



<Date>

<BA First Name> <BA Last Name>
<Group Name>, <Group Code>
<Address 1>
<City>, <State> <Zip>

Re: Rate Filing for UnitedHealthcare Healthy New York Small Group plans

Dear <BA First Name> <BA Last Name>,

Thank you for allowing UnitedHealthcare¹ to serve your health benefit plan needs. We are filing a rate application with the New York State Insurance Department (NYSID) on July 19, 2011 seeking an increase to our Healthy New York rates for groups renewing in calendar year 2012. This notice is being sent to you and your group's employees who are certificate holders based on a requirement in the New York state prior approval law.

If approved, the proposed rate increase will be added to your current 2011 premium rate. The table below shows the expected impact of the requested trend increases over your 2011 premium.

Renewal Date	Estimated Total Increase Over 2011 Premium (%)
January 2012 – December 2012	34.3%

A significant portion of the requested increase is due to our projection of the reimbursement we will receive from the Healthy New York Stop Loss Pool for 2012. Through the Stop Loss Pool, New York state reimburses carriers for a portion of the medical costs incurred by high cost claimants. The money we receive from the Pool subsidizes the claims and, therefore, allows us to charge lower premiums for our Healthy New York products than what we would otherwise charge for the same coverage if there were no Pool. While we expect to receive reimbursement from the Pool next year, we project that it will be lower than the full requested reimbursement amount which will decrease the subsidy available. As a result, we are asking for a rate increase for this item that accounts for 16.1% of the 34.3% increase we are requesting.

Please be aware that the group's final renewal rate increase for 2012 may be different than the percentages listed above. The Superintendent of Insurance may approve (as requested), modify or deny the proposed rate adjustment. Your final rate will include the rate adjustment approved by the NYSID as well as any changes resulting from the benefit plan design chosen and the group's census upon renewal.² After rates are approved, you will receive an additional notice with the premium rate adjustment that is ultimately approved by the Superintendent. This notice will be sent at least 60 days before the rate change effective date. Prior to your group's renewal, you will receive a renewal package with the renewal rates for your group's benefit plan. You will also be able to choose other plan options at that time.

¹ Insurance coverage provided by or through UnitedHealthcare Insurance Company of New York.

² In the event that other benefit changes (e.g., benefit mandate) are made to our Healthy New York product prior to your 2012 renewal, those changes may also impact your final premium rate.

You have 30 days from the date of our filing to contact the NYSID to request additional information or to submit written comments regarding our rate filing. Written comments should include the insurer and product name. Written comments submitted to the NYSID will be posted to the NYSID's website, with personal identifying information removed. You may submit written comments or requests for information to:

Health Bureau-Premium Rate Adjustments
New York State Insurance Department
25 Beaver Street
New York, NY 10004
<http://www.ins.state.ny.us>

By E-mail: *PremiumRateIncreases@ins.state.ny.us*

We have prepared a summary that provides more information about our rate application. This summary will be available on our website, www.uhc.com, within the Employer section (Health Plan > Group Coverage > NY) and by means of written request for 30 days after the date of our filing. Written requests may be sent to: UnitedHealthcare, P.O. Box 862, Monroe, CT 06468.

Thank you for your business.

Sincerely,
UnitedHealthcare