UnitedHealthcare®

<Date>

<Subscriber First Name> <Subscriber Last Name>
<Address 1>
<Address 2>
<City>, <State> <Zip>

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

Dear <Subscriber First Name> <Subscriber Last Name>,

Thank you for allowing UnitedHealthcare[1] to serve your health benefit plan. We are filing a rate application with the New York State Insurance Department (NYSID) on July 8, 2011 seeking an increase to our POS rates for groups renewing in calendar year 2012. This notice is being sent to you as a certificate holder based on a requirement in the New York state prior approval law.

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

Renewal Date: July 2012 – September 2012			
Counties	**Requested Medical Trend Increase Over 2011 Medical Premium (%)**	**Requested Pharmacy Trend Increase Over 2011 Pharmacy Premium (%)**	**Estimated Total Trend Increase Over 2011 Premium (%)**
Albany, Chenango, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Lewis, Madison, Montgomery, Oneida, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, St Lawrence, Warren, Washington	24.6%	24.5%	24.6%
Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Seneca, Wayne, Wyoming, Yates	37.0%	37.0%	37.0%
Broome, Cayuga, Chemung, Cortland, Jefferson, Onondaga, Oswego, Schuyler, Steuben, Tioga, Tompkins	22.2%	22.2%	22.2%

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. The 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, the group will receive a renewal

[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 POS product prior to your group's 2012 renewal, those changes may also impact the final premium rate.

package with the renewal rates for the group's benefit plan. The group will also be able to choose other plan options at that time.

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 the home page of our Member website, *www.myuhc.com*, under Information Center – News, 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