

Company Legal Name: UnitedHealthcare of New England, Inc.
NAIC Company Code: 95149
Market Segment: Individual
SERFF Tracking Number: UHLC-130037727

Scope and Range of the Rate Increase

The requested rate increase for the current Rhode Island individual major medical on exchange business has a proposed effective date of January 1, 2016. It is projected that there will be 832 covered lives impacted by this rate change.

- **Essential Health Benefits Base Rate Increase:** After considering all the pricing assumptions except for benefits and cost sharing, the average rate increase for a theoretical plan that provides 100% coverage for all Essential Health Benefits would be 4.1%. Since this EHB increase uses a theoretical plan, it allows for comparisons across health insurance carriers and across years.
- **Weighted Average Rate Increase:** However, consumer plans have adjustments to reflect the benefits selected, including modifications to prior year benefits and pricing. The average premium increase to consumers, before reflecting changes in age is expected to be 2.7%.

The range of rate increases, before reflecting changes in age, which consumers will experience is: -5.6% - 9.0%. Additional premium changes may occur due to policyholder aging and changes in plan selection.

Financial Experience of the Product

This product was first available January 1, 2015, so there is no existing financial experience. Although we do not have experience available for this product, we base our rates on the best information that we have available about the expected costs for these plans.

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 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.

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- **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 effect 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

Changes in covered benefits or benefit plan designs impact costs and therefore affect premium changes. Benefit plans are typically changed for one of three reasons: to comply with the requirements of the Affordable Care Act, to respond to consumer feedback, or to address a particular medical cost issue to provide for greater long-term affordability of the product.

The Affordable Care Act implemented requirements for the “value” that must be offered by plan designs in the Individual and Small Group markets. These are called “metal levels”. For a benefit plan to remain classified within a particular metal level from year to year, adjustments to deductibles, copayments or coinsurance are sometimes required. These adjustments impact the cost and therefore the premium increases for the plan.

Administrative Costs

UnitedHealthcare of New England, Inc. works to directly control administrative expenses by adopting better processes and technology and developing 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. Updated analysis of administrative costs has shown that the administrative costs associated with these plans are higher than previously estimated and those costs are included in the requested rate change. Our anticipated margin for profit and contingencies has decreased slightly.

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State and Federal government imposed taxation and fees are significant factors that impact health care spending and have to be included in the administrative costs associated with the plans. These fees include Patient Protection and Affordable Care Act taxes and fees which impact health insurance costs and need to be reflected in premium. The two largest cost impacts are:

- Insurer Fee: UnitedHealthcare (parent company of UnitedHealthcare of New England, Inc.) estimates that 1.965% of its 2016 premium will be allocated for insurer fees.
- Reinsurance Fee: A value of \$2.25 per member per month has been determined per HHS regulation for 2016 reinsurance fees. For this product in the state of Rhode Island, this equates to approximately 0.5% of premium over the 2016 rating period.

A review of current UnitedHealthcare of New England, Inc. premium rates indicates that the current rates are not sufficient to cover the expected benefit and administrative costs. The requested rate change is anticipated to be sufficient to cover the projected benefit and administrative costs for the 2016 plan year.