010127	0.697	1.000	0.697	1	1	0.996			0.6944		
UC-7	15/40/85	Off	N/A	Yes	Yes	Yes	UHIC	POS	Silver	0.693	RI001	90117RI0010128	0.697	1.000	0.697	1	1.003	0.996			0.6965		
UC-8	15/45/85 250 Ded	Off	N/A	Yes	No	Yes	UHIC	POS	Silver	0.719	RI001	90117RI0010129	0.650	0.976	0.635	1	1.003	1			0.6364		
UC-8	15/45/85 250 Ded	Off	N/A	No	Yes	Yes	UHIC	POS	Silver	0.719	RI001	90117RI0010130	0.650	0.976	0.635	1	1	0.996			0.632		
UC-8	15/45/85 250 Ded	Off	N/A	Yes	Yes	Yes	UHIC	POS	Silver	0.719	RI001	90117RI0010131	0.650	0.976	0.635	1	1.003	0.996			0.6339		
UC-9	10/40/70	Off	N/A	Yes	No	Yes	UHIC	POS	Gold	0.809	RI001	90117RI0010132	0.766	1.197	0.916	1	1.003	1			0.9189		
UC-9	20/35/60 50 Ded	Off	N/A	Yes	No	Yes	UHIC	POS	Gold	0.809	RI001	90117RI0010133	0.755	1.195	0.902	1	1.003	1			0.9044		
UC-9	10/40/70	Off	N/A	No	Yes	Yes	UHIC	POS	Gold	0.809	RI001	90117RI0010134	0.766	1.197	0.916	1	1	0.996			0.9125		
UC-9	20/35/60 50 Ded	Off	N/A	No	Yes	Yes	UHIC	POS	Gold	0.809	RI001	90117RI0010135	0.755	1.195	0.902	1	1	0.996			0.8981		
UC-9	10/40/70	Off	N/A	Yes	Yes	Yes	UHIC	POS	Gold	0.809	RI001	90117RI0010136	0.766	1.197	0.916	1	1.003	0.996			0.9152		
UC-9	20/35/60 50 Ded	Off	N/A	Yes	Yes	Yes	UHIC	POS	Gold	0.809	RI001	90117RI0010137	0.755	1.195	0.902	1	1.003	0.996			0.9008		
UC-S	20/35/60	Off	N/A	Yes	No	Yes	UHIC	POS	Silver	0.71	RI001	90117RI0010138	0.707	1.104	0.780	1	1.003	1			0.7826		
UC-S	20/35/60	Off	N/A	No	Yes	Yes	UHIC	POS	Silver	0.71	RI001	90117RI0010139	0.707	1.104	0.780	1	1	0.996			0.7772		
UC-S	20/35/60	Off	N/A	Yes	Yes	Yes	UHIC	POS	Silver	0.71	RI001	90117RI0010140	0.707	1.104	0.780	1	1.003	0.996			0.7795		
UC-T	20/35/60	Off	N/A	Yes	No	Yes	UHIC	POS	Gold	0.781	RI001	90117RI0010141	0.721	1.105	0.797	1	1.003	1			0.7996		
UC-T	20/35/60	Off	N/A	No	Yes	Yes	UHIC	POS	Gold	0.781	RI001	90117RI0010142	0.721	1.105	0.797	1	1	0.996			0.794		
UC-T	20/35/60	Off	N/A	Yes	Yes	Yes	UHIC	POS	Gold	0.781	RI001	90117RI0010143	0.721	1.105	0.797	1	1.003	0.996			0.7964		
UC-U	20/35/60	Off	N/A	Yes	No	Yes	UHIC	POS	Gold	0.78	RI001	90117RI0010144	0.723	1.107	0.800	1	1.003	1			0.8025		
UC-U	20/35/60	Off	N/A	No	Yes	Yes	UHIC	POS	Gold	0.78	RI001	90117RI0010145	0.723	1.107	0.800	1	1	0.996			0.7969		
UC-U	20/35/60	Off	N/A	Yes	Yes	Yes	UHIC	POS	Gold	0.78	RI001	90117RI0010146	0.723	1.107	0.800	1	1.003	0.996			0.7993		
UC-V	20/35/60	Off	N/A	Yes	No	Yes	UHIC	POS	Gold	0.798	RI001	90117RI0010147	0.768	1.185	0.910	1	1.003	1			0.9124		
UC-V	20/35/60	Off	N/A	No	Yes	Yes	UHIC	POS	Gold	0.798	RI001	90117RI0010148	0.768	1.185	0.910	1	1	0.996			0.9061		
UC-V	20/35/60	Off	N/A	Yes	Yes	Yes	UHIC	POS	Gold	0.798	RI001	90117RI0010149	0.768	1.185	0.910	1	1.003	0.996			0.9088		
UC-W	10/40/70	Off	N/A	Yes	No	Yes	UHIC	POS	Gold	0.82	RI001	90117RI0010150	0.778	1.188	0.924	1	1.003	1			0.9268		
UC-W	10/40/70	Off	N/A	No	Yes	Yes	UHIC	POS	Gold	0.82	RI001	90117RI0010151	0.778	1.188	0.924	1	1	0.996			0.9203		
UC-W	10/40/70	Off	N/A	Yes	Yes	Yes	UHIC	POS	Gold	0.82	RI001	90117RI0010152	0.778	1.188	0.924	1	1.003	0.996			0.9231		
UC-X	15/40/75	Off	N/A	Yes	No	Yes	UHIC	POS	Gold	0.814	RI001	90117RI0010153	0.769	1.171	0.901	1	1.003	1			0.9034		
UC-X	15/40/75	Off	N/A	No	Yes	Yes	UHIC	POS	Gold	0.814	RI001	90117RI0010154	0.769	1.171	0.901	1	1	0.996			0.8971		
UC-X	15/40/75	Off	N/A	Yes	Yes	Yes	UHIC	POS	Gold	0.814	RI001	90117RI0010155	0.769	1.171	0.901	1	1.003	0.996			0.8998		
UC-Y	20/40/70/200	Off	N/A	Yes	No	Yes	UHIC	POS	Platinum	0.89	RI001	90117RI0010156	0.806	1.254	1.011	1	1.003	1			1.0143		
UC-Y	20/40/70/200	Off	N/A	No	Yes	Yes	UHIC	POS	Platinum	0.89	RI001	90117RI0010157	0.806	1.254	1.011	1	1	0.996			1.0073		
UC-Y	20/40/70/200	Off	N/A	Yes	Yes	Yes	UHIC	POS	Platinum	0.89	RI001	90117RI0010158	0.806	1.254	1.011	1	1.003	0.996			1.0102		
UC-Z	20/40/70/200	Off	N/A	Yes	No	Yes	UHIC	POS	Platinum	0.91	RI001	90117RI0010159	0.832	1.283	1.068	1	1.003	1			1.0708		
UC-Z	20/40/70/200	Off	N/A	No	Yes	Yes	UHIC	POS	Platinum	0.91	RI001	90117RI0010160	0.832	1.283	1.068	1	1	0.996			1.0633		
UC-Z	20/40/70/200	Off	N/A	Yes	Yes	Yes	UHIC	POS	Platinum	0.91	RI001	90117RI0010161	0.832	1.283	1.068	1	1.003	0.996			1.0665		
VZ-9	20/40/70	Off	N/A	Yes	No	Yes	UHIC	POS	Bronze	0.607	RI001	90117RI0010162	0.544	0.977	0.531	1	1.003	1			0.5328		
VZ-9	20/40/70	Off	N/A	No	Yes	Yes	UHIC	POS	Bronze	0.607	RI001	90117RI0010163	0.544	0.977	0.531	1	1	0.996			0.5291		
VZ-9	20/40/70	Off	N/A	Yes	Yes	Yes	UHIC	POS	Bronze	0.607	RI001	90117RI0010164	0.544	0.977	0.531	1	1.003	0.996			0.5307		
K1-Y	10/30/50	Off	D1	No	Yes	Yes	UHIC	POS	Platinum	0.91	RI001	90117RI0010165	0.863	1.279	1.105	1.005	1	0.996			1.1057		
R9-1	15/40/85	Off	D1	Yes	No	Yes	UHIC	POS	Silver	0.693	RI001	90117RI0010166	0.697	1.000	0.697	1.005	1.003	1			0.7028		
R9-1	15/40/85	Off	D1	No	Yes	Yes	UHIC	POS	Silver	0.693	RI001	90117RI0010167	0.697	1.000	0.697	1.005	1	0.996			0.6979		
R9-1	15/40/85	Off	D1	Yes	Yes	Yes	UHIC	POS	Silver	0.693	RI001	90117RI0010168	0.697	1.000	0.697	1.005	1.003	0.996			0.7		
R9-2	15/45/85 250 Ded	Off	D1	No	Yes	Yes	UHIC	POS	Silver	0.719	RI001	90117RI0010169	0.650	0.976	0.635	1.005	1	0.996			0.6351		
R9-2	15/45/85 250 Ded	Off	D1	Yes	Yes	Yes	UHIC	POS	Silver	0.719	RI001	90117RI0010170	0.650	0.976	0.635	1.005	1.003	0.996			0.637		
R9-3	20/35/60 50 Ded	Off	D1	Yes	Yes	Yes	UHIC	POS	Gold	0.809	RI001	90117RI0010171	0.755	1.195	0.902	1.005	1.003	0.996			0.9053		
R9-S	20/40/70	Off	D1	No	Yes	Yes	UHIC	POS	Bronze	0.616	RI001	90117RI0010172	0.548	0.977	0.535	1.005	1	0.996			0.5359		

UnitedHealthcare of New England and United HealthCare Insurance Company
 Exhibit 4A-Rate crosswalk to CMS template and form filing
 1/1/2014 EHB Base Rate UHIC 368.03375
 1/1/2014 EHB Base Rate UHCNE 375.38286

Plan	From Ex 6						Metal	AV	HIOS	HIOS Plan ID	Net To	Utilization	Rate Manual Ex 4 & Rel in OHIC Template Part III				Rate Adjusted for	FINAL Rider Adj		
	Dental	Rate Adjusted for			Base EHB	Dental							Religious	Exclu						
Code	Pharmacy	Exchange	Pediatric	Acupunct	Relig	License	Product	Tier	Value	Product	Standard Component	Allowed	Factor	Relativity	Pediatric	Acupunct	Religious	Exclu	Base EHB	Rel
R9-S	20/40/70	Off	D1	Yes	Yes	UHIC	POS	Bronze	0.616	RI001	90117RI0010173	0.548	0.977	0.535	1.005	1.003	0.996			0.5375
R9-T	20/40/70	Off	D1	No	Yes	UHIC	POS	Bronze	0.607	RI001	90117RI0010174	0.544	0.977	0.531	1.005	1	0.996			0.5318
R9-T	20/40/70	Off	D1	Yes	Yes	UHIC	POS	Bronze	0.607	RI001	90117RI0010175	0.544	0.977	0.531	1.005	1.003	0.996			0.5334
R9-U	20/40/70	Off	D1	No	Yes	UHIC	POS	Bronze	0.6	RI001	90117RI0010176	0.547	1.134	0.620	1.005	1	0.996			0.621
R9-X	10/40/70	Off	D1	Yes	Yes	UHIC	POS	Gold	0.78	RI001	90117RI0010177	0.743	1.028	0.763	1.005	1.003	0.996			0.7663
R9-Y	20/40/70	Off	D1	Yes	No	UHIC	POS	Bronze	0.598	RI001	90117RI0010178	0.562	0.979	0.550	1.005	1.003	1			0.5543
R9-Y	20/40/70	Off	D1	No	Yes	UHIC	POS	Bronze	0.598	RI001	90117RI0010179	0.562	0.979	0.550	1.005	1	0.996			0.5504
R9-Y	20/40/70	Off	D1	Yes	Yes	UHIC	POS	Bronze	0.598	RI001	90117RI0010180	0.562	0.979	0.550	1.005	1.003	0.996			0.5521
TT-7	20/40/70	Off	N/A	Yes	No	UHIC	POS	Bronze	0.616	RI001	90117RI0010181	0.548	0.977	0.535	1	1.003	1			0.5371
TT-7	20/40/70	Off	N/A	No	Yes	UHIC	POS	Bronze	0.616	RI001	90117RI0010182	0.548	0.977	0.535	1	1	0.996			0.5334
TT-7	20/40/70	Off	N/A	Yes	Yes	UHIC	POS	Bronze	0.616	RI001	90117RI0010183	0.548	0.977	0.535	1	1.003	0.996			0.535
TT-8	20/40/70	Off	N/A	Yes	No	UHIC	POS	Bronze	0.6	RI001	90117RI0010184	0.547	1.134	0.620	1	1.003	1			0.6223
TT-8	20/40/70	Off	N/A	No	Yes	UHIC	POS	Bronze	0.6	RI001	90117RI0010185	0.547	1.134	0.620	1	1	0.996			0.6179
TT-8	20/40/70	Off	N/A	Yes	Yes	UHIC	POS	Bronze	0.6	RI001	90117RI0010186	0.547	1.134	0.620	1	1.003	0.996			0.6198
TV-9	15/40/85	Off	N/A	Yes	No	UHIC	POS	Silver	0.72	RI001	90117RI0010187	0.648	0.977	0.633	1	1.003	1			0.6347
TV-9	15/40/85	Off	N/A	No	Yes	UHIC	POS	Silver	0.72	RI001	90117RI0010188	0.648	0.977	0.633	1	1	0.996			0.6303
TV-9	15/40/85	Off	N/A	Yes	Yes	UHIC	POS	Silver	0.72	RI001	90117RI0010189	0.648	0.977	0.633	1	1.003	0.996			0.6322
U5-3	10/40/70	Off	N/A	Yes	No	UHIC	POS	Gold	0.78	RI001	90117RI0010190	0.743	1.028	0.763	1	1.003	1			0.7656
U5-3	10/40/70	Off	N/A	No	Yes	UHIC	POS	Gold	0.78	RI001	90117RI0010191	0.743	1.028	0.763	1	1	0.996			0.7602
U5-3	10/40/70	Off	N/A	Yes	Yes	UHIC	POS	Gold	0.78	RI001	90117RI0010192	0.743	1.028	0.763	1	1.003	0.996			0.7625
U5-4	20/40/70	Off	N/A	Yes	No	UHIC	POS	Bronze	0.598	RI001	90117RI0010193	0.562	0.979	0.550	1	1.003	1			0.5515
U5-4	20/40/70	Off	N/A	No	Yes	UHIC	POS	Bronze	0.598	RI001	90117RI0010194	0.562	0.979	0.550	1	1	0.996			0.5477
U5-4	20/40/70	Off	N/A	Yes	Yes	UHIC	POS	Bronze	0.598	RI001	90117RI0010195	0.562	0.979	0.550	1	1.003	0.996			0.5493
UC-1	10/30/50	Off	N/A	Yes	No	UHIC	POS	Platinum	0.91	RI001	90117RI0010196	0.863	1.279	1.105	1	1.003	1			1.1079
UC-1	10/30/50	Off	N/A	No	Yes	UHIC	POS	Platinum	0.91	RI001	90117RI0010197	0.863	1.279	1.105	1	1	0.996			1.1002
UC-1	10/30/50	Off	N/A	Yes	Yes	UHIC	POS	Platinum	0.91	RI001	90117RI0010198	0.863	1.279	1.105	1	1.003	0.996			1.1035
UC-2	10/30/50	Off	N/A	Yes	No	UHIC	POS	Platinum	0.887	RI001	90117RI0010199	0.839	1.223	1.026	1	1.003	1			1.029
UC-2	10/30/50	Off	N/A	No	Yes	UHIC	POS	Platinum	0.887	RI001	90117RI0010200	0.839	1.223	1.026	1	1	0.996			1.0218
R9-V	15/40/85	Off	D1	Yes	No	UHIC	EPO	Silver	0.701	RI002	90117RI0020004	0.626	0.967	0.605	1.005	1.003	1			0.6102
R9-Z	20/40/70	Off	D1	No	No	UHIC	EPO	Bronze	0.6	RI002	90117RI0020018	0.499	1.121	0.559	1.005	1	1			0.5622
UP-U	10/40/70	Off	D1	No	No	UHIC	EPO	Gold	0.81	RI002	90117RI0020019	0.719	1.183	0.851	1.005	1	1			0.855
UP-Z	20/40/70 250 Ded	Off	D1	No	No	UHIC	EPO	Silver	0.718	RI002	90117RI0020023	0.617	1.083	0.668	1.005	1	1			0.6711
UP-1	20/40/70 150 Ded	Off	D1	No	No	UHIC	EPO	Silver	0.718	RI002	90117RI0020024	0.624	1.089	0.679	1.005	1	1			0.6828
UP-2	20/35/60 50 Ded	Off	D1	No	No	UHIC	EPO	Gold	0.81	RI002	90117RI0020025	0.691	1.225	0.847	1.005	1	1			0.8513
UP-U	20/35/60 50 Ded	Off	D1	No	No	UHIC	EPO	Gold	0.81	RI002	90117RI0020026	0.708	1.181	0.836	1.005	1	1			0.8405
UP-2	10/40/70	Off	D1	No	No	UHIC	EPO	Gold	0.81	RI002	90117RI0020027	0.702	1.227	0.861	1.005	1	1			0.8658
R9-Z	20/40/70	Off	D1	Yes	No	UHIC	EPO	Bronze	0.6	RI002	90117RI0020046	0.499	1.121	0.559	1.005	1.003	1			0.5639
UP-U	10/40/70	Off	D1	Yes	No	UHIC	EPO	Gold	0.81	RI002	90117RI0020047	0.719	1.183	0.851	1.005	1.003	1			0.8576
UP-Z	20/40/70 250 Ded	Off	D1	Yes	No	UHIC	EPO	Silver	0.718	RI002	90117RI0020051	0.617	1.083	0.668	1.005	1.003	1			0.6731
UP-1	20/40/70 150 Ded	Off	D1	Yes	No	UHIC	EPO	Silver	0.718	RI002	90117RI0020052	0.624	1.089	0.679	1.005	1.003	1			0.6848
UP-2	20/35/60 50 Ded	Off	D1	Yes	No	UHIC	EPO	Gold	0.81	RI002	90117RI0020053	0.691	1.225	0.847	1.005	1.003	1			0.8539
UP-U	20/35/60 50 Ded	Off	D1	Yes	No	UHIC	EPO	Gold	0.81	RI002	90117RI0020054	0.708	1.181	0.836	1.005	1.003	1			0.843
UP-2	10/40/70	Off	D1	Yes	No	UHIC	EPO	Gold	0.81	RI002	90117RI0020055	0.702	1.227	0.861	1.005	1.003	1			0.8684
TT-9	15/40/85	Off	N/A	No	No	UHIC	EPO	Silver	0.701	RI002	90117RI0020060	0.626	0.967	0.605	1	1	1			0.6054
UC-5	20/40/70	Off	N/A	No	No	UHIC	EPO	Bronze	0.6	RI002	90117RI0020074	0.499	1.121	0.559	1	1	1			0.5594
UC-6	10/40/70	Off	N/A	No	No	UHIC	EPO	Gold	0.81	RI002	90117RI0020075	0.719	1.183	0.851	1	1	1			0.8507
VF-9	20/40/70 250 Ded	Off	N/A	No	No	UHIC	EPO	Silver	0.718	RI002	90117RI0020079	0.617	1.083	0.668	1	1	1			0.6678
VZ-7	20/40/70 150 Ded	Off	N/A	No	No	UHIC	EPO	Silver	0.718	RI002	90117RI0020080	0.624	1.089	0.679	1	1	1			0.6794
VZ-8	20/35/60 50 Ded	Off	N/A	No	No	UHIC	EPO	Gold	0.81	RI002	90117RI0020081	0.691	1.225	0.847	1	1	1			0.847
UC-6	20/35/60 50 Ded	Off	N/A	No	No	UHIC	EPO	Gold	0.81	RI002	90117RI0020082	0.708	1.181	0.836	1	1	1			0.8363
VZ-8	10/40/70	Off	N/A	No	No	UHIC	EPO	Gold	0.81	RI002	90117RI0020083	0.702	1.227	0.861	1	1	1			0.8615
TT-9	15/40/85	Off	N/A	Yes	No	UHIC	EPO	Silver	0.701	RI002	90117RI0020088	0.626	0.967	0.605	1	1.003	1			0.6072

UnitedHealthcare of New England and United HealthCare Insurance Company

Exhibit 4A-Rate crosswalk to CMS template and form filing

1/1/2014 EHB Base Rate UHIC 368.03375

1/1/2014 EHB Base Rate UHCNE 375.38286

Plan	From Ex 6						Rate Manual Ex 4 & Rel in OHIC Template Part III										Rate Manual Ex 6		FINAL Rider Adj
	Dental	Rate Adjusted for				Metal	AV	HIOS	HIOS Plan ID	Net To	Utilization	Base EHB	Rate Adjusted for				Base EHB Rel		
		Pediatric	Acupunct	Religious	License								Pediatric	Acupunct	Religious	Exclu			
Code Pharmacy Exchange						Product Tier	Value	Product	Standard Component	Allowed	Factor	Relativity	Pediatric	Acupunct	Religious	Exclu	Base EHB Rel		
UC-5 20/40/70	Off	N/A	Yes	No	UHIC	EPO Bronze	0.6	RI002	90117RI0020102	0.499	1.121	0.559	1	1.003	1		0.5611		
UC-6 10/40/70	Off	N/A	Yes	No	UHIC	EPO Gold	0.81	RI002	90117RI0020103	0.719	1.183	0.851	1	1.003	1		0.8533		
VF-9 20/40/70 250 Ded	Off	N/A	Yes	No	UHIC	EPO Silver	0.718	RI002	90117RI0020107	0.617	1.083	0.668	1	1.003	1		0.6698		
VZ-7 20/40/70 150 Ded	Off	N/A	Yes	No	UHIC	EPO Silver	0.718	RI002	90117RI0020108	0.624	1.089	0.679	1	1.003	1		0.6814		
VZ-8 20/35/60 50 Ded	Off	N/A	Yes	No	UHIC	EPO Gold	0.81	RI002	90117RI0020109	0.691	1.225	0.847	1	1.003	1		0.8495		
UC-6 20/35/60 50 Ded	Off	N/A	Yes	No	UHIC	EPO Gold	0.81	RI002	90117RI0020110	0.708	1.181	0.836	1	1.003	1		0.8388		
VZ-8 10/40/70	Off	N/A	Yes	No	UHIC	EPO Gold	0.81	RI002	90117RI0020111	0.702	1.227	0.861	1	1.003	1		0.8641		
R9-V 15/40/85	Off	D1	No	Yes	UHIC	EPO Silver	0.701	RI002	90117RI0020116	0.626	0.967	0.605	1.005	1	0.996		0.606		
R9-Z 20/40/70	Off	D1	No	Yes	UHIC	EPO Bronze	0.6	RI002	90117RI0020130	0.499	1.121	0.559	1.005	1	0.996		0.56		
UP-U 10/40/70	Off	D1	No	Yes	UHIC	EPO Gold	0.81	RI002	90117RI0020131	0.719	1.183	0.851	1.005	1	0.996		0.8516		
UP-Z 20/40/70 250 Ded	Off	D1	No	Yes	UHIC	EPO Silver	0.718	RI002	90117RI0020135	0.617	1.083	0.668	1.005	1	0.996		0.6684		
UP-1 20/40/70 150 Ded	Off	D1	No	Yes	UHIC	EPO Silver	0.718	RI002	90117RI0020136	0.624	1.089	0.679	1.005	1	0.996		0.6801		
UP-2 20/35/60 50 Ded	Off	D1	No	Yes	UHIC	EPO Gold	0.81	RI002	90117RI0020137	0.691	1.225	0.847	1.005	1	0.996		0.8479		
UP-U 20/35/60 50 Ded	Off	D1	No	Yes	UHIC	EPO Gold	0.81	RI002	90117RI0020138	0.708	1.181	0.836	1.005	1	0.996		0.8371		
UP-2 10/40/70	Off	D1	No	Yes	UHIC	EPO Gold	0.81	RI002	90117RI0020139	0.702	1.227	0.861	1.005	1	0.996		0.8623		
R9-V 15/40/85	Off	D1	Yes	Yes	UHIC	EPO Silver	0.701	RI002	90117RI0020144	0.626	0.967	0.605	1.005	1.003	0.996		0.6078		
R9-Z 20/40/70	Off	D1	Yes	Yes	UHIC	EPO Bronze	0.6	RI002	90117RI0020158	0.499	1.121	0.559	1.005	1.003	0.996		0.5616		
UP-U 10/40/70	Off	D1	Yes	Yes	UHIC	EPO Gold	0.81	RI002	90117RI0020159	0.719	1.183	0.851	1.005	1.003	0.996		0.8542		
UP-Z 20/40/70 250 Ded	Off	D1	Yes	Yes	UHIC	EPO Silver	0.718	RI002	90117RI0020163	0.617	1.083	0.668	1.005	1.003	0.996		0.6704		
UP-1 20/40/70 150 Ded	Off	D1	Yes	Yes	UHIC	EPO Silver	0.718	RI002	90117RI0020164	0.624	1.089	0.679	1.005	1.003	0.996		0.6821		
UP-2 20/35/60 50 Ded	Off	D1	Yes	Yes	UHIC	EPO Gold	0.81	RI002	90117RI0020165	0.691	1.225	0.847	1.005	1.003	0.996		0.8505		
UP-U 20/35/60 50 Ded	Off	D1	Yes	Yes	UHIC	EPO Gold	0.81	RI002	90117RI0020166	0.708	1.181	0.836	1.005	1.003	0.996		0.8396		
UP-2 10/40/70	Off	D1	Yes	Yes	UHIC	EPO Gold	0.81	RI002	90117RI0020167	0.702	1.227	0.861	1.005	1.003	0.996		0.8649		
TT-9 15/40/85	Off	N/A	No	Yes	UHIC	EPO Silver	0.701	RI002	90117RI0020172	0.626	0.967	0.605	1	1	0.996		0.603		
UC-5 20/40/70	Off	N/A	No	Yes	UHIC	EPO Bronze	0.6	RI002	90117RI0020186	0.499	1.121	0.559	1	1	0.996		0.5572		
UC-6 10/40/70	Off	N/A	No	Yes	UHIC	EPO Gold	0.81	RI002	90117RI0020187	0.719	1.183	0.851	1	1	0.996		0.8473		
VF-9 20/40/70 250 Ded	Off	N/A	No	Yes	UHIC	EPO Silver	0.718	RI002	90117RI0020191	0.617	1.083	0.668	1	1	0.996		0.6651		
VZ-7 20/40/70 150 Ded	Off	N/A	No	Yes	UHIC	EPO Silver	0.718	RI002	90117RI0020192	0.624	1.089	0.679	1	1	0.996		0.6767		
VZ-8 20/35/60 50 Ded	Off	N/A	No	Yes	UHIC	EPO Gold	0.81	RI002	90117RI0020193	0.691	1.225	0.847	1	1	0.996		0.8436		
UC-6 20/35/60 50 Ded	Off	N/A	No	Yes	UHIC	EPO Gold	0.81	RI002	90117RI0020194	0.708	1.181	0.836	1	1	0.996		0.833		
VZ-8 10/40/70	Off	N/A	No	Yes	UHIC	EPO Gold	0.81	RI002	90117RI0020195	0.702	1.227	0.861	1	1	0.996		0.8581		
TT-9 15/40/85	Off	N/A	Yes	Yes	UHIC	EPO Silver	0.701	RI002	90117RI0020200	0.626	0.967	0.605	1	1.003	0.996		0.6048		
UC-5 20/40/70	Off	N/A	Yes	Yes	UHIC	EPO Bronze	0.6	RI002	90117RI0020214	0.499	1.121	0.559	1	1.003	0.996		0.5589		
UC-6 10/40/70	Off	N/A	Yes	Yes	UHIC	EPO Gold	0.81	RI002	90117RI0020215	0.719	1.183	0.851	1	1.003	0.996		0.8499		
VF-9 20/40/70 250 Ded	Off	N/A	Yes	Yes	UHIC	EPO Silver	0.718	RI002	90117RI0020219	0.617	1.083	0.668	1	1.003	0.996		0.6671		
VZ-7 20/40/70 150 Ded	Off	N/A	Yes	Yes	UHIC	EPO Silver	0.718	RI002	90117RI0020220	0.624	1.089	0.679	1	1.003	0.996		0.6787		
VZ-8 20/35/60 50 Ded	Off	N/A	Yes	Yes	UHIC	EPO Gold	0.81	RI002	90117RI0020221	0.691	1.225	0.847	1	1.003	0.996		0.8461		
UC-6 20/35/60 50 Ded	Off	N/A	Yes	Yes	UHIC	EPO Gold	0.81	RI002	90117RI0020222	0.708	1.181	0.836	1	1.003	0.996		0.8354		
VZ-8 10/40/70	Off	N/A	Yes	Yes	UHIC	EPO Gold	0.81	RI002	90117RI0020223	0.702	1.227	0.861	1	1.003	0.996		0.8606		
R9-V 15/40/85	Off	D1	No	No	UHIC	EPO Silver	0.701	RI002	90117RI0020224	0.626	0.967	0.605	1.005	1	1		0.6084		

**UnitedHealthcare of New England and United HealthCare Insurance Company
Rhode Island Small Business Rating Manual**

Exhibit 5 - Age Adjustment Factors

<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>
0-20	0.635	35	1.222	50	1.786
21	1.000	36	1.230	51	1.865
22	1.000	37	1.238	52	1.952
23	1.000	38	1.246	53	2.040
24	1.000	39	1.262	54	2.135
25	1.004	40	1.278	55	2.230
26	1.024	41	1.302	56	2.333
27	1.048	42	1.325	57	2.437
28	1.087	43	1.357	58	2.548
29	1.119	44	1.397	59	2.603
30	1.135	45	1.444	60	2.714
31	1.159	46	1.500	61	2.810
32	1.183	47	1.563	62	2.873
33	1.198	48	1.635	63	2.952
34	1.214	49	1.706	64 & older	3.000

Notes/Exceptions:

dependents under 21 in excess of 3 per family

**UnitedHealthcare of New England and United HealthCare Insurance Company
Rhode Island Small Business Rating Manual
Ex 6 - Riders**

Rider Description	Rate Factor
Acupuncture	1.003
Dental Pediatric	1.005
Religion Exclusion	0.996

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For RI Small Group UnitedHealthcare of New England,
Inc.

State of RI Rate Review

FEDERAL Rate Justification PART III – Actuarial Memorandum & Actuarial Certification

Purpose

The purpose of this actuarial memorandum is to provide information relevant to the Part I Health Uniform Rate Review Template (HURRT).

Actuarial Certification

I, David H. Hoesly, am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

General Information

Company Identifying Information

Company Legal Name: UnitedHealthcare of New England, Inc.

State: Rhode Island

HIOS Issuer ID: 79881

Market: Small Employer

Effective Date: 1/1/2014

Company Contact Information

Primary Contact Name: David Hoesly

Primary Contact Telephone Number: 952.979.5637

Primary Contact Email Address: david_h_hoesly@uhc.com

Proposed Rate Increase(s)

UnitedHealthcare of New England, Inc. in RI issues group major medical products.

Reason For Rate Increase(s)

UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA). As requested by OHIC, an overall theoretical increase for our existing portfolio would have produced an overall rate increase of approximately 17.6%.

The following describes the major components contributing to the overall rate level of the new portfolio:

- The most recent 12 months of claims experience adjusted for catastrophic claims and trend produced a claim projection indication of .2% for 1/1/2014 Effective Date
- For plans which now include pediatric dental coverage it contributed .5% to the overall premium level
- The addition of pediatric vision coverage contributed .1% to the overall premium level
- The addition of other Essential Health Benefits contributed 4.6% to the overall premium level
- PPACA Fees contributed 4.6% to the overall premium level
- Risk Adjustment: Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer and reflected this amount to adjust the overall premium level
- In addition to the adjustments listed above, revenue neutrality adjustments were made for transitioning to the new Age Factors and Benefit Slope (consistent with risk adjusters and AV Calculator), based on existing membership attributes.

- SHOP Exchange User Fee: We do not have an estimate of Fees associated with participating in the Exchange. We are maintaining a place holder to increase rates by 80% of the overall fees since we estimate 80% of our membership will be on the Exchange and 20% will be off the Exchange.
- Shop Selection bias by allowing members to choose any plan/carrier from the Bronze to Gold AV designated plans is estimated to contribute 4.7% to the SHOP Exchange related business. We again assumed 80% of the membership would be on the SHOP Exchange so we again applied that percentage to calculate a 3.8% increase to the overall premium level.

Experience Period Premium and Claims

Experience Period, Paid Through Date

- The experience period is 1/1/2012 to 12/31/2012 paid through 2/28/2013.

Experience Period – Premiums

- Earned premiums for the experience period are given in Part I. The earned premiums are the sum total of the actual premiums in the experience period for each small group policy. UnitedHealthcare of New England, Inc. does not anticipate paying any MLR rebates for 2012 premiums.

Experience Period – Allowed and Incurred Claims

- Incurred claims were developed by first starting with actual claims paid through 2/28/13 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e catastrophic claims, pended claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
 - 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.
- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors

- **Insured Population Morbidity Changes:** No changes in the average morbidity are assumed.
- **Changes in Benefits:** The estimate of the cost of added Essential Health Benefits were developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors adopted by Rhode Island are used in rating.
- **Trend Factors:** United Healthcare Medical Expense Forecasting Process Overview & Considerations:
 - UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development

Experience Data Used – Source and Appropriateness

- The fully credible experience period source data used to develop manual rates is the combined actual experience on both UnitedHealthcare Insurance Company and UnitedHealthcare of New England, Inc. licenses.

Experience Credibility

The combined experience of both licenses is deemed to be fully credible.

Paid To Allowed Ratio

The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance

Projected Risk Adjustments (PMPMs)

Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

This item is for the Individual and Combined Markets. The state of RI chose not to combine its individual and small group markets, therefore, not applicable to this rate filing.

Non-Benefit Expenses and Risk Margin

Administrative Expenses

The expenses assumed in the development of the proposed rates are detailed in Attachment 3.

Projected Loss Ratio: The projected loss ratio is 80.0%.

Index Rate

AV Metal Values

A description of the assumptions utilized within the AV Calculator can be found in Attachment 6 for the appropriate license.

AV Pricing Values

Benefit plan ID 79881RI0010011 is the fixed reference plan selected as the basis for the AV Pricing Values. 100% of the AV Pricing Value is attributable to the cost-sharing design of the plans.

Membership Projections

Membership is projected to continue at the current December, 2012 level.

Terminated Products

Plans being discontinued are shown in Rate Template III.

Plan Type

Not applicable.

Reliance

In assembling the information for this filing, I relied on several internal departments to supply information. Two critical areas were Health Care Economics which supplied Trend information and Corporate Finance which supplied information regarding Administrative Cost forecasts.

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For RI Small Group UnitedHealthcare Insurance
Company

State of RI Rate Review

FEDERAL Rate Justification PART III – Actuarial Memorandum & Actuarial Certification

Purpose

The purpose of this actuarial memorandum is to provide information relevant to the Part I Health Uniform Rate Review Template (HURRT).

Actuarial Certification

I, David H. Hoesly, am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

General Information

Company Identifying Information

Company Legal Name: UnitedHealthcare Insurance Company

State: Rhode Island

HIOS Issuer ID: 90117

Market: Small Employer

Effective Date: 1/1/2014

Company Contact Information

Primary Contact Name: David Hoesly

Primary Contact Telephone Number: 952.979.5637

Primary Contact Email Address: david_h_hoesly@uhc.com

Proposed Rate Increase(s)

UnitedHealthcare Insurance Company in RI issues group major medical products.

Reason For Rate Increase(s)

UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA). As requested by OHIC, an overall theoretical increase for our existing portfolio would have produced an overall rate increase of approximately 13.3%.

The following describes the major components contributing to the overall rate level of the new portfolio:

- The most recent 12 months of claims experience adjusted for catastrophic claims and trend produced a claim projection indication of .2% for 1/1/2014 Effective Date
- For plans which now include pediatric dental coverage it contributed .5% to the overall premium level
- The addition of pediatric vision coverage contributed .1% to the overall premium level
- The addition of other Essential Health Benefits contributed 4.6% to the overall premium level
- PPACA Fees contributed 4.6% to the overall premium level
- Risk Adjustment: Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer and reflected this amount to adjust the overall premium level
- In addition to the adjustments listed above, revenue neutrality adjustments were made for transitioning to the new Age Factors and Benefit Slope (consistent with risk adjusters and AV Calculator), based on existing membership attributes.

Experience Period Premium and Claims

Experience Period, Paid Through Date

- The experience period is 1/1/2012 to 12/31/2012 paid through 2/28/2013.

Experience Period – Premiums

- Earned premiums for the experience period are given in Part I. The earned premiums are the sum total of the actual premiums in the experience period for each small group policy. UnitedHealthcare Insurance Company does not anticipate paying any MLR rebates for 2012 premiums.

Experience Period – Allowed and Incurred Claims

- Incurred claims were developed by first starting with actual claims paid through 2/28/13 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e catastrophic claims, pended claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
 - 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.
- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors

- **Insured Population Morbidity Changes:** No changes in the average morbidity are assumed.
- **Changes in Benefits:** The estimate of the cost of added Essential Health Benefits were developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors adopted by Rhode Island are used in rating.
- **Trend Factors:** United Healthcare Medical Expense Forecasting Process Overview & Considerations:
- UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development

Experience Data Used – Source and Appropriateness

- The fully credible experience period source data used to develop manual rates is the combined actual experience on both UnitedHealthcare Insurance Company and UnitedHealthcare of New England, Inc. licenses.

Experience Credibility

The combined experience of both licenses is deemed to be fully credible.

Paid To Allowed Ratio

The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance

Projected Risk Adjustments (PMPMs)

Based on analysis done in conjunction with Wakely Consulting Group, we estimate we will be a 2.9% risk payer.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

This item is for the Individual and Combined Markets. The state of RI chose not to combine its individual and small group markets, therefore, not applicable to this rate filing.

Non-Benefit Expenses and Risk Margin

Administrative Expenses

The expenses assumed in the development of the proposed rates are detailed in Attachment 3.

Projected Loss Ratio: The projected loss ratio is 80.0%,

Index Rate

OHI UnitedHealthcare Insurance Company													
2014 Effective Dates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Member Months	39,202	20,183	14,038	20,603	12,245	14,588	25,103	18,942	14,880	21,052	20,512	11,369	232,716
Allowed Claims PMPM 2012	353.18	353.18	353.18	353.18	353.18	353.18	353.18	353.18	353.18	353.18	353.18	353.18	
Benefit Increase (EHB)	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
Annual Trend Rate	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	
Months of Trend	24	25	26	27	28	29	30	31	32	33	34	35	
Projected Allowed Claims	426.84	429.52	432.22	434.93	437.66	440.41	443.17	445.96	448.76	451.57	454.41	457.26	440.41
Index Rate for Part I	440.41												
Effective Date for Part I	1/1/2014												

AV Metal Values

A description of the assumptions utilized within the AV Calculator can be found in Attachment 6 for the appropriate license.

AV Pricing Values

Benefit plan ID 90117RI0010014 is the fixed reference plan selected as the basis for the AV Pricing Values. 100% of the AV Pricing Value is attributable to the cost-sharing design of the plans.

Membership Projections

Membership is projected to continue at the current December, 2012 level.

Terminated Products

Plans being discontinued are shown in Rate Template III.

Plan Type

Not applicable.

Reliance

In assembling the information for this filing, I relied on several internal departments to supply information. Two critical areas were Health Care Economics which supplied Trend information and Corporate Finance which supplied information regarding Administrative Cost forecasts.



**Issuer and Plan Compliance Attestation
Rates
Individual and Small Group Markets**

Health Insurance Issuer name: _____

Health Insurance Plan name: _____

SERFF form tracking number: _____

I, _____, am a duly authorized officer of the above-identified Health Insurance Issuer ("Issuer") of an individual health insurance plan, or of a small group health insurance plan. I do hereby attest that I am knowledgeable as to the current federal and state laws and regulations applicable to the above-identified Health Insurance Plan ("Plan"). To the best of my knowledge and belief, I hereby attest that the Plan is in compliance with such federal and state laws and regulations, and I furthermore hereby attest and swear under oath that, to the best of my knowledge and belief:

Rate Attestations

1. The Issuer is participating in good faith in OHIC's Affordability Standards, in accordance with OHIC Regulation 2, Section 9.
2. The Issuer is in compliance with the Hospital Contracting Terms required as conditions of the Issuer's rate approvals.
3. The Issuer is participating and in good standing with the risk adjustment program, and the reinsurance program, or if the filing is made before the commencement of such programs the Issuer agrees to participate in such programs.
4. The Issuer is, or if the filing is made before January 1, 2014 the Issuer agrees to be in compliance with federal and state rating and underwriting requirements, and with the prohibition on variability of rates by geographic area.
5. In connection with Qualified Health Plans only (in the case of Plans proposed to issued only outside the Exchange, the Issuer may indicate that responses to the following attestations are "not applicable"):
 - a. The Issuer is, or if the filing is made before the commencement of such programs the Issuer agrees to be in compliance with requirements relating to the segregated accounting of premium allocations for abortion services.
 - b. The Issuer is, or if the filing is made before the commencement of such programs the Issuer agrees to be in compliance with uniform Plan pricing requirements for Plans offered inside and outside the Exchange. Evidence of compliance is attached as Exhibit A (e.g. an actuarial memorandum demonstrating compliance with such pricing requirements).

- c. The Issuer is in compliance with Exchange requirements with respect to the offering of associated gold or silver actuarial value plans. Evidence of compliance is attached as Exhibit B (e.g. a statement identifying the associated health insurance plan filed with SERFF).
- d. The Issuer is, or if the filing is made before the commencement of such programs the Issuer agrees to be in compliance with federal plan rate year requirements.

The Issuer, and the Officer attesting on behalf of the Issuer, hereby acknowledge that: (i) the Office of the Health Insurance Commissioner has relied on this Attestation in reviewing this filing, and (ii) should it be determined that an approved filing is materially false, misleading, or incorrect in any manner, appropriate corrective and disciplinary action, as authorized by the Commissioner, may be taken against the Issuer and the Officer completing this Certification, including but not limited to referral to appropriate authorities for perjury proceedings. R.I. Gen. Laws § 42-14-16, and R.I. Gen. Laws § 42-14-11(c).

Subscribed and sworn to under oath this ____ day of _____, _____.

Signature of Officer attesting on behalf of the Issuer: _____

Date of Signature: _____

Printed Name: _____

Title: _____

Mailing Address: _____

Direct Telephone Number: _____

Email Address: _____

Notary Public

UnitedHealthcare of New England, Inc. and United HealthCare Insurance Company
RI Small Group Rate Filing Template

Part 1. Historical Information

Experience Period for Developing Rates

From	To
1/1/2011	12/31/2012

Utilization/Experience Data by Quarter (Experience Period only)

A.

Quarter	End Date	IP Days	Member		Incurred Claims			Incurred Claims	Incurred Claims	Incurred Claims	Capitation	Loss Ratio
			Months	Earned Premium*	Total**	Incurred Claims IP	Incurred Claims OP	Primary Care	Other M/S	Rx		
1 (Oldest)	3/31/2011	176	67,772	\$23,084,033	\$18,985,975	\$4,114,396	\$6,022,986	\$999,735	\$3,400,702	\$2,925,341	\$1,522,814	82%
2	6/30/2011	193	66,777	\$23,088,998	\$19,368,919	\$4,367,624	\$6,166,770	\$1,018,962	\$3,345,046	\$2,970,060	\$1,500,457	84%
3	9/30/2011	195	66,589	\$23,295,884	\$19,697,860	\$4,205,109	\$6,544,324	\$1,038,287	\$3,453,201	\$2,960,707	\$1,496,232	85%
4	12/31/2011	202	65,274	\$23,231,304	\$19,921,648	\$4,248,280	\$6,538,011	\$1,222,464	\$3,426,843	\$3,019,366	\$1,466,685	86%
5	3/31/2012	191	64,080	\$23,073,551	\$19,409,163	\$4,830,018	\$5,850,700	\$1,002,033	\$3,339,772	\$3,010,688	\$1,375,951	84%
6	6/30/2012	172	63,339	\$22,937,449	\$18,673,012	\$4,130,869	\$6,213,540	\$943,369	\$3,033,658	\$2,991,536	\$1,360,040	81%
7	9/30/2012	194	62,034	\$22,867,413	\$18,195,893	\$4,072,628	\$6,050,454	\$956,768	\$2,976,295	\$2,807,728	\$1,332,019	80%
8	12/31/2012	201	60,223	\$22,538,102	\$18,959,220	\$4,346,146	\$6,568,525	\$1,091,625	\$2,858,169	\$2,801,621	\$1,293,132	84%

Quarter	End Date	Quality	Other Cost	Other Claim Adjustment	Other Operating	Investment Income	Contribution to		
		Improvement Expense*	Containment Expense*				Expense	Expense	Credit
1 (Oldest)	3/31/2011	245,420	105,030	247,556	526,755	-\$300,092	\$807,941	\$230,840	\$577,101
2	6/30/2011	245,473	105,053	247,609	526,868	-\$300,157	\$808,115	\$230,890	\$577,225
3	9/30/2011	247,673	105,994	249,828	531,589	-\$302,846	\$815,356	\$232,959	\$582,397
4	12/31/2011	246,986	105,700	249,135	530,116	-\$302,007	\$813,096	\$232,313	\$580,783
5	3/31/2012	229,308	147,123	284,647	1,356,056	-\$299,956	\$738,354	\$230,736	\$576,839
6	6/30/2012	227,955	146,255	282,968	1,348,057	-\$298,187	\$733,998	\$229,374	\$573,436
7	9/30/2012	227,259	145,809	282,104	1,343,941	-\$297,276	\$731,757	\$228,674	\$571,685
8	12/31/2012	223,987	143,709	278,042	1,324,587	-\$292,995	\$721,219	\$225,381	\$563,453

*The premium is based on the final renewal premium summed for each group for the period being reported

**Claims include – paid claims for policies issued in RI for the incurred period with claim reserves (IBNR), capitation payments for capitated arrangements, and other costs associated with affiliated agreements i.e. OPTUM SERVICES

B. Allowed Data

Quarter	End Date	Allowed Claims			Allowed Claims	Allowed Claims	Allowed Claims	Capitation
		Total	Allowed Claims IP	Allowed Claims OP	Primary Care	Other M/S	Rx	
1 (Oldest)		\$23,090,665	\$4,220,157	\$7,331,034	\$1,352,957	\$4,552,808	\$4,110,896	\$1,522,814
2		\$23,171,879	\$4,482,136	\$7,388,830	\$1,307,642	\$4,409,864	\$4,082,951	\$1,500,457
3		\$23,188,695	\$4,324,698	\$7,591,038	\$1,296,683	\$4,434,116	\$4,045,927	\$1,496,232
4		\$23,746,568	\$4,362,007	\$7,792,184	\$1,534,127	\$4,443,637	\$4,147,929	\$1,466,685
5		\$23,492,522	\$4,893,883	\$7,269,801	\$1,353,698	\$4,488,653	\$4,110,535	\$1,375,951
6		\$22,087,159	\$4,155,715	\$7,347,049	\$1,212,217	\$4,012,287	\$3,999,852	\$1,360,040
7		\$21,325,255	\$4,150,694	\$7,089,856	\$1,218,748	\$3,796,786	\$3,737,152	\$1,332,019
8		\$21,747,462	\$4,345,371	\$7,431,293	\$1,361,560	\$3,688,371	\$3,627,736	\$1,293,132

UnitedHealthcare of New England, Inc. and United HealthCare Insurance Company
RI Small Group Rate Filing Template

Part 2. Prospective Information

A. Trend Factors for Projection Purposes (Annualized)

		<u>Inpatient</u>	<u>Outpatient</u>	<u>Primary Care</u>	<u>Other M/S</u>	<u>Capitation</u>	<u>Retail Pharmacy</u>	<u>Weighted Aggregate</u>
Unit Cost	[1]	5.3%	5.2%	1.5%	2.4%	1.6%	4.8%	4.0%
Utilization / Service Mix / Benefit Leveraging	[2], [3], [4]	-0.4%	5.3%	4.6%	4.9%	0.2%	5.2%	3.6%
Proposed Pricing Trend	[5]	4.8%	10.8%	6.2%	7.4%	1.8%	10.2%	7.8%

Notes:

- [1] Represents core unit pricing increases, exclusive of service mix / intensity of services impact;
- [2] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [3] Represents expected changes in intensity of services provided.
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

B. The following items for the period to which the rate filing applies, by quarter:

	<u>Average % Rate Increase*</u>	<u>Expected Pure Medical Cost Ratio</u>	<u>Expected Contribution to Reserves %</u>	<u>Quality Improvement Expense %*</u>	<u>Other Cost Containment Expense %*</u>	<u>Other Claim Adjustment Expense %*</u>	<u>Other Operating Expense %*</u>	<u>Average Commissions%*</u>	<u>PPACA</u>	<u>Premium Tax %</u>	<u>Federal Tax %</u>
UHCNE	17.6%	80.0%	2.0%	1.0%	1.1%	1.1%	3.3%	3.9%	4.6%	2.0%	1.0%
UHC	13.3%	80.0%	2.0%	1.0%	1.1%	1.1%	3.3%	3.9%	4.6%	2.0%	1.0%

*Aggregate Rate Increase is on the benefit to benefit basis

C. Average Rate Increase Components

The following items should reconcile to the Weighted Average Percent Rate Increase for the year:

	<u>Price</u>	<u>Utilization, Mix</u>	<u>UHCNE</u>	<u>UHC</u>
Hospital Inpatient Price	5.3%	-0.4%	4.8%	4.8%
Hospital Outpatient	5.2%	5.3%	10.8%	10.8%
Primary Care	1.5%	4.6%	6.2%	6.2%
Med/Surg Other Than Primary Care	2.4%	4.9%	7.4%	7.4%
Pharmacy	4.8%	5.2%	10.2%	10.2%
Capitation	1.6%	0.2%	1.8%	1.8%
Weighted Aggregate			7.8%	7.8%
Administrative Expense (Aggregated)			1.1%	1.1%
Contribution to Reserves			0.7%	0.7%
Taxes/Assessments/Fees			4.0%	4.0%
EHBS			4.7%	4.7%
SHOP Selection Bias (Only for UHC NE 80% of 4.7%)/Early Term			4.1%	0.3%
Prior Period Adjustment (+/-)			-4.7%	-5.2%
Total			17.6%	13.3%

Rate Template Part II

Company Legal Name: **UnitedHealthcare of New England, Inc.**
 HIOS Issuer ID: **79881**
 Effective Date: **1/1/2014**

State: **RI**
 Marke: **Small Group**

Market Level Calculations (Same for all Plans)

Section I:

Experience Period:	1/1/2012	to	12/31/2012	
			<u>mppm</u>	<u>% of Prem</u>
Premiums (net of MLR Rebate) in Experience Period:	\$7,370,959	\$	434.61	100.0%
Tax credits used to pay premiums in above			-	0.0%
Incurred Claims in Experience Period	\$5,748,820		338.96	78.0%
Allowed Claims:	\$6,461,966		381.01	87.7%
Experience Period Paid to Allowed Factor			0.890	
Index Rate of Experience Period				
Experience Period Member Months	16,960			

Section II: Allowed Claims, PMPM basis

Experience Period					Projection Period: 1/1/2014 to 12/31/2014		Mid-point to Mid-point, Experience to Projection: 24 months								
on Actual Experience Allowed					Adj't. from Experience		Annualized Trend		Projections, before credibility Adjustment			Credibility Manual		After Credibility	
					to Projection Period		Factors								
Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity ¹	Other ²	Cost	Util & Other	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM	
Inpatient Hospital	Days	186.66	\$3,608.68	\$ 56.13	1.040	1.096	1.053	0.996	192.38	\$ 4,382.84	\$ 70.27	202	\$ 5,516.06	\$ 92.65	
Outpatient Hospital	Services	7,913.16	\$199.60	\$ 131.62	1.040	1.096	1.052	1.053	9,124.28	242.30	\$ 184.23	7,733	264.36	\$ 170.37	
MHCD FFS	Services	1,454.01	\$101.91	\$ 12.35	1.040	1.096	1.016	1.002	1,517.99	115.31	\$ 14.59	147	138.95	\$ 1.71	
Primary Care	Services	4,350.73	\$59.00	\$ 21.39	1.040	1.096	1.015	1.046	4,950.61	66.62	\$ 27.48	4,513	63.64	\$ 23.93	
Other Medical/Surgical	Services	6,946.21	\$123.37	\$ 71.41	1.040	1.096	1.024	1.049	7,953.24	141.74	\$ 93.94	7,653	136.08	\$ 86.78	
Prescription Drug	Prescriptions	13,028.03	\$79.83	\$ 86.67	1.040	1.096	1.048	1.052	14,989.08	\$ 96.01	\$ 119.92	12,539	\$ 77.42	\$ 80.90	
Capitation	Benefit Period	12,000	\$1.43	\$ 1.43	1.040	1.096	1.016	1.002	12,527.97	1.62	1.69	12,528	16.77	\$ 17.51	
Other Not Categorized	-	-	-	-	1.040	1.096	1.000	1.000	-	-	-	-	-	-	
Total				\$ 381.01							\$ 512.12	45,315		\$ 473.85	
Projected Period Totals															
											7.5%	92.5%	\$ 476.71	\$8,084,953	
													0.890		
													\$ 424.10	\$ 7,192,694	
													-11.64	(197,418)	
													\$ 435.74	\$ 7,390,112	
													-	-	
													\$ 435.74	\$ 7,390,112	
													10.40%	908,477	
													2.00%	174,707	
													3.00%	262,061	
													515.06	\$ 8,735,357	
													\$ 478.83		
													18.51%		
													8.86%		
													\$ 375.38		
													16,960		
													1.07800		
													1.00000		
													1.00628		
													1.01260		
													1.01895		
													1.02535		
													1.03179		
													1.03827		
													1.04479		
													1.05135		
													1.05795		
													1.06459		
													1.07127		

¹ Represents the costs associated with Early Terminations and SHOP Employee Selection

² Adjustment for Essential Health Benefits and ACA Fees

Rate Template Part II

Company Legal Name: **UnitedHealthcare Insurance Company**
 HIOS Issuer ID: **90117**
 Effective Date: **1/1/2014**

State: **RI**
 Market: **Small Group**

Market Level Calculations (Same for all Plans)

Section I:

Experience Period:	1/1/2012	to	12/31/2012		
				<u>pmpm</u>	<u>% of Prem</u>
Premiums (net of MLR Rebate) in Experience Period:	\$84,045,555	\$	361.15	100.0%	
Tax credits used to pay premiums in above			-	0.0%	
Incurred Claims in Experience Period	\$69,488,468		298.60	82.7%	
Allowed Claims:	\$82,188,916		353.17	97.8%	
Experience Period Paid to Allowed Factor			0.845		
Index Rate of Experience Period		\$	355.32		
Experience Period Member Months	232,716				

Section II: Allowed Claims, PMPM basis

Benefit Category	Experience Period				Projection Period: 1/1/2014 to 12/31/2014		Mid-point to Mid-point, Experience to Projection: 24 months									
	on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors			Projections, before credibility Adjustment			Credibility Manual			After Credibility
	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop ¹ risk Morbidity ¹	Util & Other ²	Cost	Other	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM		
Inpatient Hospital	Days	196.22	\$4,606.33	\$ 75.32	1.003	1.096	1.053	0.996	195.04	\$ 5,594.51	\$ 90.93	202	\$ 5,516.06	\$ 92.65		
Outpatient Hospital	Services	6,619.07	\$219.36	\$ 120.99	1.003	1.096	1.052	1.053	7,360.60	266.28	\$ 163.33	7,733	264.36	\$ 170.37		
MHCD FFS	Services	45.58	\$171.36	\$ 0.65	1.003	1.096	1.016	1.002	45.89	193.90	\$ 0.74	147	138.95	\$ 1.71		
Primary Care	Services	3,938.15	\$56.15	\$ 18.43	1.003	1.096	1.015	1.046	4,321.72	63.40	\$ 22.83	4,513	63.64	\$ 23.93		
Other Medical/Surgical	Services	6,664.46	\$118.07	\$ 65.58	1.003	1.096	1.024	1.049	7,359.17	135.65	\$ 83.19	7,653	136.08	\$ 86.78		
Prescription Drug	Prescriptions	10,743.32	\$63.01	\$ 56.41	1.003	1.096	1.048	1.052	11,920.71	\$ 75.78	\$ 75.27	12,539	\$ 77.42	\$ 80.90		
Capitation	Benefit Period	12,000	\$15.80	\$ 15.80	1.003	1.096	1.016	1.002	12,082.26	17.87	\$ 18.00	12,528	16.77	\$ 17.51		
Other Not Categorized	-	-	-	\$ -	1.003	1.096	1.000	1.000	-	-	\$ -	-	-	\$ -		
Total				\$ 353.17							\$ 454.30	45,315		\$ 473.85		
														Projected Period Totals		
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)											92.5%	7.5%	\$ 455.76	\$106,061,493		
Paid to Allowed Average Factor in Projection Period													0.845			
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM													\$ 385.33	\$ 89,672,075		
Projected Risk Adjustments in excess (less than) Experience Period, PMPM													-11.64	(2,708,863)		
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM													\$ 396.97	\$ 92,380,938		
Projected ACA reinsurance recoveries, net of rein prem, PMPM														-		
Projected Incurred Claims													\$ 396.97	\$ 92,380,938		
Administrative Expense Load												10.40%	48.80	11,356,522		
Premium Tax												2.00%	9.38	2,183,947		
Contribution to Reserves												3.00%	14.08	3,275,920		
Single Risk Pool Gross Premium Avg. Rate, PMPM													469.23	\$ 109,197,327		
Index Rate for Projection Period													\$ 440.41			
% increase over Experience Period													29.93%			
% Increase, annualized:													13.99%			
Base EHB Rate for Projection Period													\$ 368.03			
Projected Member Months														232,716		
Monthly Effective Date Projection Factor for each subsequent rate month (group only)														1.07800		
1/1/2014													1.00000			
2/1/2014													1.00628			
3/1/2014													1.01260			
4/1/2014													1.01895			
5/1/2014													1.02535			
6/1/2014													1.03179			
7/1/2014													1.03827			
8/1/2014													1.04479			
9/1/2014													1.05135			
10/1/2014													1.05795			
11/1/2014													1.06459			
12/1/2014													1.07127			

¹ Represents the costs associated with Early Terminations

² Adjustment for Essential Health Benefits

Rate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name: UnitedHealthcare of New England and United HealthCare Insurance Company
 Plan Type(s): HMO/POS/EPO
 Market Segment: Small
 Rate Effective Date: 1/1/2014

Plan Number	Plan Type (HMO, POS, PPO, Indemnity, Other)	Pre-1/1/14 Carrier Code	Discontinued, New, Existing (D, N, E)	1/1/14 Carrier Plan Code or Name ⁴	Metallic Tier	Metallic Actual Value	Standard AV, Approach (1), Approach (2)	Exchange or N	Proposed Plan Relativity Factor for 1/1/14	Plan Relativity Factor for 1/1/13	Total Number of Members/Enrolled			1/1/14 Number of Members/Enrolled		
											Covered Dependents ¹	Total Number of Subscribers/Enrolled Policyholders ²	Total Number of Groups ¹	Covered Policyholders ²	1/1/14 Number of Subscribers/Enrolled Policyholders ²	1/1/14 Number of Groups ²
Totals											18,870	10,171	2,720	4,015	2,175	573
<i>Totals weighted by Total Members/Enrolled Policyholders + Covered Dependents</i>																
<i>Totals weighted by Impacted Members/Enrolled Policyholders + Covered Dependents</i>																
Base Rate for EHB Plan UHCNE									1.0000							
Base Rate for EHB Plan UHIC									1.0000							
Plan 1	POS	NA	N	R9-S	Bronze	0.62	Approach (1)	Off	0.54	NA						
Plan 2	POS	NA	N	R9-T	Bronze	0.61	Approach (1)	Off	0.53	NA						
Plan 3	POS	NA	N	R9-U	Bronze	0.60	Approach (1)	Off	0.62	NA			29	14	11	
Plan 4	EPO	NA	N	R9-V	Silver	0.70	Approach (1)	Off	0.61	NA						
Plan 5	POS	NA	N	R9-W	Silver	0.72	Approach (1)	Off	0.63	NA			170	85	19	
Plan 6	POS	NA	N	K1-Q	Silver	0.71	Approach (1)	Off	0.78	NA			430	237	51	
Plan 7	POS	NA	N	K1-R	Gold	0.78	Approach (1)	Off	0.80	NA			91	45	4	
Plan 8	POS	NA	N	K1-S	Gold	0.78	Approach (1)	Off	0.80	NA						
Plan 9	POS	NA	N	K1-T	Gold	0.80	Approach (1)	Off	0.91	NA			477	252	61	
Plan 10	POS	NA	N	R9-X	Gold	0.78	Approach (1)	Off	0.76	NA			231	112	35	
Plan 11	POS	NA	N	K1-U	Gold	0.82	Approach (1)	Off	0.92	NA			631	357	103	
Plan 12	POS	NA	N	K1-V	Gold	0.81	Approach (1)	Off	0.90	NA			299	159	42	
Plan 13	POS	NA	N	K1-W	Platinum	0.89	Approach (1)	Off	1.01	NA			225	129	36	
Plan 14	POS	NA	N	K1-X	Platinum	0.91	Approach (1)	Off	1.07	NA			229	119	34	
Plan 15	POS	NA	N	K1-Y	Platinum	0.91	Approach (1)	Off	1.10	NA			121	67	25	
Plan 16	POS	NA	N	K1-Z	Platinum	0.89	Approach (1)	Off	1.03	NA			32	18	3	
Plan 17	HMO	NA	N	RH-6	Silver	0.71	Approach (1)	On	0.74	NA						
Plan 18	HMO	NA	N	RH-7	Silver	0.71	Approach (1)	Off	0.74	NA						
Plan 19	HMO	NA	N	RH-8	Gold	0.79	Approach (1)	On	0.87	NA						
Plan 20	HMO	NA	N	RH-9	Gold	0.79	Approach (1)	Off	0.87	NA			14	8	3	
Plan 21	POS	NA	N	R9-Y	Bronze	0.60	Approach (1)	Off	0.55	NA			73	41	21	
Plan 22	EPO	NA	N	R9-Z	Bronze	0.60	Approach (1)	Off	0.56	NA			1	1	1	
Plan 23	EPO	NA	N	UP-U	Gold	0.81	Approach (1)	Off	0.85	NA			232	132	27	
Plan 24	POS	NA	N	R9-1	Silver	0.69	Approach (1)	Off	0.70	NA			254	126	29	
Plan 25	POS	NA	N	R9-2	Silver	0.72	Approach (1)	Off	0.63	NA			19	14	9	
Plan 26	POS	NA	N	R9-3	Gold	0.81	Approach (1)	Off	0.92	NA						
Plan 27	HMO	NA	N	R9-4	Bronze	0.61	Approach (1)	On	0.59	NA						
Plan 28	HMO	NA	N	R9-5	Bronze	0.61	Approach (1)	Off	0.59	NA						
Plan 29	HMO	NA	N	R9-6	Silver	0.70	Approach (1)	On	0.60	NA						
Plan 30	HMO	NA	N	R9-7	Silver	0.70	Approach (1)	Off	0.60	NA						
Plan 31	HMO	NA	N	UP-V	Gold	0.80	Approach (1)	On	0.88	NA						
Plan 32	HMO	NA	N	UP-W	Gold	0.80	Approach (1)	Off	0.88	NA			204	110	30	
Plan 33	HMO	NA	N	UP-Y	Platinum	0.89	Approach (1)	Off	1.03	NA						
Plan 34	EPO	NA	N	UP-Z	Silver	0.72	Approach (1)	Off	0.67	NA						
Plan 35	EPO	NA	N	UP-1	Silver	0.72	Approach (1)	Off	0.68	NA			3	3	0	
Plan 36	EPO	NA	N	UP-2	Gold	0.81	Approach (1)	Off	0.85	NA			9	7	1	
Plan 37	HMO	NA	N	RD1	Silver	0.71	Approach (1)	Off	0.71	NA						
Plan 38	HMO	NA	N	RD1	Silver	0.71	Approach (1)	Off	0.71	NA						
Plan 39	HMO	NA	N	RD2	Gold	0.82	Approach (1)	Off	0.71	NA						
Plan 40	HMO	NA	N	RD2	Gold	0.82	Approach (1)	Off	0.71	NA						
Plan 41	HMO	NA	N	RD1	Silver	0.71	Approach (1)	Off	0.69	NA						
Plan 42	HMO	NA	N	RD1	Silver	0.71	Approach (1)	Off	0.69	NA						
Plan 43	HMO	NA	N	RD2	Gold	0.82	Approach (1)	Off	0.69	NA						
Plan 44	HMO	NA	N	RD2	Gold	0.82	Approach (1)	Off	0.69	NA						
Plan 45	EPO	NA	N	UP-U	Gold	0.81	Approach (1)	Off	0.84	NA						
Plan 46	EPO	NA	N	UP-2	Gold	0.81	Approach (1)	Off	0.86	NA			232	132	27	
Plan 47	POS	NA	N	R9-3	Gold	0.81	Approach (1)	Off	0.90	NA			9	7	1	
Plan 48	POS	NA	N	TT-7	Bronze	0.62	Approach (1)	Off	0.54	NA						
Plan 49	POS	NA	N	VZ-9	Bronze	0.61	Approach (1)	Off	0.53	NA						
Plan 50	POS	NA	N	TT-8	Bronze	0.60	Approach (1)	Off	0.62	NA						
Plan 51	EPO	NA	N	TT-9	Silver	0.70	Approach (1)	Off	0.61	NA						
Plan 52	POS	NA	N	TV-9	Silver	0.72	Approach (1)	Off	0.63	NA						
Plan 53	POS	NA	N	UC-S	Silver	0.71	Approach (1)	Off	0.78	NA						
Plan 54	POS	NA	N	UC-T	Gold	0.78	Approach (1)	Off	0.80	NA						
Plan 55	POS	NA	N	UC-U	Gold	0.78	Approach (1)	Off	0.80	NA						
Plan 56	POS	NA	N	UC-V	Gold	0.80	Approach (1)	Off	0.91	NA						

Rate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name: UnitedHealthcare of New England and United HealthCare Insurance Company
 Plan Type(s): HMO/POS/EPO
 Market Segment: Small
 Rate Effective Date: 1/1/2014

Plan Number	Plan Type (HMO, POS, PPO, Indemnity, Other)	Pre-1/1/14 Carrier Plan Code or Name ⁴	Discontinued, New, Existing (D, N, E)	1/1/14 Carrier Plan Code or Name ⁴	Metallic Tier	Metallic Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange or N	Proposed Plan RelativityFactor for 1/1/14	Plan Relativity Factor for 1/1/13	Total Number of Members/Enrolled Policyholders + Dependents ¹			1/1/14 Number of Members/Enrolled Policyholders + Dependents ²		
											Covered	Total Number of Subscribers/Enrolled Policyholders ²	Total Number of Groups ¹	Covered	1/1/14 Number of Subscribers/Enrolled Policyholders ²	1/1/14 Number of Groups ²
Totals											18,870	10,171	2,720	4,015	2,175	573
Totals weighted by Total Members/Enrolled Policyholders + Covered Dependents																
Totals weighted by Impacted Members/Enrolled Policyholders + Covered Dependents																
Base Rate for EHB Plan UHCNE											1.0000			1.0000		
Base Rate for EHB Plan UHC											1.0000			1.0000		
Plan 57	POS	NA	N	U5-3	Gold	0.78	Approach (1)	Off	0.76	NA						
Plan 58	POS	NA	N	UC-W	Gold	0.82	Approach (1)	Off	0.92	NA						
Plan 59	POS	NA	N	UC-X	Gold	0.81	Approach (1)	Off	0.90	NA						
Plan 60	POS	NA	N	UC-Y	Platinum	0.89	Approach (1)	Off	1.01	NA						
Plan 61	POS	NA	N	UC-Z	Platinum	0.91	Approach (1)	Off	1.07	NA						
Plan 62	POS	NA	N	UC-1	Platinum	0.91	Approach (1)	Off	1.10	NA						
Plan 63	POS	NA	N	UC-2	Platinum	0.89	Approach (1)	Off	1.03	NA						
Plan 64	POS	NA	N	U5-4	Bronze	0.60	Approach (1)	Off	0.55	NA						
Plan 65	EPO	NA	N	UC-5	Bronze	0.60	Approach (1)	Off	0.56	NA						
Plan 66	EPO	NA	N	UC-6	Gold	0.81	Approach (1)	Off	0.85	NA						
Plan 67	POS	NA	N	UC-7	Silver	0.69	Approach (1)	Off	0.70	NA						
Plan 68	POS	NA	N	UC-8	Silver	0.72	Approach (1)	Off	0.63	NA						
Plan 69	POS	NA	N	UC-9	Gold	0.81	Approach (1)	Off	0.92	NA						
Plan 70	EPO	NA	N	VF-9	Silver	0.72	Approach (1)	Off	0.67	NA						
Plan 71	EPO	NA	N	VZ-7	Silver	0.72	Approach (1)	Off	0.68	NA						
Plan 72	EPO	NA	N	VZ-8	Gold	0.81	Approach (1)	Off	0.85	NA						
Plan 73	EPO	NA	N	UC-6	Gold	0.81	Approach (1)	Off	0.84	NA						
Plan 74	EPO	NA	N	VZ-8	Gold	0.81	Approach (1)	Off	0.86	NA						
Plan 75	POS	NA	N	UC-9	Gold	0.81	Approach (1)	Off	0.90	NA						
Plan 76	POS	7AT	D	NA	NA	NA	NA	NA	NA	0.6978	418	199	43			
Plan 77	POS	7AU	D	NA	NA	NA	NA	NA	NA	0.6445	167	87	41			
Plan 78	POS	2AP	D	NA	NA	NA	NA	NA	NA	0.5380	139	64	51			
Plan 79	POS	2RA	D	NA	NA	NA	NA	NA	NA	0.5252	5	4	3			
Plan 80	POS	U1G	D	NA	NA	NA	NA	NA	NA	0.7946	266	126	52			
Plan 81	POS	JFD	D	NA	NA	NA	NA	NA	NA	0.5532	27	11	2			
Plan 82	POS	LIE	D	NA	NA	NA	NA	NA	NA	0.5442	1	1	1			
Plan 83	POS	7AA	D	NA	NA	NA	NA	NA	NA	0.6275	9	7	2			
Plan 84	POS	7AB	D	NA	NA	NA	NA	NA	NA	0.6032	17	15	3			
Plan 85	POS	7AC	D	NA	NA	NA	NA	NA	NA	0.5803	3	3	1			
Plan 86	POS	7AD	D	NA	NA	NA	NA	NA	NA	0.5729	65	31	11			
Plan 87	POS	7AE	D	NA	NA	NA	NA	NA	NA	0.6682	252	142	45			
Plan 88	POS	7AF	D	NA	NA	NA	NA	NA	NA	0.6365	129	76	21			
Plan 89	POS	7AG	D	NA	NA	NA	NA	NA	NA	0.6117	287	186	26			
Plan 90	POS	7AP	D	NA	NA	NA	NA	NA	NA	0.5824	283	188	53			
Plan 91	POS	7AR	D	NA	NA	NA	NA	NA	NA	0.5275	94	59	33			
Plan 92	POS	1RN	D	NA	NA	NA	NA	NA	NA	0.6071	144	74	14			
Plan 93	POS	1RO	D	NA	NA	NA	NA	NA	NA	0.5300	230	117	22			
Plan 94	POS	1RA	D	NA	NA	NA	NA	NA	NA	0.6586	53	33	14			
Plan 95	POS	1RB	D	NA	NA	NA	NA	NA	NA	0.5732	465	213	28			
Plan 96	POS	1RT-HRA	D	NA	NA	NA	NA	NA	NA	0.6792	2	1	1			
Plan 97	POS	1RV-HRA	D	NA	NA	NA	NA	NA	NA	0.5905	54	33	4			
Plan 98	POS	1RU-HRA	D	NA	NA	NA	NA	NA	NA	0.6257	27	14	3			
Plan 99	POS	1RW-HRA	D	NA	NA	NA	NA	NA	NA	0.5456	214	107	8			
Plan 100	POS	1RR-HRA	D	NA	NA	NA	NA	NA	NA	0.7209	31	21	3			
Plan 101	POS	7VC	D	NA	NA	NA	NA	NA	NA	0.5637	7	3	1			
Plan 102	POS	7VG	D	NA	NA	NA	NA	NA	NA	0.4931	3	2	1			
Plan 103	POS	WHC	D	NA	NA	NA	NA	NA	NA	0.8136	1	1	1			
Plan 104	POS	1RC	D	NA	NA	NA	NA	NA	NA	0.8189	108	59	11			
Plan 105	POS	1RD	D	NA	NA	NA	NA	NA	NA	0.7734	52	26	7			
Plan 106	POS	UBT-\$0 Kids	D	NA	NA	NA	NA	NA	NA	0.8203	267	149	62			
Plan 107	POS	UBU-\$0 Kids	D	NA	NA	NA	NA	NA	NA	0.7764	263	154	44			
Plan 108	POS	1RE	D	NA	NA	NA	NA	NA	NA	0.8036	51	33	7			
Plan 109	POS	1RF	D	NA	NA	NA	NA	NA	NA	0.7920	45	29	9			
Plan 110	POS	1RG	D	NA	NA	NA	NA	NA	NA	0.7041	53	31	16			
Plan 111	POS	UBV-\$0 Kids	D	NA	NA	NA	NA	NA	NA	0.6990	166	98	26			
Plan 112	POS	1RH	D	NA	NA	NA	NA	NA	NA	0.6636	3	2	1			

Rate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name: UnitedHealthcare of New England and United HealthCare Insurance Company
 Plan Type(s): HMO/POS/EPO
 Market Segment: Small
 Rate Effective Date: 1/1/2014

Plan Number	Plan Type (HMO, POS, PPO, Indemnity, Other)	Pre-1/1/14 Carrier Plan Code or Name ⁴	Discontinued, New, Existing (D, N, E)	1/1/14 Carrier Plan Code or Name ⁴	Metallic Tier	Actual Value	Standard Approach (1), Approach (2)	Exchange Year	Proposed Plan Relativity Factor for 1/1/14	Plan Relativity Factor for 1/1/13	Total Number of Members/Enrolled Policyholders + Dependents ¹			1/1/14 Number of Members/Enrolled Policyholders + Dependents ²		
											Covered	Subscribers/Enrolled Policyholders ¹	Total Number of Groups ¹	Covered	1/1/14 Number of Subscribers/Enrolled Policyholders ²	1/1/14 Number of Groups ²
Totals											18,870	10,171	2,720	4,015	2,175	573
<i>Totals weighted by Total Members/Enrolled Policyholders + Covered Dependents</i>																
<i>Totals weighted by Impacted Members/Enrolled Policyholders + Covered Dependents</i>																
Base Rate for EHB Plan UHCNE											1.0000					
Base Rate for EHB Plan UHC											1.0000					
Plan 113	POS	1RI	D	NA	NA	NA	NA	NA	NA	0.6107	26	12	5			
Plan 114	POS	1RJ	D	NA	NA	NA	NA	NA	NA	0.7024	1,220	708	161			
Plan 115	POS	1RK	D	NA	NA	NA	NA	NA	NA	0.6448	1,316	694	176			
Plan 116	POS	1RL	D	NA	NA	NA	NA	NA	NA	0.7418	68	35	11			
Plan 117	POS	1RM	D	NA	NA	NA	NA	NA	NA	0.7051	527	301	72			
Plan 118	POS	U8W-\$0 Kid	D	NA	NA	NA	NA	NA	NA	0.7500	850	453	115			
Plan 119	POS	1RP	D	NA	NA	NA	NA	NA	NA	0.6884	21	13	1			
Plan 120	POS	G8F-EDGE	D	NA	NA	NA	NA	NA	NA	0.6252	152	86	26			
Plan 121	POS	G8G-EDGE	D	NA	NA	NA	NA	NA	NA	0.5944	7	7	2			
Plan 122	POS	G8H-EDGE	D	NA	NA	NA	NA	NA	NA	0.5557	140	77	24			
Plan 123	POS	G8I-EDGE	D	NA	NA	NA	NA	NA	NA	0.5976	294	146	49			
Plan 124	POS	Y3J-Edge H	D	NA	NA	NA	NA	NA	NA	0.5901	7	6	5			
Plan 125	POS	Y3K-Edge H	D	NA	NA	NA	NA	NA	NA	0.5564	8	5	4			
Plan 126	POS	Y3L-Edge H	D	NA	NA	NA	NA	NA	NA	0.5412	4	3	3			
Plan 127	POS	Y3M-Edge H	D	NA	NA	NA	NA	NA	NA	0.4899	97	68	46			
Plan 128	POS	Y3N-Edge H	D	NA	NA	NA	NA	NA	NA	0.6210	1,172	585	128			
Plan 129	POS	2RF	D	NA	NA	NA	NA	NA	NA	0.7974	146	72	25			
Plan 130	HMO	38X	D	NA	NA	NA	NA	NA	NA	0.6049	422	235	106			
Plan 131	POS	RIA	D	NA	NA	NA	NA	NA	NA	0.8280	3	3	1			
Plan 132	POS	RIB	D	NA	NA	NA	NA	NA	NA	0.7835	2	2	1			
Plan 133	POS	RIK	D	NA	NA	NA	NA	NA	NA	0.7528	4	2	1			
Plan 134	POS	3RA	D	NA	NA	NA	NA	NA	NA	0.8189	71	39	18			
Plan 135	POS	3RB	D	NA	NA	NA	NA	NA	NA	0.7861	57	27	15			
Plan 136	POS	3RC	D	NA	NA	NA	NA	NA	NA	0.7734	32	19	5			
Plan 137	POS	3RD	D	NA	NA	NA	NA	NA	NA	0.8036	96	49	20			
Plan 138	POS	3RE	D	NA	NA	NA	NA	NA	NA	0.7920	11	5	3			
Plan 139	POS	3RF	D	NA	NA	NA	NA	NA	NA	0.7041	4	1	1			
Plan 140	POS	3RG	D	NA	NA	NA	NA	NA	NA	0.6636	17	8	5			
Plan 141	POS	3RH	D	NA	NA	NA	NA	NA	NA	0.6107	14	7	4			
Plan 142	POS	3RI	D	NA	NA	NA	NA	NA	NA	0.7024	116	68	30			
Plan 143	POS	3RJ	D	NA	NA	NA	NA	NA	NA	0.6448	68	38	16			
Plan 144	POS	3RK	D	NA	NA	NA	NA	NA	NA	0.7418	210	116	40			
Plan 145	POS	3RL	D	NA	NA	NA	NA	NA	NA	0.7051	27	14	3			
Plan 146	POS	B33	D	NA	NA	NA	NA	NA	NA	0.6907	428	244	69			
Plan 147	POS	B34	D	NA	NA	NA	NA	NA	NA	0.6341	709	369	79			
Plan 148	POS	B01-\$0 Kids	D	NA	NA	NA	NA	NA	NA	0.7539	77	30	20			
Plan 149	POS	B02-\$0 Kids	D	NA	NA	NA	NA	NA	NA	0.7294	477	246	67			
Plan 150	POS	B06	D	NA	NA	NA	NA	NA	NA	0.6267	58	24	5			
Plan 151	POS	B41-Smarth	D	NA	NA	NA	NA	NA	NA	0.5788	588	299	70			
Plan 152	POS	B42-Smarth	D	NA	NA	NA	NA	NA	NA	0.5183	307	177	99			
Plan 153	POS	B43	D	NA	NA	NA	NA	NA	NA	0.5432	59	26	10			
Plan 154	POS	B04-HRA	D	NA	NA	NA	NA	NA	NA	0.7020	36	22	5			
Plan 155	POS	B05-HRA	D	NA	NA	NA	NA	NA	NA	0.6455	72	34	3			
Plan 156	POS	B31-HRA	D	NA	NA	NA	NA	NA	NA	0.6023	62	31	2			
Plan 157	POS	B32-HRA	D	NA	NA	NA	NA	NA	NA	0.5259	117	49	4			
Plan 158	POS	B03	D	NA	NA	NA	NA	NA	NA	0.7908	556	280	58			
Plan 159	POS	B14	D	NA	NA	NA	NA	NA	NA	0.6013	29	13	4			
Plan 160	POS	B15	D	NA	NA	NA	NA	NA	NA	0.5787	67	33	3			
Plan 161	POS	B16	D	NA	NA	NA	NA	NA	NA	0.5713	158	82	19			
Plan 162	POS	B07	D	NA	NA	NA	NA	NA	NA	0.6670	500	268	58			
Plan 163	POS	B17	D	NA	NA	NA	NA	NA	NA	0.5655	212	133	36			
Plan 164	POS	B18	D	NA	NA	NA	NA	NA	NA	0.5255	246	121	17			
Plan 165	POS	B44	D	NA	NA	NA	NA	NA	NA	0.6302	171	82	23			
Plan 166	POS	B08	D	NA	NA	NA	NA	NA	NA	0.7053	204	130	39			
Plan 167	POS	B11-EDGE	D	NA	NA	NA	NA	NA	NA	0.6181	254	131	27			
Plan 168	POS	B12-EDGE	D	NA	NA	NA	NA	NA	NA	0.5921	172	103	22			

Rate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name: UnitedHealthcare of New England and United HealthCare Insurance Company
 Plan Type(s): HMO/POS/EPO
 Market Segment: Small
 Rate Effective Date: 1/1/2014

Plan Number	Plan Type (HMO, POS, PPO, Indemnity, Other)	Pre-1/1/14 Carrier Plan Code or Name ⁴	Discontinued, New, Existing (D, N, E)	1/1/14 Carrier Plan Code or Name ⁴	Metallic Tier	Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange or N	Proposed Plan RelativityFactor or for 1/1/14	Plan Relativity Factor for 1/1/13	Total Number of Members/Enrolled Policyholders + Covered Dependents ¹			1/1/14 Number of Members/Enrolled Policyholders + Covered Dependents ²		
											Total Number of Covered Dependents ¹	Total Number of Subscribers/Enrolled Policyholders ²	Total Number of Groups ¹	Policyholders + Covered Dependents ²	1/1/14 Number of Subscribers/Enrolled Policyholders ²	1/1/14 Number of Groups ²
Totals											18,870	10,171	2,720	4,015	2,175	573
<i>Totals weighted by Total Members/Enrolled Policyholders + Covered Dependents</i>																
<i>Totals weighted by Impacted Members/Enrolled Policyholders + Covered Dependents</i>																
Base Rate for EHB Plan UHCNE											1.0000					
Base Rate for EHB Plan UHC											1.0000					
Plan 169	POS	B13-EDGE	D	NA	NA	NA	NA	NA	NA	0.6884	81	32	7			
Plan 170	EPO	B21-Navigat	D	NA	NA	NA	NA	NA	NA	0.6932	57	38	17			
Plan 171	EPO	B22-Navigat	D	NA	NA	NA	NA	NA	NA	0.6726	92	50	15			
Plan 172	EPO	B23-Navigat	D	NA	NA	NA	NA	NA	NA	0.6014	30	18	2			
Plan 173	EPO	B24-Navigat	D	NA	NA	NA	NA	NA	NA	0.6313	321	167	33			
Plan 174	EPO	B25-Navigat	D	NA	NA	NA	NA	NA	NA	0.6036	97	57	11			
Plan 175	EPO	B26-Navigat	D	NA	NA	NA	NA	NA	NA	0.5538	117	71	11			
Plan 176	EPO	B27-Navigat	D	NA	NA	NA	NA	NA	NA	0.5677	445	259	48			
Plan 177	EPO	R11-Navigat	D	NA	NA	NA	NA	NA	NA	0.5516	83	38	9			
Plan 178	EPO	R12-Navigat	D	NA	NA	NA	NA	NA	NA	0.5620	58	27	4			
Plan 179	EPO	R14-Navigat	D	NA	NA	NA	NA	NA	NA	0.4233	7	6	3			
Plan 180	POS	12A	D	NA	NA	NA	NA	NA	NA	0.6857	74	42	7			
Plan 181	POS	R1K-SmarH	D	NA	NA	NA	NA	NA	NA	0.6140	179	87	16			
Plan 182	EPO	RV1-Choice	D	NA	NA	NA	NA	NA	NA	0.5608	47	34	4			
Plan 183	EPO	RV2-Choice	D	NA	NA	NA	NA	NA	NA	0.5427	15	15	1			

Rate Template ParRate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name:
 Plan Type(s):
 Market Segment:
 Rate Effective Date:

Plan Number	Base Plan Rate PMPM in effect 12 months Prior to Rate Effective Date ³	Proposed Base Plan Rate PMPM for Rate Effective Date ^{3,5}	Proposed Pediatric Dental Rate PMPM for Rate Effective Date ³	Proposed Rate Change Compared to Prior 12 months	% of Total Members/Enrolled Policyholders + Covered Dependents	% of 1/1/14 Members/Enrolled Policyholders + Covered Dependents
Totals						
Totals weighted by Total Membership	\$0.00	\$0.00		#DIV/0!		
Totals weighted by Impacted Membership	\$0.00	\$318.01		#DIV/0!		
Base Rate for EHB Plan UHCN		\$375.38		#DIV/0!	0.0%	0.0%
Base Rate for EHB Plan UHIC		\$368.03				
Plan 1		\$197.06	\$2.69	#DIV/0!	0.0%	0.0%
Plan 2		\$195.50	\$2.69	#DIV/0!	0.0%	0.0%
Plan 3		\$228.32	\$2.69	#DIV/0!	0.0%	0.7%
Plan 4		\$222.81	\$2.69	#DIV/0!	0.0%	0.0%
Plan 5		\$232.90	\$2.69	#DIV/0!	0.0%	4.2%
Plan 6		\$287.16	\$2.69	#DIV/0!	0.0%	10.7%
Plan 7		\$293.40	\$2.69	#DIV/0!	0.0%	2.3%
Plan 8		\$294.48	\$2.69	#DIV/0!	0.0%	0.0%
Plan 9		\$334.79	\$2.69	#DIV/0!	0.0%	11.9%
Plan 10		\$280.92	\$2.69	#DIV/0!	0.0%	5.8%
Plan 11		\$340.06	\$2.69	#DIV/0!	0.0%	15.7%
Plan 12		\$331.48	\$2.69	#DIV/0!	0.0%	7.4%
Plan 13		\$372.19	\$2.69	#DIV/0!	0.0%	5.6%
Plan 14		\$392.91	\$2.69	#DIV/0!	0.0%	5.7%
Plan 15		\$406.51	\$2.69	#DIV/0!	0.0%	3.0%
Plan 16		\$377.55	\$2.69	#DIV/0!	0.0%	0.8%
Plan 17		\$278.82		#DIV/0!	0.0%	0.0%
Plan 18		\$278.82	\$2.69	#DIV/0!	0.0%	0.0%
Plan 19		\$326.31		#DIV/0!	0.0%	0.3%
Plan 20		\$326.31	\$2.69	#DIV/0!	0.0%	0.0%
Plan 21		\$202.38	\$2.69	#DIV/0!	0.0%	1.8%
Plan 22		\$205.89	\$2.69	#DIV/0!	0.0%	0.0%
Plan 23		\$313.10	\$2.69	#DIV/0!	0.0%	5.8%
Plan 24		\$256.59	\$2.69	#DIV/0!	0.0%	6.3%
Plan 25		\$233.53	\$2.69	#DIV/0!	0.0%	0.5%
Plan 26		\$337.18	\$2.69	#DIV/0!	0.0%	0.0%
Plan 27		\$220.54		#DIV/0!	0.0%	0.0%
Plan 28		\$220.54	\$2.69	#DIV/0!	0.0%	0.0%
Plan 29		\$224.42		#DIV/0!	0.0%	0.0%
Plan 30		\$224.42	\$2.69	#DIV/0!	0.0%	0.0%
Plan 31		\$331.04		#DIV/0!	0.0%	0.0%
Plan 32		\$331.04	\$2.69	#DIV/0!	0.0%	5.1%
Plan 33		\$384.89	\$2.69	#DIV/0!	0.0%	0.0%
Plan 34		\$245.77	\$2.69	#DIV/0!	0.0%	0.0%
Plan 35		\$250.06	\$2.69	#DIV/0!	0.0%	0.1%
Plan 36		\$311.73	\$2.69	#DIV/0!	0.0%	0.2%
Plan 37		\$266.74	\$2.69	#DIV/0!	0.0%	0.0%
Plan 38		\$266.74		#DIV/0!	0.0%	0.0%
Plan 39		\$266.74	\$2.69	#DIV/0!	0.0%	0.0%
Plan 40		\$266.74		#DIV/0!	0.0%	0.0%
Plan 41		\$257.99	\$2.69	#DIV/0!	0.0%	0.0%
Plan 42		\$257.99		#DIV/0!	0.0%	0.0%
Plan 43		\$257.99	\$2.69	#DIV/0!	0.0%	0.0%
Plan 44		\$257.99		#DIV/0!	0.0%	0.0%
Plan 45		\$307.78	\$2.69	#DIV/0!	0.0%	5.8%
Plan 46		\$317.05	\$2.69	#DIV/0!	0.0%	0.2%
Plan 47		\$331.87	\$2.69	#DIV/0!	0.0%	0.0%
Plan 48		\$197.06		#DIV/0!	0.0%	0.0%
Plan 49		\$195.50		#DIV/0!	0.0%	0.0%
Plan 50		\$228.32		#DIV/0!	0.0%	0.0%
Plan 51		\$222.81		#DIV/0!	0.0%	0.0%
Plan 52		\$232.90		#DIV/0!	0.0%	0.0%
Plan 53		\$287.16		#DIV/0!	0.0%	0.0%
Plan 54		\$293.40		#DIV/0!	0.0%	0.0%
Plan 55		\$294.48		#DIV/0!	0.0%	0.0%
Plan 56		\$334.79		#DIV/0!	0.0%	0.0%

Rate Template ParRate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name:
 Plan Type(s):
 Market Segment:
 Rate Effective Date:

Plan Number	Base Plan Rate PMPM in effect 12 months Prior to Rate Effective Date ³	Proposed Base Plan Rate PMPM for Rate Effective Date ^{3,5}	Proposed Pediatric Dental Rate PMPM for Rate Effective Date ³	Proposed Rate Change Compared to Prior 12 months	% of Total Members/Enrolled Policyholders + Covered Dependents	% of 1/1/14 Members/Enrolled Policyholders + Covered Dependents
Totals						
Totals weighted by Total Membership	\$0.00	\$0.00		#DIV/0!		
Totals weighted by Impacted Membership	\$0.00	\$318.01		#DIV/0!		
Base Rate for EHB Plan UHCN		\$375.38		#DIV/0!	0.0%	0.0%
Base Rate for EHB Plan UHIC		\$368.03				
Plan 57		\$280.92		#DIV/0!	0.0%	0.0%
Plan 58		\$340.06		#DIV/0!	0.0%	0.0%
Plan 59		\$331.48		#DIV/0!	0.0%	0.0%
Plan 60		\$372.19		#DIV/0!	0.0%	0.0%
Plan 61		\$392.91		#DIV/0!	0.0%	0.0%
Plan 62		\$406.51		#DIV/0!	0.0%	0.0%
Plan 63		\$377.55		#DIV/0!	0.0%	0.0%
Plan 64		\$202.38		#DIV/0!	0.0%	0.0%
Plan 65		\$205.89		#DIV/0!	0.0%	0.0%
Plan 66		\$313.10		#DIV/0!	0.0%	0.0%
Plan 67		\$256.59		#DIV/0!	0.0%	0.0%
Plan 68		\$233.53		#DIV/0!	0.0%	0.0%
Plan 69		\$337.18		#DIV/0!	0.0%	0.0%
Plan 70		\$245.77		#DIV/0!	0.0%	0.0%
Plan 71		\$250.06		#DIV/0!	0.0%	0.0%
Plan 72		\$311.73		#DIV/0!	0.0%	0.0%
Plan 73		\$307.78		#DIV/0!	0.0%	0.0%
Plan 74		\$317.05		#DIV/0!	0.0%	0.0%
Plan 75		\$331.87		#DIV/0!	0.0%	0.0%
Plan 76				#DIV/0!	2.2%	0.0%
Plan 77				#DIV/0!	0.9%	0.0%
Plan 78				#DIV/0!	0.7%	0.0%
Plan 79				#DIV/0!	0.0%	0.0%
Plan 80				#DIV/0!	1.4%	0.0%
Plan 81				#DIV/0!	0.1%	0.0%
Plan 82				#DIV/0!	0.0%	0.0%
Plan 83				#DIV/0!	0.0%	0.0%
Plan 84				#DIV/0!	0.1%	0.0%
Plan 85				#DIV/0!	0.0%	0.0%
Plan 86				#DIV/0!	0.3%	0.0%
Plan 87				#DIV/0!	1.3%	0.0%
Plan 88				#DIV/0!	0.7%	0.0%
Plan 89				#DIV/0!	1.5%	0.0%
Plan 90				#DIV/0!	1.5%	0.0%
Plan 91				#DIV/0!	0.5%	0.0%
Plan 92				#DIV/0!	0.8%	0.0%
Plan 93				#DIV/0!	1.2%	0.0%
Plan 94				#DIV/0!	0.3%	0.0%
Plan 95				#DIV/0!	2.5%	0.0%
Plan 96				#DIV/0!	0.0%	0.0%
Plan 97				#DIV/0!	0.3%	0.0%
Plan 98				#DIV/0!	0.1%	0.0%
Plan 99				#DIV/0!	1.1%	0.0%
Plan 100				#DIV/0!	0.2%	0.0%
Plan 101				#DIV/0!	0.0%	0.0%
Plan 102				#DIV/0!	0.0%	0.0%
Plan 103				#DIV/0!	0.0%	0.0%
Plan 104				#DIV/0!	0.6%	0.0%
Plan 105				#DIV/0!	0.3%	0.0%
Plan 106				#DIV/0!	1.4%	0.0%
Plan 107				#DIV/0!	1.4%	0.0%
Plan 108				#DIV/0!	0.3%	0.0%
Plan 109				#DIV/0!	0.2%	0.0%
Plan 110				#DIV/0!	0.3%	0.0%
Plan 111				#DIV/0!	0.9%	0.0%
Plan 112				#DIV/0!	0.0%	0.0%

Rate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name:
 Plan Type(s):
 Market Segment:
 Rate Effective Date:

Plan Number	Base Plan Rate PMPM in effect 12 months Prior to Rate Effective Date ³	Proposed Base Plan Rate PMPM for Rate Effective Date ^{3,5}	Proposed Pediatric Dental Rate PMPM for Rate Effective Date ³	Proposed Rate Change Compared to Prior 12 months	% of Total Members/Enrolled Policyholders + Covered Dependents	% of 1/1/14 Members/Enrolled Policyholders + Covered Dependents
Totals						
Totals weighted by Total Membership	\$0.00	\$0.00		#DIV/0!		
Totals weighted by Impacted Membership	\$0.00	\$318.01		#DIV/0!		
Base Rate for EHB Plan UHCN		\$375.38		#DIV/0!	0.0%	0.0%
Base Rate for EHB Plan UHIC		\$368.03				
Plan 113				#DIV/0!	0.1%	0.0%
Plan 114				#DIV/0!	6.5%	0.0%
Plan 115				#DIV/0!	7.0%	0.0%
Plan 116				#DIV/0!	0.4%	0.0%
Plan 117				#DIV/0!	2.8%	0.0%
Plan 118				#DIV/0!	4.5%	0.0%
Plan 119				#DIV/0!	0.1%	0.0%
Plan 120				#DIV/0!	0.8%	0.0%
Plan 121				#DIV/0!	0.0%	0.0%
Plan 122				#DIV/0!	0.7%	0.0%
Plan 123				#DIV/0!	1.6%	0.0%
Plan 124				#DIV/0!	0.0%	0.0%
Plan 125				#DIV/0!	0.0%	0.0%
Plan 126				#DIV/0!	0.0%	0.0%
Plan 127				#DIV/0!	0.5%	0.0%
Plan 128				#DIV/0!	6.2%	0.0%
Plan 129				#DIV/0!	0.8%	0.0%
Plan 130				#DIV/0!	2.2%	0.0%
Plan 131				#DIV/0!	0.0%	0.0%
Plan 132				#DIV/0!	0.0%	0.0%
Plan 133				#DIV/0!	0.0%	0.0%
Plan 134				#DIV/0!	0.4%	0.0%
Plan 135				#DIV/0!	0.3%	0.0%
Plan 136				#DIV/0!	0.2%	0.0%
Plan 137				#DIV/0!	0.5%	0.0%
Plan 138				#DIV/0!	0.1%	0.0%
Plan 139				#DIV/0!	0.0%	0.0%
Plan 140				#DIV/0!	0.1%	0.0%
Plan 141				#DIV/0!	0.1%	0.0%
Plan 142				#DIV/0!	0.6%	0.0%
Plan 143				#DIV/0!	0.4%	0.0%
Plan 144				#DIV/0!	1.1%	0.0%
Plan 145				#DIV/0!	0.1%	0.0%
Plan 146				#DIV/0!	2.3%	0.0%
Plan 147				#DIV/0!	3.8%	0.0%
Plan 148				#DIV/0!	0.4%	0.0%
Plan 149				#DIV/0!	2.5%	0.0%
Plan 150				#DIV/0!	0.3%	0.0%
Plan 151				#DIV/0!	3.1%	0.0%
Plan 152				#DIV/0!	1.6%	0.0%
Plan 153				#DIV/0!	0.3%	0.0%
Plan 154				#DIV/0!	0.2%	0.0%
Plan 155				#DIV/0!	0.4%	0.0%
Plan 156				#DIV/0!	0.3%	0.0%
Plan 157				#DIV/0!	0.6%	0.0%
Plan 158				#DIV/0!	2.9%	0.0%
Plan 159				#DIV/0!	0.2%	0.0%
Plan 160				#DIV/0!	0.4%	0.0%
Plan 161				#DIV/0!	0.8%	0.0%
Plan 162				#DIV/0!	2.6%	0.0%
Plan 163				#DIV/0!	1.1%	0.0%
Plan 164				#DIV/0!	1.3%	0.0%
Plan 165				#DIV/0!	0.9%	0.0%
Plan 166				#DIV/0!	1.1%	0.0%
Plan 167				#DIV/0!	1.3%	0.0%
Plan 168				#DIV/0!	0.9%	0.0%

Rate Template ParRate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name:
 Plan Type(s):
 Market Segment:
 Rate Effective Date:

Plan Number	Base Plan Rate PMPM in effect 12 months Prior to Rate Effective Date ³	Proposed Base Plan Rate PMPM for Rate Effective Date ^{3,5}	Proposed Pediatric Dental Rate PMPM for Rate Effective Date ³	Proposed Rate Change Compared to Prior 12 months	% of Total Members/Enrolled Policyholders + Covered Dependents	% of 1/1/14 Members/Enrolled Policyholders + Covered Dependents
Totals						
Totals weighted by Total Mem	\$0.00	\$0.00		#DIV/0!		
Totals weighted by Impacted M	\$0.00	\$318.01		#DIV/0!		
Base Rate for EHB Plan UHCN		\$375.38		#DIV/0!	0.0%	0.0%
Base Rate for EHB Plan UHIC		\$368.03				
Plan 169				#DIV/0!	0.4%	0.0%
Plan 170				#DIV/0!	0.3%	0.0%
Plan 171				#DIV/0!	0.5%	0.0%
Plan 172				#DIV/0!	0.2%	0.0%
Plan 173				#DIV/0!	1.7%	0.0%
Plan 174				#DIV/0!	0.5%	0.0%
Plan 175				#DIV/0!	0.6%	0.0%
Plan 176				#DIV/0!	2.4%	0.0%
Plan 177				#DIV/0!	0.4%	0.0%
Plan 178				#DIV/0!	0.3%	0.0%
Plan 179				#DIV/0!	0.0%	0.0%
Plan 180				#DIV/0!	0.4%	0.0%
Plan 181				#DIV/0!	0.9%	0.0%
Plan 182				#DIV/0!	0.2%	0.0%
Plan 183				#DIV/0!	0.1%	0.0%

**United Health Care
Requested Small Group Administrative Costs**

	2012 Actual (from Filed Financial Statements)			2014 Proposed ***			% Change		
	Individual	Small Group	Large Group	Individual	Small Group	Large Group	Individual	Small Group	Large Group
Total Estimated Member Months		223,165			242,700			9%	
Total Estimated Premiums (\$PMPM)		359.85			382.74			6%	
Total General Administrative Expense (Excludes CCE/CAE) (\$PMPM)		33.88			45.92			36%	
Total Cost Containment Expense		4.70			5.86			25%	
Total Other Claim Adjustment Expense		4.59			5.74			25%	
Breakdown of General Administrative Expense (Exclude CCE/CAE) (\$PMPM)									
Payroll and Benefits		6.77			8.22			21%	
Outsourced Services (EDP, claims, etc.)		1.23			1.49			18%	
Auditing and Consulting		0.03			0.04			21%	
Commissions		11.65			12.32			6%	
Marketing and Advertising		0.58			0.71			21%	
Legal Expenses		0.13			0.14			8%	
Taxes, Licenses, and Fees		8.63			17.34			101%	
Reimbursements by Uninsured Plans		-			-			0%	
Other Administrative Expenses		4.87			5.68			17%	

* 2007	2008	2009	2010	2011	2012	
Total Premiums	218,459,198	181,049,532	120,002,265	62,345,524	203,243,997	203,491,845
Total General Administrative Expense (Exclude CCE/CAE)	31,171,890	25,694,191	17,411,554	10,459,197	18,567,401	17,272,704
General Administrative Expense (Exclude CCE/CAE) Premium Ratio**	0.00%	0.00%	0.00%	0.00%	9.14%	8.49%
Total Fully Insured Member Months	677,015	532,154	344,330	177,265	575,995	542,040
General Administrative Expense (Exclude CCE/CAE) (\$PMPM) **	-	-	-	-	32.24	31.87
Breakdown of General Administrative Expenses (\$PMPM)						
Payroll and benefits	18.91	19.96	12.14	23.56	7.45	7.27
Outsourced Services (EDP, claims etc.)	0.15	0.02	10.99	5.34	2.79	1.32
Auditing and consulting	2.08	3.09	1.99	2.64	0.04	0.03
Commissions	8.17	8.92	8.56	7.98	9.60	10.36
Marketing and Advertising	3.78	1.33	0.99	1.71	0.64	0.63
Legal Expenses	0.21	0.13	0.12	0.31	0.12	0.12
Taxes, Licenses, and Fees	5.58	5.74	7.76	9.21	7.65	8.77
Reimbursements by Uninsured Plans	-	-	-	-	0.00	0.00
Other Administrative Expenses	7.18	9.1	8.04	8.25	3.95	3.37
Other Costs						
Cost Containment Expense	0.98	0.43	1.84	3.06	4.96	4.91
Other Claim Adjustment Expense	6.55	6.94	7.09	3.84	4.01	4.47
Self-insured						
Total Self-insured Member Months for All Affiliated Companies Doing Business in Rhode Island	1,065,197	1,061,701	970,917	950,426	953,993	985,725

Note:

* 2007 through 2010 Data as reported for UHC-NE while 2011 going forward data reflects UHIC - RI activity

** Recalculated some historical numbers to be consistent and provide metrics as of General and Admin Expenses (Excluding CCE/CAE) as a function of total premium

*** Includes UHIC RI activity and estimated UHC NE Exchange activity



May 13, 2013

Mr. Christopher F. Koller
Health Insurance Commissioner
Office of Health Insurance Commissioner
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

Re: Amended Rate Filing Small Group Rates – May 13, 2013
Effective January 1, 2014 through December 1, 2014 for
UnitedHealthcare of New England, Inc. and United HealthCare Insurance Company

Dear Commissioner Koller:

The purpose of this letter is to highlight all the changes that were made to the Small Groups Rate Filing in response to the questions received on May 7th from Charlie DeWeese.

- 1-1-2014 RI SG Rate Manual
 - Att2-ACA fees revised from 5.7% (UHCNE) and 5.9% (UHIC) to 4.6% (UHCNE/UHIC).
 - Att2-Utilization rate adjustment based on 70% AV plan was added in revenue neutrality section
 - Att3-Added ACA fees of 4.6% to loss ratio calculation
 - Ex3 and Ex4 were updated to reflect the change made in Att2
 - Ex4 was also modified to reflect refinements in pricing of all HSA plans and cosmetic change
 - Ex4a was added to provide cross walk between rate filing (Ex3 and Ex4) and rates with unique IDs in CMS rate template as well as legal forms filing.
- Rate Template Part I - Experience Data UHCNE UHIC
 - The reported average rate increase was updated to reflect the total increase with the inclusion of additional benefits (such as EHB), as well as PPACA Related expenses.
- Rate Template Part II Data Collection UHCNE
 - Section I and Experience in section II were updated to reflect the experience in Rate Template Part I
 - Risk Morbidity was updated to reflect costs associated with Early Terminations and SHOP Employee Selection
 - Other Section was updated to reflect the adjustment for Essential Health Benefits and ACA Fees
 - Admin Section was updated to reflect retention components
- Rate Template Part II Data Collection UHIC
 - Section I and Experience in section II were updated to reflect the experience in Rate Template Part I
 - Risk Morbidity section was updated to reflect costs associated with Early Terminations
 - Other section was updated to reflect the adjustment for Essential Health Benefits and ACA Fees
 - Admin Section was updated to reflect retention components
- Rate Template Part III Plan Rates UHCNE UHIC
 - Relativities and Rates for the new plans were updated based on the changes made in Att2
 - 1/1/2014 projected members, subscribers and groups information was added for the new plans
- Part III Actuarial Memorandum Certification RI UHCNE

- Information related to the average rate increase, index rate calculation and loss ratio was updated
- Part III Actuarial Memorandum Certification RI UHIC
 - Information related to the average rate increase, index rate calculation and loss ratio was updated

Should you have any questions or need additional information, please contact me at (203) 459-6424.

Sincerely,



Elvira Tananykin
Assistant Pricing Director

cc: David H. Hoesly, ASA, MAAA
Charles C. DeWeese, FSA, MAAA
Patrick M. Tighe
Bela Gorman, FSA, MAAA
Diane Amarante, FSA, MAAA

Rhode Island Health Statement Supplement

Cover Sheet

Company Name

UnitedHealthcare of New England, Inc. (Rhode Island)

Enter NAIC#

79881

Reporting Year

2012

Enter DBR registration #
(TPAs)



Office of the Health Insurance Commissioner
1511 Pontiac Ave, Building #69 first floor
Cranston, RI 02920
(401) 462-9517
(401) 462-9645 (fax)
HealthInsInquiry@ohic.ri.gov

Field	Line of Business Exhibit	1			11		
		Comprehensive/Major medical			Total (Across all lines of business)		
		RI	Non-RI	All	RI	Non-RI	All
1	Membership Data						
	Number of Policies or Certificates	1,224	1	1,225	1,224	1	1,225
	Number of Covered Lives	2,366	1	2,367	2,366	1	2,367
	Member Months	33,555	4,093	37,648	33,555	4,093	37,648
	Number of Policies or Certificates (Plans with PD benefits)			-	-	-	-
	Number of Covered Lives (Plans with PD benefits)			-	-	-	-
	Member Months (Plans with PD benefits)			-	-	-	-
2	Premiums/Claims						
	Premium	14,104,936	2,261,699	16,366,635	14,104,936	2,261,699	16,366,635
	Claims/Medical Expenses	10,866,855	2,199,027	13,065,882	10,866,855	2,199,027	13,065,882
3	Inpatient Facility						
	Hospital						
	1 In-state	1,922,436	-	1,922,436	1,922,436	-	1,922,436
	2 Out-of-state	446,360	206,958	653,318	446,360	206,958	653,318
	3 Total (Lines 1 + 2)	2,368,796	206,958	2,575,754	2,368,796	206,958	2,575,754
	SNF						
	4 In-state	15,564	-	15,564	15,564	-	15,564
	5 Out-of-state	5,680	-	5,680	5,680	-	5,680
	6 Total (Lines 4 + 5)	21,244	-	21,244	21,244	-	21,244
	Other						
7 In-state	6,046	-	6,046	6,046	-	6,046	
8 Out-of-state	26,177	-	26,177	26,177	-	26,177	
9 Total (Lines 7 + 8)	32,223	-	32,223	32,223	-	32,223	
10 Total Inpatient Facility (Lines 3 + 6 + 9)	2,422,262	206,958	2,629,221	2,422,262	206,958	2,629,221	
4	Outpatient Facility						
	Hospital						
	11 In-state	2,202,348	31,559	2,233,907	2,202,348	31,559	2,233,907
	12 Out-of-state	495,134	252,357	747,491	495,134	252,357	747,491
	13 Total (Lines 11 + 12)	2,697,481	283,916	2,981,398	2,697,481	283,916	2,981,398
	SNF						
	14 In-state	556	-	556	556	-	556
	15 Out-of-state	-	-	-	-	-	-
	16 Total (Lines 14 + 15)	556	-	556	556	-	556
	Freestanding Ambulatory Care Facility						
	17 In-state	34,245	1,228	35,473	34,245	1,228	35,473
	18 Out-of-state	1,352	8,519	9,871	1,352	8,519	9,871
	19 Total (Lines 17 + 18)	35,597	9,747	45,344	35,597	9,747	45,344
Other							
20 In-state	12,035	453	12,488	12,035	453	12,488	
21 Out-of-state	52,778	3,193	55,971	52,778	3,193	55,971	
22 Total (Lines 20 + 21)	64,812	3,646	68,458	64,812	3,646	68,458	
23 Total Outpatient Facility (Lines 13 + 16 + 19 + 22)	2,798,447	297,309	3,095,756	2,798,447	297,309	3,095,756	
5	Primary Care						
	24 Total Primary Care	2,405	1,695	4,101	2,405	1,695	4,101
6	Pharmacy						
	25 Total Pharmacy	1,972,509	157,397	2,129,907	1,972,509	157,397	2,129,907
7	Medical/Surgical other than primary care						
	26 In-state	4,626	-	4,626	4,626	-	4,626
	27 Out-of-state	-	8,368	8,368	-	8,368	8,368
28 Total Other Medical/Surgical (Lines 26 + 27)	4,626	8,368	12,994	4,626	8,368	12,994	
8	All other payments to medical providers						
	29 Total			-	-	-	-

Rhode Island Health Statement Supplement

Cover Sheet

Company Name

UnitedHealthcare Insurance Company

Enter NAIC#

90117

Reporting Year

2012

Enter DBR registration #
(TPAs)



Office of the Health Insurance Commissioner
1511 Pontiac Ave, Building #69 first floor
Cranston, RI 02920
(401) 462-9517
(401) 462-9645 (fax)
HealthInsInquiry@ohic.ri.gov

Field	Line of Business Exhibit	Comprehensive/Major medical			ASO/TPA			Total (Across all lines of business)		
		RI	Non-RI	All	RI	Non-RI	All	RI	Non-RI	All
		Membership Data								
1	Number of Policies or Certificates	20,201	2,240	22,441	3,821	4,222	8,043			
	Number of Covered Lives	41,413	4,951	46,364	87,902	97,119	185,021			
	Member Months	496,956	59,412	556,368	1,054,824	1,165,428	2,220,252			
	Number of Policies or Certificates (Plans with PD benefits)	7,070	784	7,854	680	751	1,431			
	Number of Covered Lives (Plans with PD benefits)	14,494	1,733	16,227	15,646	17,287	32,933			
	Member Months (Plans with PD benefits)	173,935	20,794	194,729	187,758	207,446	395,204	361,693	228,240	589,933
Premiums/Claims										
2	Premium	155,971,537	18,493,269	174,464,806	N/A	N/A	N/A			
	Claims/Medical Expenses	108,490,805	12,863,563	121,354,360	37,922,541	41,898,924	79,821,465			
Inpatient Facility										
Hospital										
1	In-state	25,180,248	1,345,671	26,525,919	20,803,677	249,404	21,053,081	45,983,925	1,595,075	47,579,000
	Out-of-state	8,276,745	7,384,233	15,660,978	8,853,516	23,127,534	31,981,050	17,130,261	30,511,767	47,642,028
	Total (Lines 1 + 2)	33,456,993	8,729,904	42,186,897	29,657,193	23,376,939	53,034,131	63,114,186	32,106,843	95,221,028
SNF										
3	In-state	270,168	2,005	272,173	840,719	32,213	872,932	1,110,887	34,218	1,145,105
	Out-of-state	46,675	104,324	150,999	248,784	1,733,714	1,982,497	295,459	1,838,038	2,133,496
	Total (Lines 4 + 5)	316,843	106,329	423,172	1,089,503	1,765,926	2,855,429	1,406,346	1,872,256	3,278,601
Other										
7	In-state	123,260	2,183	125,443	117,087	2,467	119,554	240,347	4,650	244,997
	Out-of-state	27,273	8,199	35,472	115,797	226,243	342,040	143,071	234,442	377,513
	Total (Lines 7 + 8)	150,533	10,382	160,915	232,885	228,710	461,595	383,418	239,092	622,510
10	Total Inpatient Facility (Lines 3 + 6 + 9)	33,924,369	8,846,615	42,770,984	30,979,580	25,371,575	56,351,156	64,903,949	34,218,190	99,122,140
Outpatient Facility										
Hospital										
11	In-state	25,828,184	1,121,720	26,949,904	22,466,710	385,323	22,852,034	48,294,894	1,507,043	49,801,938
	Out-of-state	10,518,696	10,982,110	21,500,806	8,747,817	19,476,669	28,224,486	19,266,513	30,458,779	49,725,292
	Total (Lines 11 + 12)	36,346,880	12,103,830	48,450,710	31,214,527	19,861,992	51,076,519	67,561,407	31,965,822	99,527,229
SNF										
14	In-state	5,561	123	5,684	2,865	14	2,879	8,425	138	8,563
	Out-of-state	-	-	-	-	5,120	5,120	-	5,120	5,120
	Total (Lines 14 + 15)	5,561	123	5,684	2,865	5,134	7,999	8,425	5,258	13,683
Freestanding Ambulatory Care Facility										
17	In-state	642,142	29,334	671,476	625,857	16,796	642,654	1,267,999	46,130	1,314,130
	Out-of-state	567,480	259,242	826,722	888,260	1,737,105	2,625,365	1,455,739	1,996,348	3,452,087
	Total (Lines 17 + 18)	1,209,622	288,576	1,498,198	1,514,117	1,753,902	3,268,019	2,723,739	2,042,478	4,766,217
Other										
20	In-state	434,503	7,578	442,081	492,920	75,180	568,100	927,423	82,758	1,010,181
	Out-of-state	458,564	264,181	722,745	1,303,498	2,582,617	3,886,115	1,762,062	2,846,798	4,608,860
	Total (Lines 20 + 21)	893,067	271,759	1,164,826	1,796,418	2,657,797	4,454,215	2,689,485	2,929,556	5,619,041
23	Total Outpatient Facility (Lines 13 + 16 + 19 + 22)	38,455,130	12,664,289	51,119,419	34,527,926	24,278,825	58,806,752	72,983,056	36,943,114	109,926,170
Primary Care										
5	24 Total Primary Care	49,403	17,026	66,429	66,596	81,413	148,009	115,999	98,439	214,438
Pharmacy										
6	25 Total Pharmacy	21,401,555	5,905,726	27,307,281	14,218,600	3,778,692	17,997,292	35,620,156	9,684,417	45,304,573
Medical/Surgical other than primary care										
7	In-state	26,910	-	26,910	23,560	-	23,560	50,470	-	50,470
	Out-of-state	8,669	54,676	63,345	5,203	96,581	101,784	13,872	151,257	165,129
	28 Total Other Medical/Surgical (Lines 26 + 27)	35,579	54,676	90,255	28,763	96,581	125,343	64,342	151,257	215,599
All other payments to medical providers										
8	29 Total			-			-	-	-	-

Field	Market Exhibit (For Comprehensive/Major Medical Line of Business)	2			3			8		
		Small Group			Large Group			Total (Across all markets)		
		RI	Non-RI	All	RI	Non-RI	All	RI	Non-RI	All
1	Membership Data									
	Number of Policies or Certificates							-	-	-
	Number of Covered Lives							-	-	-
	Member Months							-	-	-
	Number of Policies or Certificates (Plans with PD benefits)							-	-	-
	Number of Covered Lives (Plans with PD benefits)							-	-	-
2	Premiums/Claims									
	Premium							-	-	-
	Claims/Medical Expenses							-	-	-
3	Inpatient Facility									
	Hospital									
	1 In-state	14,197,176	913,886	15,111,062	31,786,748	681,190	32,467,938	45,983,924	1,595,076	47,579,000
	2 Out-of-state	4,492,712	2,248,992	6,741,704	12,637,549	28,262,776	40,900,325	17,130,261	30,511,768	47,642,029
	3 Total (Lines 1 + 2)	18,689,888	3,162,879	21,852,766	44,424,297	28,943,965	73,368,263	63,114,185	32,106,844	95,221,029
	SNF									
	4 In-state	82,704	1,700	84,404	1,028,183	32,518	1,060,701	1,110,887	34,218	1,145,105
	5 Out-of-state	32,930	2,480	35,410	262,529	1,835,557	2,098,086	295,459	1,838,037	2,133,496
	6 Total (Lines 4 + 5)	115,635	4,180	119,815	1,290,711	1,868,075	3,158,787	1,406,346	1,872,255	3,278,601
	Other									
7 In-state	58,762	-	58,762	181,585	4,650	186,235	240,347	4,650	244,997	
8 Out-of-state	3,953	2,032	5,984	139,118	232,410	371,528	143,071	234,442	377,513	
9 Total (Lines 7 + 8)	62,715	2,032	64,746	320,703	237,060	557,763	383,418	239,092	622,510	
10 Total Inpatient Facility (Lines 3 + 6 + 9)	18,868,237	3,169,090	22,037,328	46,035,712	31,049,101	77,084,813	64,903,949	34,218,191	99,122,140	
4	Outpatient Facility									
	Hospital									
	11 In-state	13,720,190	632,506	14,352,696	34,574,704	874,537	35,449,241	48,294,894	1,507,044	49,801,938
	12 Out-of-state	6,776,287	4,446,646	11,222,933	12,490,226	26,012,132	38,502,358	19,266,513	30,458,778	49,725,292
	13 Total (Lines 11 + 12)	20,496,478	5,079,152	25,575,630	47,064,930	26,886,670	73,951,599	67,561,407	31,965,822	99,527,229
	SNF									
	14 In-state	2,422	123	2,546	6,003	14	6,017	8,425	138	8,563
	15 Out-of-state	-	-	-	-	5,120	5,120	-	5,120	5,120
	16 Total (Lines 14 + 15)	2,422	123	2,546	6,003	5,134	11,137	8,425	5,258	13,683
	Freestanding Ambulatory Care Facility									
	17 In-state	358,982	17,473	376,455	909,018	28,657	937,675	1,268,000	46,130	1,314,130
	18 Out-of-state	232,888	56,520	289,408	1,222,852	1,939,828	3,162,680	1,455,739	1,996,348	3,452,087
	19 Total (Lines 17 + 18)	591,870	73,993	665,863	2,131,869	1,968,485	4,100,354	2,723,739	2,042,478	4,766,217
Other										
20 In-state	81,429	3,372	84,801	845,994	79,386	925,380	927,423	82,758	1,010,181	
21 Out-of-state	142,542	93,758	236,301	1,619,519	2,753,040	4,372,560	1,762,062	2,846,798	4,608,860	
22 Total (Lines 20 + 21)	223,971	97,130	321,101	2,465,513	2,832,426	5,297,940	2,689,484	2,929,557	5,619,041	
23 Total Outpatient Facility (Lines 13 + 16 + 19 + 22)	21,314,741	5,250,399	26,565,140	51,668,315	31,692,715	83,361,030	72,983,056	36,943,114	109,926,170	
5	Primary Care									
	24 Total Primary Care	14,504	5,101	19,605	101,495	93,338	194,833	115,999	98,439	214,438
6	Pharmacy									
	25 Total Pharmacy	11,822,557	2,562,573	14,385,130	23,797,598	7,121,845	30,919,443	35,620,156	9,684,417	45,304,573
7	Medical/Surgical other than primary care									
	26 In-state	11,858	-	11,858	38,612	-	38,612	50,470	-	50,470
	27 Out-of-state	3,751	10,271	14,023	10,121	140,986	151,106	13,872	151,257	165,129
28 Total Other Medical/Surgical (Lines 26 + 27)	15,609	10,271	25,881	48,733	140,986	189,718	64,342	151,257	215,599	
8	All other payments to medical providers									
	29 Total			-			-	-	-	-