

SERFF Tracking Number: UHLC-127318689 State: New York
Filing Company: UnitedHealthcare Insurance Company of New York State Tracking Number: 2011070125
Company Tracking Number:
TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
Hospital/Surgical/Medical Expense Expense
Product Name: UHIC Healthy NY CY2012
Project Name/Number: /

Filing at a Glance

Company: UnitedHealthcare Insurance Company of New York

Product Name: UHIC Healthy NY CY2012

SERFF Tr Num: UHLC-127318689 State: New York

TOI: H151 Individual Health -

SERFF Status: Closed-APPR

State Tr Num: 2011070125

Hospital/Surgical/Medical Expense

Approved

Sub-TOI: H151.001 Health -

Co Tr Num:

State Status:

Hospital/Surgical/Medical Expense

Filing Type: Rate Adjustment pursuant to
Section 3231(e)(1)

Reviewer(s):

Author:

Disposition Date: 10/20/2011

Date Submitted: 07/19/2011

Disposition Status: APPR Approved

Implementation Date Requested: 01/01/2012

Implementation Date: 01/01/2012

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact: 34.3%

Filing Status Changed: 10/20/2011

Deemer Date:

State Status Changed:

Submitted By:

Created By:

PPACA: Not PPACA-Related

Corresponding Filing Tracking Number:

PPACA Notes: null

Filing Description:

This filing addresses the rates for United HealthCare Insurance Company of New York plans in the Healthy New York Pilot program, which are effective in nine Upstate New York counties, in partnership with the Syracuse Chamber of Commerce. This filing addresses Healthy New York rates for Individual and Small Group contracts. It includes two Core plans and three previously approved alternatives.

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Company and Contact

Filing Contact Information

████████████████████████████████████████
 48 Monroe Turnpike
 Trumbull, CT 06611

Filing Company Information

UnitedHealthcare Insurance Company of New York CoCode: 60093 State of Domicile: New York
 2950 Expressway Drive Group Code: -99 Company Type: Health
 Suite 240 Group Name: State ID Number:
 Mail Rte. NY033-1000 FEIN Number: 11-3283886
 Islandia, NY 11749
 (952) 992-5142 ext. [Phone]

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company of New York	\$0.00		

State Specific

1. Is a parallel product being submitted for another entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: Commercial
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): Yes - Healthy New York

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4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is an out-of-state filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Rate Only
5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, "File and Use" Rate Adjustment, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation.): Yes - Prior Approval Rate Adjustment
6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No

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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 10.000%
Effective Date of Last Rate Revision: 02/01/2011
Filing Method of Last Filing: Prior Approval

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 required):	Minimum % Change (where required):
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UnitedHealthcare Insurance Company of New York	Increase	34.300%	34.300%	\$1,637,188	1,692	\$4,779,598	22.200%	9.900%
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Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	0	0	1,902	0	0	352	0	0
Policy Holders:	0	0	1,421	0	0	271	0	0

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Rate Review Details

COMPANY:

Company Name: UnitedHealthcare Insurance Company of New York
HHS Issuer Id: 54297
Product Names: Healthy New York
Trend Factors: For each month in 2012 we propose a 34.3% increase over rates for the corresponding effective date in 2011. This increase applies uniformly to the total rates of all medical only and medical & pharmacy plan designs.

Below, Min and Max rates are individual rates, while Weighted Average is a calculated PMPM.

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: APP.I.08.NY.HNYIND, APP.I.08.NY.HNYSB, POL.I.08.NY.HNYSB, EXB2NTC.I.08.NY.HNYSB, COC.CER.I.08.NY.HNYIND, COC.CER.I.08.NY.HNYSB, SBN.CHC2.I.08.NY.HNY, RDR.RX.NET.I.08.NY.HNY, RDR.RXSBN2.NET.I.08.NY.HNY, RECERT.I.08.NY.HNYSB, RECERT.I.08.NY.HNYIND

REQUESTED RATE CHANGE

INFORMATION:

Change Period: Annual
Member Months: 19,509
Benefit Change: None
Percent Change Requested: Min: 34.3 Max: 34.3 Avg: 34.3

PRIOR RATE:

Total Earned Premium: 4,779,598.00
Total Incurred Claims: 4,731,173.00

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Project Name/Number: /
Annual \$: Min: 152.24 Max: 320.18 Avg: 244.99
REQUESTED RATE:
Projected Earned Premium: 7,200,971.00
Projected Incurred Claims: 6,478,638.00
Annual \$: Min: 224.91 Max: 500.48 Avg: 369.11

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Supporting Document Schedules

Item Status: **Status Date:**
Satisfied - Item: Checklist-Rate Adj Filings per 3231(e)(1) or 4308(c)

Comments:

Attachment:

UHIC HNY 2012 Checklist.pdf

Item Status: **Status Date:**
Satisfied - Item: Actuarial Memorandum/Actuarial Certification

Comments:

Attachments:

UHIC HNY Actuarial Memorandum 2012.pdf
UHIC HNY Pilot Actuarial Certification 2012.pdf

Item Status: **Status Date:**
Satisfied - Item: Standard Exhibit 1 - General Information

Comments:

Attachments:

Supplemental Exhibit 1 UHIC HNY 2012.pdf
Supplemental Exhibit 1 UHIC HNY 2012 REDACTED.pdf

Item Status: **Status Date:**
Satisfied - Item: Standard Exhibit 2 - FOIL Exemption Request

Comments:

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 Project Name/Number: /

Attachments:

FOIL Statement of Necessity.pdf
 Supplemental Exhibit 2 UHIC HNY 2012.pdf
 Supplemental Exhibit 2 UHIC HNY 2012 REDACTED.pdf

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 3 - Narrative Summary

Comments:

Attachments:

2012 UHIC HNY Narrative Summary.pdf
 2012 UHIC HNY Narrative Summary REDACTED.pdf
 Supplemental Exhibit 3 UHIC HNY 2012.pdf

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 4 - Summary of Proposed Percentage Rate Changes

Comments:

Attachments:

Supplemental Exhibit 4 UHIC HNY 2012.pdf
 Supplemental Exhibit 4 UHIC HNY 2012.xls
 Supplemental Exhibit 4 UHIC HNY 2012 REDACTED.pdf
 Supplemental Exhibit 4 UHIC HNY 2012 REDACTED.xls

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 5 - Distribution of Contracts Affected by Proposed Rate Adjustments

Comments:

Attachments:

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 Product Name: UHIC Healthy NY CY2012
 Project Name/Number: /
 Supplemental Exhibit 5 UHIC HNY 2012.pdf
 Supplemental Exhibit 5 UHIC HNY 2012.xls
 Supplemental Exhibit 5 UHIC HNY 2012 REDACTED.pdf
 Supplemental Exhibit 5 UHIC HNY 2012 REDACTED.xls

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 6 - Summary of Policy Form and Product Changes

Comments:

Attachment:

Supplemental Exhibit 6 UHIC HNY 2012.pdf

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 7 - Historical Data

Comments:

Attachments:

Supplemental Exhibit 7 UHIC HNY 2012.pdf
 Supplemental Exhibit 7 UHIC HNY 2012.xls
 Supplemental Exhibit 7 UHIC HNY 2012 REDACTED.pdf
 Supplemental Exhibit 7 UHIC HNY 2012 REDACTED.xls

Item Status: **Status Date:**

Satisfied - Item: Initial Notice of Proposed Rate Adjustment

Comments:

Attachments:

2012 UHIC Healthy NY Small Group - Initial Notice.pdf
 2012 UHIC Healthy NY Small Subscriber - Initial Notice.pdf
 2012 UHIC Healthy NY SoleP & Individual Subscriber - Initial Notice.pdf

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 Product Name: UHIC Healthy NY CY2012
 Project Name/Number: /

Item Status: **Status Date:**

Satisfied - Item: Final Notice of Proposed Rate Adjustment

Comments:

Attachments:

- 2012 UHIC Healthy NY Small Group - Second Notice.pdf
- 2012 UHIC Healthy NY Small Subscriber - Second Notice.pdf
- 2012 UHIC Healthy NY SoleP & Individual Subscriber - Second Notice.pdf

Item Status: **Status Date:**

Satisfied - Item: Cover Letter

Comments:

Attachment:

- UHIC HNY Pilot Cover Letter 2012.pdf

Item Status: **Status Date:**

Satisfied - Item: Exhibits I-III

Comments:

Attachments:

- Exhibit I - HNY Standardized Premium.pdf
- Exhibit II - UHIC HNY Rate Manual 2012.pdf
- Exhibit II - UHIC HNY Rate Manual 2012 Redacted.pdf
- Exhibit III - HNY Rate Development.pdf

Item Status: **Status Date:**

Satisfied - Item: Objection Letter Response Documents

Comments:

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Product Name: UHIC Healthy NY CY2012
Project Name/Number: /

Attachments:

Objection Response Letter final.pdf
Exhibit I - HNY Standardized Premium revised.pdf
Exhibit II - UHC HNY Rate Manual 2012 revised.pdf
Exhibit II - UHC HNY Rate Manual 2012 revised Redacted.pdf
Exhibit III - HNY Rate Development revised.pdf
2009 UHIC Section 4308h Loss Ratio.pdf
2010 UHIC Section 4308h Loss Ratio.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Approved Rate Documents

Comments:

Attachments:

Cover letter UHIC HNY 2012 Resubmit.pdf
2012 UHIC Healthy NY Small Group - Second Notice.pdf
2012 UHIC Healthy NY Small Subscriber - Second Notice.pdf
2012 UHIC Healthy NY SoleP & Individual Subscriber - Second Notice.pdf
Exhibit II - UHC HNY Rate Manual 2012 Approved Rates v2.pdf

NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

As of 7/26/2010

Use for all medical rate filings submitted pursuant to section 3231(e)(1) or section 4308(c) of the Insurance Law.

Do not use for (a) non-community rated business, (b) specified disease coverage as described in section 52.15 of Regulation 62 (11 NYCRR 52), or (c) for limited benefits health insurance as described in section 52.10 of Regulation 62.

Do not use for the following which are traditional prior approval rate filings (section 3231(d) or 4308(b) of the Insurance Law): (a) a new form or rider filing, (b) a contract language change filing, (c) an initial rate not currently in the rate manual but within the approved variable contract language, (d) a new or revised commission schedule filing, and (e) changes to the composition of an approved rating region.

Do not use for a new or revised experience rating formula filing.

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
REQUEST FOR FOIL EXEMPTION		Companies are reminded to clearly indicate any request that the actuarial memorandum and any supporting attachments are to be treated as confidential pursuant to article 6 of the New York Public Officers Law (FOIL).	Actuarial Memorandum and Relevant Exhibits
DEFINITIONS		<ul style="list-style-type: none"> a. Company refers to the licensed entity submitting the rate filing. b. A company’s commercial book of business includes all of the following: large group, small group, direct pay, Healthy New York, and Medicare Supplement. It excludes all government programs, such as, Medicare, Medicaid, Family Health Plus, and Child Health Plus. c. Loss ratio refers to incurred claims divided by earned premiums for a given period of time. The incurred claims includes the impact of the Standard Direct Pay and Healthy New York stop loss pools, Regulation 146 (11 NYCRR 361), covered lives assessments, and the HCRA surcharge. Incurred claims do not include any administrative expenses. Earned premiums do not include any adjustment for assessments or taxes. d. Rate applicability period refers to the length of time the rates in a rate table are assumed to remain in effect. <ul style="list-style-type: none"> (i) Example 1: A non-rolling rate table is developed to be effective January 1, 2011 and is expected to be revised January 1, 2012. The rate applicability period for this table is January 1, 2011 – December 31, 2011. (ii) Example 2: A rolling rate table is developed for issues and renewals in January – March 2011 and incorporates a 12 month rate guarantee period. The rate applicability period for this table is February 15, 2011 (mid renewal date) 	

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		<p>through February 15, 2012. If all policyholders must have a first of the month effective date, then the rate applicability period can be considered as February 1, 2011 through February 1, 2012.</p> <p>e. Standardized earned premium is the earned premium for the period adjusted to assume that all premiums for the period are payable at the most current approved (or deemed approved) rate level. (Example: The rate filing is to implement quarterly rolling rate tables applicable to the 3rd and 4th quarter 2011 and 1st and 2nd quarter 2012. The 2nd quarter 2011 rates have already been approved. Therefore, the 2nd quarter 2011 rate tables are the current rate level. The earned premium for the period would be adjusted to reflect the premiums that would have been paid for that period if all the premiums had been paid at the 2nd quarter 2011 rate tables.)</p>	
<p>ROLLING RATE STRUCTURE</p>		<p>a. Every rate filing for a rolling rate structure must include rolling rates for at least a 6 month, and for no more than a 12 month, issue/renewal period (e.g., between 2 and 4 quarterly rolling rates, between 6 and 12 monthly rolling rates).</p> <p>b. Beginning with rate filings to be effective January 1, 2012 or later, all rate filings for a rolling rate structure must include rolling rates for a 12 month issue/renewal period.</p> <p>c. Notwithstanding the above, a large group HMO rate filing can include rolling rates for up to a 24 month period (e.g., 8 quarterly rolling rates, 24 monthly rolling rates).</p>	<p>Section II - Rate Manual</p>
<p>CHANGES TO PREVIOUSLY APPROVED RATE TABLES</p>		<p>a. A company can revise a previously approved non-rolling rate table provided that:</p> <ul style="list-style-type: none"> (i) The proposed effective date of the rate table is at least 12 months after the effective date of the current rate table; or (ii) The proposed effective date of the rate table is at least 6 months after the date of the current rate table, the contract language permits revising the rate table in accordance with such rate filing, and the financial results have deteriorated resulting in an underwriting loss on the company's entire New York State commercial book of insured business. Documentation of the underwriting loss on the company's entire New York State commercial book of insured business needs to be included in the rate submission. <p>b. A company can revise rate tables included in a previously approved rolling rate filing provided that: (i) the rate tables being revised were never implemented, (ii) the first two rate tables included in the previously approved rate filing are not revised, and (iii) the financial results have deteriorated resulting in an underwriting loss on the company's entire New York State commercial book of insured business. Documentation of the underwriting loss on the company's entire New York State commercial book of insured business needs to be included in the rate submission. (Example: A rolling rate filing was submitted and approved that</p>	

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		included quarterly rolling rate tables for 1 st , 2 nd , 3 rd and 4 th quarter of 2011. The company can not revise the 1 st and 2 nd quarter 2011 rate tables, but if the indicated criteria is met, can submit a new prior approval rate filing that includes rolling rates for 3 rd and 4 th quarter 2011 and 1 st and 2 nd quarter 2012.)	
ACTUARIAL MEMORANDUM	11NYCRR52.40(a)(1)	Actuarial qualifications: a. Member of the Society of Actuaries or member of the American Academy of Actuaries; and b. Meets the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries.	
Summary Template		Complete and submit as an attachment to the filing (in Excel format) the Department’s Excel summary template for each base medical policy form included in the rate filing. a. Indicate for each base medical policy form the other base medical policy forms this form is aggregated with for rate setting purposes. b. The effective date of rate change refers to the proposed effective date of the non-rolling rate table, and/or the proposed effective date of the first rolling rate period of a rolling rate structure. c. The rate guarantee period refers to a non-rolling rate table and/or to the first rate table of a rolling rate structure. (If the rate guarantee period for the rolling rate structure is not the same for each rolling rate period, the actuarial memorandum must discuss this and explain why the length of the rate guarantee periods are not the same.) d. The weighted average rate change percentage requested (from the current rate charged the policyholder to the proposed rate to be charged that same cohort of policyholders) for the indicated base medical policy form including all associated riders. The weighting should be based on members. For a rolling rate structure, enter the result for the first rate table in the rolling rate structure. (Example: a quarterly rolling rate filing was submitted that includes rolling rate tables for 1 st , 2 nd , 3 rd , and 4 th quarter of 2011. Rates are for a 12 month period. Indicate the average rate change percentage from the 1 st quarter of 2010 rate tables to the 1 st quarter 2011 rate tables.) e. For the number of policyholders affected and the number of covered lives affected, indicate the affect of all the rate tables of a rolling rate structure included in the rate filing (but not more than 12 months of issues and renewals if more than 12 months of rolling rate tables are included in the rate filing). f. The expected loss ratio for each base medical policy form includes the impact of associated riders and reflects the impact of the proposed rate changes. Loss ratio is calculated on a New York statewide basis. For a rolling rate structure, enter the result of the first rolling rate period of the rolling rate structure.	Supplemental Exhibit 7

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		<p>g. The experience entered for the two indicated experience periods is the New York statewide experience for the indicated base medical policy form plus all associated riders.</p> <p>(i) Each experience period is to be for 12 months (or shorter if a new form).</p> <p>(ii) The ending date of the recent experience period can not be earlier than 12 months before the proposed effective date of the earliest rate table included in the rate filing. (Example: The rate filing is for a non-rolling rate table to be effective July 1, 2011. The recent experience period can not have an ending date earlier than June 30, 2010, i.e., 12 months prior to July 1, 2011.)</p> <p>(iii) The incurred claims for each of the two experience periods must be based on at least 3 months of claims run-out beyond the end of the experience period.</p> <p>(iv) The prior experience period is required only if the rate filing includes a rate table that is to become effective July 1, 2011 or later (e.g., includes: a rolling (or non-rolling) rate table for July 2011 or later or a rolling rate table for 3rd quarter 2011 issues/renewals or later).</p> <p>h. Enter the annual composite medical trend assumption used for each base medical policy form (including impact of associated riders). Enter the annual utilization and unit cost trend components included in the composite trend factor shown.</p> <p>i. For each base medical policy form (including the impact of associated riders), discuss the estimated increase in the incurred claims pmpm over the last 3 years and the estimated increase in the premium rate over the same 3 year period. (Example: Over the last 3 years the incurred claims pmpm has increased about 30% and the premium rates have increased about 32%.)</p>	
<p>Justification of Rates</p>	<p>§3231(e) §4308(c) 11NYCRR52.40 11NYCRR52.42 (HMOs) 11NYCRR52.45 11NYCRR59.5(b) 11NYCRR360.11</p>	<p>a. Description of proposed changes in rates, including the following:</p> <p>(i) The member weighted average proposed percentage change over the current rates charged to the policyholder for each base medical policy form, including the impact of all associated riders available to that policy form. This is to be shown for each non-rolling rate table and/or each rolling rate table included in the rate filing. Include comparable information for rate changes implemented during the prior 24 months.</p> <p>(ii) For a rolling rate structure, the percentage change to the first rate table of the rolling rate structure included in the rate filing, from the immediately preceding implemented rolling rate table not included in the rate filing. Indicate the rolling rate periods of the rate tables used to develop this percentage change. If the percentage change between two corresponding rate tables is not uniform, indicate the minimum, maximum and average percentage change between those two rate tables. This comparison is to be done for each first table of a rolling rate structure included in the rate filing. (Example: The</p>	<p>Section II – Rate Manual, Actuarial Memorandum, & Exhibit III – Rate Development</p>

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		<p>rate filing includes four quarterly rolling rate tables beginning 3rd quarter 2011. The change from each of the 2nd quarter 2011 rolling rate tables to the corresponding 3rd quarter 2011 rolling rate table is to be indicated.)</p> <ul style="list-style-type: none"> (iii) The percentage change due to any change in the projected loss ratio from the prior rate filing for such base medical policy form or rider. Indicate the prior and proposed projected loss ratios used and the impact of the change. (iv) The percentage change due to any change to the tier structure relationships included in this rate filing. Include justification for such changes. (v) The percentage change due to any change to the factor used to convert per member per month results to per single employee results included in this rate filing. Include justification for such changes. (vi) Changes to any of the rating differentials between the various rating regions included in this rate filing. If the rating differential between the rating regions was changed, include (a) a listing of the composition of each rating region, (b) the percentage change impact on each such rating region, and (c) justification for each such change between the rating region differentials. <p>b. Include the following:</p> <ul style="list-style-type: none"> (i) For each non-rolling rate table: the current rate charged the policyholder, the proposed rate to be charged the policyholder, and the dollar and percentage change from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate filing. (ii) For each rolling rate table: the current rate charged the policyholder, the proposed rate to be charged the policyholder, and the dollar and percentage change for each renewal cohort from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate filing. (Example: The rate filing includes a new rate table for third quarter 2011 and rates are for 12 month periods. Show the rates for the third quarter 2010, the proposed rates for the third quarter 2011, and the dollar and percentage change from third quarter 2010 rates to the proposed third quarter 2011 rates.) <p>c. For each policy form included in the rate filing, indicate which other policy forms are aggregated with this form for premium rate setting purposes. This is to be indicated separately for the base medical policy forms and for each of the rider forms. Rate tables for all such aggregated forms must be included in the same rate filing. Refer to section 360.11(a)-(b) of Regulation 145 (11 NYCRR 360) for requirement to aggregate substantially similar policy forms for small group policy forms and for individual policy forms.</p>	
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NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>d. Indicate if the policy form aggregation has changed from the prior rate filing for any policy form or rider form included in this rate filing. If yes, explain the change, the rationale for the change, and the percentage rate impact this change has on this policy form and on the policy forms previously aggregated with this policy form.</p> <p>e. Provide New York State experience for the base medical policy form, and for the permitted aggregation this policy form belongs to. The experience information should be for the indicated base medical policy form and all associated riders. The following information is to be included:</p> <ul style="list-style-type: none"> (i) Applicable experience for a recent 12 month experience period and for the immediately prior 12 month experience period (or shorter period if a new form). <ul style="list-style-type: none"> 1. The ending date of the recent experience period can not be earlier than 12 months before the proposed effective date of the earliest rate table included in the rate filing. (Example: The rate filing includes rolling rate tables for 3rd and 4th quarter 2011 and 1st and 2nd quarter 2012. The recent experience period can not have an ending date earlier than June 30, 2010, i.e., 12 months prior to July 1, 2011). 2. The prior experience period is required only if the rate filing includes a rate table that is to become effective July 1, 2011 or later (e.g., includes: a rolling (or non-rolling) rate table for July 2011 or later or a rolling rate table for 3rd quarter 2011 issues/renewals or later). (ii) Member months for each of the two experience periods. (iii) Earned premiums for each of the two experience periods (in \$ and \$mpm). (iv) Standardized earned premium for each of the two experience periods (in \$ and \$mpm). Provide a description of how the earned premiums were converted to standardized earned premiums, and provide documentation and supporting exhibits showing how the standardized premiums were developed for each experience period. (v) Paid claims for each of the two experience periods (in \$ and \$mpm). (vi) Incurred claims for each of the two experience periods (in \$ and \$mpm). <ul style="list-style-type: none"> 1. The incurred claims for each of the two experience periods must be based on at least 3 months of claims run-out beyond the end of the experience period. 2. Provide a clear description of how the incurred claims were developed for the experience periods, and how many run-out months were reflected in the unpaid claim estimates. (vii) Administrative expenses (including commissions and premium taxes, but excluding federal and state income taxes) for each of the two experience 	
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Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>periods (in \$ and \$mpm).</p> <ul style="list-style-type: none"> (viii) Ratio of incurred claims to earned premiums for each of the two experience periods. (ix) Ratio of incurred claims to standardized earned premiums for each of the two experience periods. (x) Ratio of administrative expenses (including commissions and premium taxes but excluding state and federal income taxes) to earned premiums. (xi) Ratio of (administrative expenses + incurred claims) to earned premiums for each of the two experience periods. Administrative expenses include commissions and premium taxes but exclude state and federal income taxes. <p>On the Summary Template, include the New York statewide experience for each of the base medical policy forms, including associated riders. Include as part of the actuarial memorandum supplemental exhibits showing the New York State experience for each permitted aggregation of policy forms. If the rating differential between NY rating regions is being revised, the actuarial memorandum is to also include supplemental exhibits showing the NY statewide experience period results for the policy form aggregation(s) separately by each rating region and rating region aggregation.</p> <ul style="list-style-type: none"> f. Discuss the source data used to develop the claims projected for the renewal rate applicability period. <ul style="list-style-type: none"> (i) If the source data is actual claims experience, the experience period is to be at least 12 months long, and the unpaid claim reserve is to be based on at least 3 months of claims run-out beyond the end of the experience period. (ii) If the source data is other than the actual claims experience, indicate the source of this data (e.g., from what publication, prepared by what organization), and the applicability of this source data. (iii) Discuss the credibility of such source data. If the source is actual experience, discuss the credibility such data would have in this company's approved NY experience rating formula (or that of an affiliated company with an approved NY experience rating formula if this company does not have an approved NY experience rating formula). (iv) Include an exhibit showing the source data and indicate all adjustments made to this source data to develop the projected claims for the renewal rate applicability period. Provide this detail for each non-rolling rate table included in the rate filing, and/or for the first rate table of each rolling rate structure included in the rate filing (for base medical rate tables and for rider rate tables). Provide justification for each such adjustment. g. Indicate the assumed annualized claim trend projection factors used to project the 	
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Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>source data to the renewal rate applicability period (for the non-rolling rate tables and/or the first rate tables of a rolling rate structure).</p> <ul style="list-style-type: none"> (i) Indicate the assumed annualized composite trend factors used for each base medical policy form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend. Indicate the assumed composite annual trend factors used for each rider form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend. (ii) Provide justification for the assumed composite annual trend factors and the associated utilization and unit cost components. Discuss the impact and provide justification for any case mix change, intensity of service change, population change, adverse selection, or deductible leveraging component incorporated into the utilization and/or unit cost trend factor components. (iii) Clearly discuss how the annualized trend factors were applied to the source data to develop the projected data for the renewal rate applicability period. <p>h. Actuarial justification of the proposed rate changes for each base medical policy form and each rider form included in the rate filing.</p> <ul style="list-style-type: none"> (i) Clearly show how the percentage change from the current rate table was developed, or how the revised premium rate was developed, for the non-rolling rate tables and/or the first rate tables of a rolling rate structure. (Example: for a rolling rate structure, how the percentage change from the existing 2nd quarter 2011 rate table to the proposed 3rd quarter 2011 rate table was developed for each rating element in the proposed rate table.) (ii) For each subsequent rate table of a rolling rate structure, show how the change between each of the successive rate tables was developed (e.g., the change from the 3rd quarter 2011 rate table to the 4th quarter 2011 rate table). Provide justification for these changes between the rolling rate tables. (iii) Clearly show how the following were reflected in the proposed rate development, as applicable: <ol style="list-style-type: none"> 1. Standard Direct Pay and Healthy New York stop loss pools (Insurance Law sections 4321-a, 4322-a, and 4327); and 2. Regulation 146 (11 NYCRR 361) and Insurance Law section 3233 market stabilization pool. <p>i. If the percentage rate change by benefit option differs within a particular policy form (or rider form), include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the</p>	
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NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>members selecting a particular benefit option. Any assumed variation in utilization by benefit option within a particular policy form (or rider form) must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the policy form, and can not be based on differences due to age, sex, health status or industry among the members selecting the different benefit options.</p> <p>j. If the percentage rate change by policy form differs within a permitted aggregation of policy forms, include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options among the aggregated policy forms, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members selecting a particular benefit option within the aggregated policy forms. Any assumed variation in utilization between policy forms within a permitted aggregation of policy forms must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the permitted aggregation of policy forms, and can not be based on differences due to age, sex, health status or industry among the members selecting a particular benefit option within the aggregated policy forms.</p> <p>k. If the percentage rate change by rating region differs, the default assumption is that the rating regions are not aggregated for rate setting purposes. In order for a company to claim that certain rating regions are aggregated for rate setting purposes, it is necessary to include an actuarial demonstration that the rate changes were developed assuming the same insured population in each of the aggregated rating regions, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members in each of the aggregated rating regions.</p> <p>l. Indicate for each permitted policy form aggregation, within each rating region aggregation, the non-claim expense components incorporated into the proposed premium rates as a percentage of gross premiums after the proposed changes are implemented. This is to be shown for the non-rolling rate tables and/or the first rate table of each rolling rate structure. Include the following components:</p> <ul style="list-style-type: none"> (i) Administrative expenses; (ii) Commissions; (iii) Premium taxes; (iv) Pre-tax profit/contribution to surplus; (v) State income taxes; (vi) Federal income taxes; and (vii) Total of the above. 	
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NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<p>Discuss how administrative expenses are allocated to the various market segments and product lines.</p> <p>m. Expected loss ratios are to be shown after the proposed rate changes. The expected loss ratio for each base medical policy form includes the impact of associated riders.</p> <p>(i) Indicate the expected loss ratio for each base medical policy form included in the rate filing for each rating region. For a rolling rate structure, this is to be shown for each rolling rate period included in the rate filing.</p> <p>(ii) Indicate the expected loss ratio for each permitted aggregation of base medical policy forms within each aggregation of rating regions. For a rolling rate structure, this is to be shown for each rolling rate period included in the rate filing.</p> <p>(iii) For a non-rolling rate table and/or the first rate table of a rolling rate structure, include a demonstration showing how these expected loss ratios were developed.</p>	
Minimum Loss Ratio Requirements	<p>§3231(e)(1)(B)</p> <p>§4308(c)(3)</p> <p>11NYCRR52.45(i)</p> <p>11NYCRR59.5(b)</p>	<p>a. The minimum loss ratio for community rated products, other than the official Medicare Supplement products, is as specified in section 3231(e)(1)(B) or 4308(c)(3)(A) of the Insurance Law (as amended June 8, 2010, chapter 107).</p> <p>b. The minimum loss ratio for the official Medicare Supplement products is:</p> <p>(i) Article 43 companies: as specified in section 4308(c)(3)(B) of the Insurance Law (as amended June 8, 2010, chapter 107); and</p> <p>(ii) Article 42 companies: as specified in section 52.45(i) of Regulation 62 (11 NYCRR 52).</p>	
Actuarial Certification	11NYCRR52.40(a)(1)	<p>a. The filing is in compliance with all applicable laws and regulations of the State of New York.</p> <p>b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans”.</p> <p>c. The expected loss ratio meets the minimum requirement of the State of New York by permitted aggregation of policy forms within each permitted aggregation of rating regions. Specify the expected loss ratio for each permitted aggregation of policy forms within each permitted aggregation of rating regions.</p> <p>d. The benefits are reasonable in relation to the premiums charged.</p> <p>e. The rates are not unfairly discriminatory.</p>	Actuarial Certification
REVISED RATE MANUAL PAGES	<p>11NYCRR52.40(e)(2)</p> <p>11NYCRR52.45(f)</p> <p>11NYCRR59.5(b)</p>	<p>a. Table of contents*.</p> <p>b. Rate pages, including a page indicating the composition of each rating region*.</p> <p>c. Insurer/corporation name on each consecutively numbered rate page*.</p> <p>d. Identification by form number of each policy, rider, or endorsement to which the rates apply*.</p>	Section II – Rate Manual

NEW YORK INSURANCE DEPARTMENT

Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law

		<ul style="list-style-type: none"> e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits*. f. Description of revised rating classes, factors and discounts*. g. Examples of rate calculations*. h. Commission schedule(s) and fees*. i. Underwriting guidelines and/or underwriting manual*. j. A page with the expected loss ratio(s) for each permitted aggregation of policy forms within each permitted aggregation of rating regions. <p>* Can not request exemption from FOIL</p>	
NOTICE TO POLICYHOLDERS	§3231(e)(1)(A) §4308(c)(2)	<ul style="list-style-type: none"> a. A sample copy of the initial written notice sent to policyholders of the proposed rate adjustment submitted to the Insurance Department. b. A sample copy of the final written notice to be sent to policyholders after the proposed rates are finalized. 	Section III – Sample Notices
GUARANTEED RATES FOR HMO COVERAGE	11NYCRR52.42(b)	<ul style="list-style-type: none"> a. To guarantee rates, the HMO must obtain the superintendent’s approval for any contract provision, remitting agent agreement or rider which limits the HMO to adjustment of rates only on a policy anniversary. This requirement applies to both group contracts and group remittance arrangements. b. For policies and riders subject to rolling rates, submit a copy of the approved policy or rider form that allows the HMO to use rolling rates and limits the HMO to adjusting rates only on a policy anniversary. Indicate the date the policy or rider form was approved by the Department and the form filing number. 	
UNREASONABLE RATE INCREASES	PPACA	<p>For rate increases that HHS has defined to be an “unreasonable rate increase”, submit all documentation required to be submitted to HHS and posted on the insurance company’s website for such rate filing.</p> <p>[Deferred until HHS publishes the definition of an unreasonable rate increase and the data to be submitted to HHS and posted on the company’s website.]</p>	

**United HealthCare Insurance Company of New York, Inc.
Healthy New York Small Group and Individual
Actuarial Memorandum**

Introduction

This rate filing addresses development of Healthy New York Small Group and Individual rates for the effective dates from January 1, 2012 through December 31, 2012. This rate filing is being submitted pursuant to Prior Approval. Rates effective in calendar year 2011 were filed with the Department on August 31, 2010

Rate Adjustments

For each month in 2012 we propose a 34.3% increase over rates for the corresponding effective date in 2011. This increase applies uniformly to the total rates of all medical only and medical & pharmacy plan designs.

Source Data

In order to project future experience on the Healthy New York business, we used claims incurred between February 1, 2010 and January 31, 2011 paid through April 31, 2011. Completion factors were applied by incurred month in order to calculate the fully incurred claims.

The filed large group credibility formula is as follows:

$$A = \text{Number of Contracts Factor} = (\text{Contracts}/500)^{1/2}, \text{ never to exceed } 141.42\%$$

The resulting credibility of this block of business and experience period exceeds 100% based upon this formula.

The projected trend factor is 15.1%. This breaks down into the following components: 6.4% unit cost, 6.8% utilization, and 1.3% trend leveraging.

Rate Development

The key assumptions used in the development of the required increase are as follows:

- **Trend:** The rate development assumes projected trend of 15.1% (6.4% unit cost, 6.8% utilization, 1.3% leveraging).
- **Experience Period Loss Ratio:** The loss ratio for 12 months ending January 31, 2011 is 99.0% for Healthy New York products.
- **Regulation 146:** Healthy New York is not a part of the Regulation 146 pool.
- **Stop Loss:** The projected Healthy New York amount for the rating period is a receivable of \$46.49 PMPM. This is the same as the \$46.49 PMPM receivable

for the experience period. We are projecting a decrease in the overall funding of the Pool, and this is a significant driver of the required rate increase.

- **Target Loss Ratio:** The requested 34.3% increase for 2012 rates over 2011 rates reflects an implied target loss ratio of 90.0%.

Please see Exhibit III for a detailed development of the requested rate increase. We are using claims incurred between February 1, 2010 and January 31, 2011 paid through April 30, 2011 as our base experience period for the projection. The loss ratio for this experience period is 99.0%.

As shown in Exhibit III, the following adjustment is made to the experience period claims as part of the claims projection:

1. A trend factor of 1.310 is applied reflecting a 15.1% annual trend and 23 months between the endpoint of the experience period (January 31, 2011) and the endpoint of the rating period (January 31, 2012).

As aforementioned, the projected Healthy New York Stop Loss receivable for the rating period is \$46.49 PMPM. This amount is added to the trended and adjusted claims in order to calculate the total projected claims for the rating period.

For the premium projection shown in Exhibit III, we calculated the standardized premiums by bringing the earned premiums from the experience period to the December 2011 rate level. Please see Exhibit I for this calculation.

The projected loss ratio before application of expected Stop Loss recoveries at the current rate level is 137.7%. Projected Stop Loss recoveries are 12.3% of projected claims. The projected loss ratio of 120.8% after application of Stop Loss recoveries for the rating period is calculated by dividing the projected claims by the standardized premium. The required January 2012 rate increase over December 2011 rates is 34.3% to target a 90.0% loss ratio. We are requesting an increase of 34.3% versus the December 2011 rates reflecting a 90.0% target loss ratio.

Regions

The rates in this filing are applicable to the following counties:

- Cayuga
- Cortland
- Herkimer
- Jefferson
- Lewis
- Madison
- Oneida
- Onondaga
- Oswego

Rates are the same for all counties.

Commissions

Broker commissions are 4.0% of premium for business new and renewing calendar year 2012.

Projected Expense Components

	Healthy New York Plans
Administration	3.5%
Commission	4.0%
Premium Tax / Assessment	2.9%
Total	10.4%
Target Loss Ratio	90.0%
Pre-Tax Profit	(0.4)%
State Income Taxes	0.0%
Federal Income Taxes	0.0%
Projected Profit/Contribution to Surplus After Taxes	(0.4)%

This reflects a 90.0% target loss ratio. The projected profit amount of (0.4)% assumes that the 90.0% target loss ratio is achieved.

FOIL Protection Requested

We are requesting FOIL protection for the following parts of this filing:

1. Actuarial Memorandum
2. Exhibit I: Standardized Premium Calculation
3. Exhibit II: Rate Manual & Exhibits
4. Exhibit III: Rate Development
5. Supplementary Exhibits 1 - 7

Each of the aforementioned pages includes the following note: “CONFIDENTIAL – FOIL PROTECTION REQUESTED”.

United HealthCare Insurance Company of New York
Prior Approval Rate Application
Healthy New York – Upstate Pilot
January 2012 - December 2012

I, , am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries.

To the best of my knowledge and based upon the information and data available to me, I certify that:

- (a) The filing is in compliance with all applicable laws and regulations of the State of New York.
- (b) The filing is in compliance with Actuarial Standard of Practice No. 8.
- (c) The expected loss ratio of 90% exceeds the minimum requirement of the State of New York.
- (d) The benefits are reasonable in relation to the premiums charged.
- (e) The rates are not unfairly discriminatory.

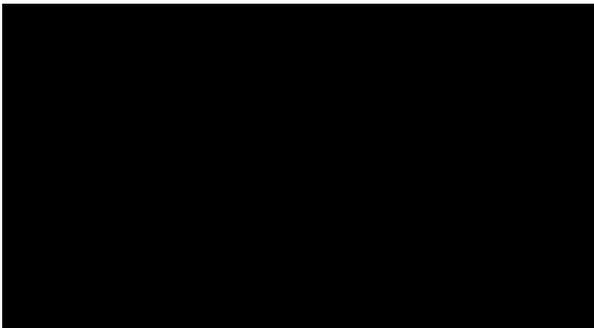


EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A. Insurer Information:	<u>United Healthcare Insurance Company of New York</u> <small>Company submitting the rate adjustment request</small>	<u>Article 42</u> <small>Type of insurer</small>	<input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non Profit	<u>60093</u> <small>Company NAIC Code</small>
	<u>48 Monroe Turnpike, Trumbull, CT 06614</u> <small>Company mailing address</small>			
B. Contact Person:	<div style="background-color: black; width: 100%; height: 1.2em;"></div> <small>Rate filing contact person name, title</small>	<div style="background-color: black; width: 100%; height: 1.2em;"></div> <small>Contact phone number</small>		<div style="background-color: black; width: 100%; height: 1.2em;"></div> <small>Contact Email address</small>
C. Actuarial Contact (If different from above):	<small>Actuary name, title</small>	<small>Actuary phone number</small>		<small>Actuary Email address</small>
D. New Rate Information (See Note #1):	<u>February 15, 2012 through November 14, 2013</u> <small>New rate applicability period</small>	<u>1/1/2012</u> <small>New rate effective date</small>		<u>UHLC-127318689</u> <small>SERFF Tracking Number</small>
E. Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement):	<u>Healthy NY</u>			
F. Provide responses for the following questions:	Response			
1. Does this filing include any revision to contract language that is not yet approved? See note (2).	No			
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	No			
3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (3).	Yes, Healthy NY policyholders and contract holders with renewal dates in calendar year 2012			
4. Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	Yes			

Notes:

(1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date. The Department reserves the right to reject any rate submission that has not been submitted at least 120 days prior to the proposed effective date.

(2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should **not** include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing.

Use the following SERFF filing types for rate adjustment filings:

- * For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
- * For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
- * For all other prior approval filings: Normal Pre-Approval

(3) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment application is submitted to the Insurance Department.

EXHIBIT 2: FOIL EXEMPTION REQUEST

Instructions:

1. A request that the New York State Insurance Department ("Department") exempt from public disclosure any information included in this submission, pursuant to New York Public Officers Law § 87(2)(d) (the "Trade Secret/Competitive Injury Exemption"), must be made by completing this exhibit.
2. A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information contained in this submission that is not included in this exhibit may not be honored by the Department.
3. A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information included in this submission must be accompanied by a written statement of necessity that:
 - (a) identifies the specific parts of the submission for which the Company believes the Trade Secret/Competitive Injury Exemption should be applied;
 - (b) specifies the reasons why the submission, or parts thereof, should be exempt from disclosure pursuant to the Trade Secret/Competitive Injury Exemption; and
 - (c) where applicable, indicates where redactions would suffice to protect the exempt information.
4. In light of the open government purpose underlying FOIL, the Department favors redacting portions of documents, and disclosing the balance of such documents, as opposed to withholding documents in their entirety, where such redactions will suffice to protect the exempt information. Therefore, the Company should submit to the Department both the original document and a redacted version of the original document, which omits or blocks the information it wishes to exempt from disclosure. (The Department will accept the redacted version of the original document within one week after original filing was submitted.)

A. **Insurer Information:** United Healthcare Insurance Company of New York 60093 UHLC-127318689
Company submitting the rate adjustment request Company NAIC Code SERFF tracking number

B. **FOIL Contact Person:** [REDACTED] [REDACTED] [REDACTED]
Name, title Phone number Email address
48 Monroe Turnpike, Trumbull, CT 06614 [REDACTED]
Mailing address Fax number

- C. List all documents, exhibits, and attachments separately, including the file names of computer files that are included with the application. Please indicate with an asterisk (*) those documents that you believe contain information subject to the Trade Secret/Competitive Injury Exemption. Any document without an asterisk will be deemed to be a public document.

- 1 Checklist-Community Rated Medical Renewal Rate Review (UHIC HNY 2012 Checklist.pdf)
- 2 * Statement of Necessity (FOIL Statement of Necessity.pdf *)
- 3 * Actuarial Memorandum (UHIC HNY Actuarial Memorandum 2012.pdf *)
- 4 Notice of Proposed Rate Adjustment (2012 UHIC Healthy NY Small Group - Initial Notice.pdf, 2012 UHIC Healthy NY Small Subscriber - Initial Notice.pdf, 2012 UHIC Healthy NY SoleP & Individual Subscriber - Initial Notice.pdf, 2012 UHIC Healthy NY Small Group - Second Notice.pdf, 2012 UHIC Healthy NY Small Subscriber - Second Notice.pdf, 2012 UHIC Healthy NY SoleP & Individual Subscriber - Second Notice.pdf)
- 5 Cover Letter (UHIC HNY Pilot Cover Letter 2012.pdf)
- 6 Certification (UHIC HNY Pilot Actuarial Certification 2012.pdf)
- 7 * Section I - Supporting Exhibits (Exhibit I - HNY Standardized Premium.pdf *, Exhibit II - UHIC HNY Rate Manual 2012.pdf *, Exhibit III - HNY Rate Development.pdf *)
- 8 * Supplemental Exhibits 1-7 (Supplemental Exhibit 1 UHIC HNY 2012.pdf *, Supplemental Exhibit 2 UHIC HNY 2012.pdf *, Supplemental Exhibit 3 UHIC HNY 2012.pdf, Supplemental Exhibit 4 UHIC HNY 2012.xls *, Supplemental Exhibit 4 UHIC HNY 2012.pdf *, Supplemental Exhibit 5 UHIC HNY 2012.xls *, Supplemental Exhibit 5 UHIC HNY 2012.pdf *, Supplemental Exhibit 6 UHIC HNY 2012.pdf, Supplemental Exhibit 7 UHIC HNY 2012.xls *, Supplemental Exhibit 7 UHIC HNY 2012.pdf *)
- 9 * Narrative Summary (2012 UHIC HNY Narrative Summary.pdf *)

- D. Provide a separate list of all documents, exhibits, and attachments, of which a portion has been redacted, including the file names of computer files that are included with the application. The unredacted portion(s) of the redacted documents may be deemed to be public.

- 1 * Section I - Supporting Exhibits (Exhibit II - UHIC HNY Rate Manual 2012 Redacted.pdf *)
- 2 * Supplemental Exhibits 1-7 (Supplemental Exhibit 1 UHIC HNY 2012 REDACTED.pdf *, Supplemental Exhibit 2 UHIC HNY 2012 REDACTED.pdf *, Supplemental Exhibit 4 UHIC HNY 2012 REDACTED.xls *, Supplemental Exhibit 4 UHIC HNY 2012 REDACTED.pdf *, Supplemental Exhibit 5 UHIC HNY 2012 REDACTED.xls *, Supplemental Exhibit 5 UHIC HNY 2012 REDACTED.pdf *, Supplemental Exhibit 7 UHIC HNY 2012 REDACTED.xls *, Supplemental Exhibit 7 UHIC HNY 2012 REDACTED.pdf *)
- 3 * Narrative Summary (2012 UHIC HNY Narrative Summary REDACTED.pdf *)

- E. Statement of necessity as discussed in Instructions # 3, above.
Please see attached document: FOIL Statement of Necessity

CONFIDENTIAL – FOIL PROTECTION REQUESTED

United Healthcare Insurance Company of New York
Healthy New York Plans
Requested Rate Changes – Effective Calendar Year 2012

Rate Component Overview

* The main components of a premium rate are medical costs and administrative expenses. A small portion of the premium rate is also projected to be profit. The costs of medical services are usually the main portion of a rate. Medical costs are accounted for in the minimum loss ratio (MLR). MLR is the percentage (%) of the premiums paid toward medical costs. Under New York state law, the MLR must be at least 82% of the premium charged. This means that at least 82 cents of each premium dollar is to be paid toward medical costs.

Administrative expenses include, among other things,

- taxes and other fees,
- maintenance and upgrading of systems to comply with legal requirements (e.g., HIPAA, federal health care reform mandates),
- costs for consumer education and decision support tools/processes, promotion of wellness, programs for managing chronic and complex medical conditions, maintaining the provider network as well as measuring quality and efficiency of providers, and operating costs of consumer, employer, broker and provider web portals, and
- employee costs for items such as processing requests for services, claims, correspondence and appeals, conducting medical reviews, and providing customer service.

When deciding whether to seek a premium rate increase or decrease, we review claims data and expenses to determine what the expected costs and expenses will be for a future period.

Current Rate Increase Components

We are requesting rate increases related to medical cost trends for the products that appear in Chart 1. If approved, the increases will be added to the 2011 premium rate. Chart 1 shows the requested increases. The new rates will apply to all groups, sole proprietors, or individuals that renew or enroll during the calendar year of 2012.

CHART 1: Impact of Rate Request

Renewal Date	Number of Impacted Subscribers	Estimated Total Trend Increase (Medical and Pharmacy) Over 2011 Premium (%)
January 2012 - December 2012	1,692	34.3%

- The rate filing is seeking an increase related to increasing medical costs. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. Reasons for rising costs include advancements in procedures, development of new pharmaceuticals and medical devices, increasing medical costs of a population that is aging and increasingly living with chronic conditions such as obesity and diabetes and increased negotiated unit cost rates with our network providers (driven in part by insufficient reimbursement to those providers for those covered under Government health insurance programs and by providing uncompensated care) as well as increased charges for services by non-network providers.
- 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

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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.

- The requested rate changes result in a projected loss ratio greater than or equal to the minimum allowed under state law.

Additional Benefit Changes for 2012 Plans

We do not have any benefit changes on file with the New York State Insurance Department (NYSID). In the event that 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 rates.

Final Rate Increase

Please be aware that your final renewal rate increase for 2012 may be different than the percentages listed in Chart 1. 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, if applicable, upon renewal.

**United Healthcare Insurance Company of New York
Healthy New York Plans
Requested Rate Changes – Effective Calendar Year 2012**

Rate Component Overview

* The main components of a premium rate are medical costs and administrative expenses. A small portion of the premium rate is also projected to be profit. The costs of medical services are usually the main portion of a rate. Medical costs are accounted for in the minimum loss ratio (MLR). MLR is the percentage (%) of the premiums paid toward medical costs. Under New York state law, the MLR must be at least 82% of the premium charged. This means that at least 82 cents of each premium dollar is to be paid toward medical costs.

Administrative expenses include, among other things,

- taxes and other fees,
- maintenance and upgrading of systems to comply with legal requirements (e.g., HIPAA, federal health care reform mandates),
- costs for consumer education and decision support tools/processes, promotion of wellness, programs for managing chronic and complex medical conditions, maintaining the provider network as well as measuring quality and efficiency of providers, and operating costs of consumer, employer, broker and provider web portals, and
- employee costs for items such as processing requests for services, claims, correspondence and appeals, conducting medical reviews, and providing customer service.

When deciding whether to seek a premium rate increase or decrease, we review claims data and expenses to determine what the expected costs and expenses will be for a future period.

Current Rate Increase Components

We are requesting rate increases related to medical cost trends for the products that appear in Chart 1. If approved, the increases will be added to the 2011 premium rate. Chart 1 shows the requested increases. The new rates will apply to all groups, sole proprietors, or individuals that renew or enroll during the calendar year of 2012.

CHART 1: Impact of Rate Request

Renewal Date	Estimated Total Trend Increase (Medical and Pharmacy) Over 2011 Premium (%)
January 2012 - December 2012	34.3%

- The rate filing is seeking an increase related to increasing medical costs. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. Reasons for rising costs include advancements in procedures, development of new pharmaceuticals and medical devices, increasing medical costs of a population that is aging and increasingly living with chronic conditions such as obesity and diabetes and increased negotiated unit cost rates with our network providers (driven in part by insufficient reimbursement to those providers for those covered under Government health insurance programs and by providing uncompensated care) as well as increased charges for services by non-network providers.
- 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

- The requested rate changes result in a projected loss ratio greater than or equal to the minimum allowed under state law.

Additional Benefit Changes for 2012 Plans

We do not have any benefit changes on file with the New York State Insurance Department (NYSID). In the event that 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 rates.

Final Rate Increase

Please be aware that your final renewal rate increase for 2012 may be different than the percentages listed in Chart 1. 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, if applicable, upon renewal.

EXHIBIT 3: NARRATIVE SUMMARY

Company United Healthcare Insurance Company of New York
NAIC Code: 60093
SERFF Tracking #: UHLC-127318689

Submit a Narrative Summary explaining the reason(s) for the proposed rate adjustment. The purpose of this Narrative Summary is to provide a written explanation to the company's policyholders to help them to understand the reason(s) why a rate increase is needed.

- The Narrative Summary will be a public document and will be posted on the Department's website and furnished by the Department to the public upon request.
- It is strongly encouraged that the company submit the Narrative Summary to the Department ten (10) days before submitting a rate adjustment application.
- It is suggested that once reviewed by the Department, the company post the Narrative Summary on its website. Any changes made to the Narrative Summary subsequent to the posting are required to be submitted to the Department.
- The Narrative Summary should include, but not be limited to, the following information:
 - 1) The name of the company submitting the rate adjustment request.
 - 2) A summary of the proposed rate adjustments, which can be a range as long as the range is consistent with the range stated in the initial notice to policyholders for the various products, and rating region.
 - 3) A description of which policyholders are affected by this rate adjustment application. The rate adjustment may only affect certain policyholders in a market segment (e.g., Small Group), or with certain products (indicate the "street name" of the products affected), or only a certain renewal cohort (e.g., policyholders renewing mm/dd/yyyy – mm/dd/yyyy).
 - 4) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
 - 5) The effective date of the proposed rate adjustments and an indication of when the rate change would affect policyholders.
For example:
 - (a) For a non-guaranteed rate structure: All policyholders will receive the rate adjustment on mm/dd/yyyy.
 - (b) For a rate structure with a 12 month rate guarantee: A policyholder will receive the rate adjustment on the policyholder's next anniversary on or after mm/dd/yyyy.
 - 6) The number of policyholders/members affected by the proposed rate adjustment(s); aggregated across all market segments and products affected by the rate adjustments submission.
 - 7) An explanation, in plain-language, as to why it is necessary to request such rate changes. As appropriate, a separate explanation should be provided for each market segment. Where the rate increases are not the same for each product type within a market segment, the company should provide a separate explanation for each such product type.
- Each page of the Narrative Summary should be numbered (i.e., [page] of [pages]).

EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

United Healthcare Insurance Company of New York
 Company submitting the rate adjustment request

60093

Company NAIC Code

UHLC-127318689
 SERFF tracking number

- => Use this Exhibit for the policy forms/products included in the rate adjustment submission.
- => Submit separate exhibits by market segment such as Large Group, Small Group, Sole Proprietor, Individual, etc. If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported.
- Submit separate exhibits by rating region if the rate changes differ by rating region.
- Submit separate exhibits for each rolling rate table of a rolling rate structure.
- => This form must be submitted as an Excel file, even if a version is submitted as a PDF file.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
- => The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- => If one policy form is used for more than one products, then a separate row should be entered for each policy form/product name/product street name combination.
- => The format of this exhibit is discussed below and should be tailored to the specific rate filing submission. Extend the worksheet to add more rows or tabs as needed.

A. BASE MEDICAL PLAN

Market Segment: Healthy NY => Provide a list of proposed rate changes for each base medical plan type, by product name/street name.

Rating Region: All => The "proposed rate change" is just for the base medical product, excluding the impact of any riders.

- Lowest should be the smallest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
- Highest should be the largest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
- The weighted average should reflect the average using the distribution of contracts within each base medical product; the impact of riders is not included.

Non Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
APP.I.08.NY.HNYIND	Healthy NY	Healthy NY	January - December 2012	34.3%	34.3%	34.3%

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "January - March 2012" for a quarterly rolling rate structure.)

B. DRUG RIDERS

Market Segment: _____ => Provide a list of proposed rate changes for drug riders available with base medical products.

Rating Region: _____ => The "proposed percentage rate change" is just for the drug riders available with the indicated base medical product and excludes the impact of the base medical plan rates and non-drug riders.

The lowest, highest, and weighted average are just among the drug riders available to the indicated base medical product.

=> This is for the traditional drug riders, but not for minor drug related riders such as, the inclusion of oral contraceptives.

Non Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
All	APP.I.08.NY.HNYIND	Healthy NY	January - December 2012	34.3%	34.3%	34.3%

EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

United Healthcare Insurance Company of New York
 Company submitting the rate adjustment request

60093

Company NAIC Code

UHLC-127318689
 SERFF tracking number

- => Use this Exhibit for the policy forms/products included in the rate adjustment submission.
- => Submit separate exhibits by market segment such as Large Group, Small Group, Sole Proprietor, Individual, etc. If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported.
- Submit separate exhibits by rating region if the rate changes differ by rating region.
- Submit separate exhibits for each rolling rate table of a rolling rate structure.
- => This form must be submitted as an Excel file, even if a version is submitted as a PDF file.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
- => The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- => If one policy form is used for more than one products, then a separate row should be entered for each policy form/product name/product street name combination.
- => The format of this exhibit is discussed below and should be tailored to the specific rate filing submission. Extend the worksheet to add more rows or tabs as needed.

A. BASE MEDICAL PLAN

Market Segment: Healthy NY => Provide a list of proposed rate changes for each base medical plan type, by product name/street name.

Rating Region: All => The "proposed rate change" is just for the base medical product, excluding the impact of any riders.

- Lowest should be the smallest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
- Highest should be the largest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
- The weighted average should reflect the average using the distribution of contracts within each base medical product; the impact of riders is not included.

Non Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
APP.I.08.NY.HNYIND	Healthy NY	Healthy NY	January - December 2012	REDACTED	REDACTED	REDACTED

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "January - March 2012" for a quarterly rolling rate structure.)

B. DRUG RIDERS

Market Segment: _____ => Provide a list of proposed rate changes for drug riders available with base medical products.

Rating Region: _____ => The "proposed percentage rate change" is just for the drug riders available with the indicated base medical product and excludes the impact of the base medical plan rates and non-drug riders.

The lowest, highest, and weighted average are just among the drug riders available to the indicated base medical product.

=> This is for the traditional drug riders, but not for minor drug related riders such as, the inclusion of oral contraceptives.

Non Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
All	APP.I.08.NY.HNYIND	Healthy NY	January - December 2012	REDACTED	REDACTED	REDACTED

EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS

Company Name: United Healthcare Insurance Company of New York
 NAIC Code: 60093
 SERFF Tracking #: UHLC-127318689

Instructions:

- 1) The percentage rate change reported in Sections A and B reflect the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
- 2) The distribution is by number of contracts or number of members. The Company should indicate which basis, either number of contracts or number of members, is used in this Exhibit.
- 3) The Weighted Average Percentage should be developed based on the distribution of contracts or members for that market segment/product and for the market segment in total.
- 4) The distribution table should be grouped by market segment (e.g., Large Group, Small Group, Individual, Sole Proprietor, Healthy NY). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported. Use the drop down list for entries of Market Segment or make your own entry.
- 5) Under each market segment, the table should provide the distribution by broad product type (e.g., HMO, POS, EPO, PPO, Indemnity, High Deductible/Consumer Driven, Medicare Supplement, etc.).
- 6) In Section A, provide the distribution of contracts or members affected by proposed rate change for all non-rolling rate contracts by market segment/product.
- 7) In Section B, provide distribution information for each rolling rate cohort of a rolling rate structure contract affected by this rate submission (e.g., by quarter of renewal for a quarterly rolling rate structure).
- 8) Edit the worksheet to add more rows as needed.
- 9) This exhibit must be submitted as an Excel file, even if a version is submitted as a PDF file.

A. FOR A NON-ROLLING RATE STRUCTURE -- Distribution of Non Rolling Rate Contracts by Proposed Rate Adjustment

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of (*) as of mm/dd/yyyy	Number of (*) with Proposed Percentage Rate Change at Renewal											
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher	
Market Segment Total:																	

B. FOR A ROLLING RATE STRUCTURE - Distribution of Rolling Rate Contracts by Proposed Rate Adjustment by Each Rolling Rate Cohort

Effective Period of New Rolling Rate*: 1/1/2012 - 12/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 5/31/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal										
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
	Healthy NY	All	All	34.3%	1,692	0	0	0	0	0	0	0	0	1,692	0	0
Market Segment Total:						0	0	0	0	0	0	0	0	1,692	0	0

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "01/01/2012 - 03/31/2012" for a quarterly rolling rate structure.)
 Use the same format to provide the same information for each rolling rate cohort under each market segment.

(*) Indicate weighted average base used: Contracts or Members

EXHIBIT 6: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: United Healthcare Insurance Company of New York

NAIC Code: 60093

SERFF Number: UHLC-127318689

Instructions:

- This Exhibit summarizes all benefit/rate changes filed with the Health Bureau's Albany office that impact the rate tables in this filing.
- The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- Extend the worksheet to add more rows as needed.

A. List of rate filings that have been approved since the prior §3231(e)(1) or §4308(c) rate filing, which impact the rate tables in this filing.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Approval Date

B. List of the rate filings that are currently pending with the Department, which impact the rate tables in this filing.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change

C. List of remnants of the "file and use" submissions, which impact the rate tables in this filing.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Benefit/Rate Change Effective Date

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name:	United HealthCare Insurance Company of New York
NAIC Code:	60093
SERFF Number:	UHLC-127318689

- A. Complete a separate response for each base medical policy form included in the rate adjustment filing.
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response.
 - Submit a separate exhibit for each rating pool. Create additional tabs for each rating pool as needed.
 - Append additional columns to right of the existing columns (as needed) to include all base medical policy forms included in that rating pool. Add a rightmost column with the aggregate values for that entire rating pool.
- B. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Driven Health Plans, Hospital Only, Medical Only, Base+Supplemental, Supplementary Major Medical, Other Limited Benefit, Medicare Supplement (A, B, C, D, E, F Basic, F High, G, H, I, J Basic, J High, K, L, M, N, or Other - indicate appropriate designation for policy form), etc.
- C. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- D. Note that many cells include a drop down list. Use the drop down list or enter applicable items.
- E. If members, covered lives or member months are not known, use reasonable estimates (note methodology used).
- F. This form must be submitted as an Excel file, even if a version is submitted as a PDF file.

Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
1a. Base medical policy form number	APP.I.08.NY.HNYIND			
1b. Product Name as in Rate Manual	Healthy NY			
1c. Product Street Name as indicated to consumers	Healthy NY			
2. Aggregated for rate development with these base medical policy form numbers	NA			
3. Effective date of rate change (MM/DD/YYYY)	01/01/2012			
4. Market Segment (large group, small group, individual, or sole proprietor) [drop down menu]	Individual			
5. Product type (see above for examples) [drop down menu]	EPO			
6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	Yes			
7. Has base medical policy form aggregation changed from previous filing? (Yes or No) [drop down menu]	No			
8. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	Open			
9. Rate guarantee period incorporated into rate tables (months) (e.g., 12, for a 12 month rate guarantee period; or 0, if no rate guarantee period.)	12			
10. Weighted average rate change % proposed across base medical policy form from current rate charged policyholder (including all associated riders)	34.3%			

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Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
11. Number of policyholders affected by rate change. For group business this is number of groups.	1,692			
12. Number of covered lives affected by rate change	2,254			
13. Expected NY statewide loss ratio for base medical policy form including associated riders	90.0%			
Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)				
14.1 Beginning Date of the experience period (MM/DD/YYYY)	02/01/2010			
14.2 Ending Date of the experience period (MM/DD/YYYY)	01/31/2011			
14.3 Member months for experience period	19,509			
14.4 Earned premiums for experience period (\$)	4,779,598			
14.5 Standardized earned premiums for experience period (\$)	5,361,855			
14.6 Paid claims for experience period (\$)	4,375,790			
14.7 Incurred claims for experience period (\$)	4,731,173			
14.8 Administrative expenses for experience period (\$) (including commissions and premium taxes, but excluding federal and state income taxes)	497,078			
14.9 Earned premiums for experience period (\$mpm)	244.99	0.00	0.00	0.00
14.10 Standardized premiums for experience period (\$mpm)	274.84	0.00	0.00	0.00
14.11 Paid claims for experience period (\$mpm)	224.30	0.00	0.00	0.00
14.12 Incurred claims for experience period (\$mpm)	242.51	0.00	0.00	0.00
14.13 Administrative expenses for experience period (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	25.48	0.00	0.00	0.00
14.14 Ratio: Incurred Claims / Earned Premiums	0.990	0.000	0.000	0.000
14.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.882	0.000	0.000	0.000
14.16 Ratio: Administration Expenses / Earned Premiums	0.104	0.000	0.000	0.000
14.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	1.094	0.000	0.000	0.000
Prior Experience Period (NY statewide experience, base medical policy form + associated riders)				
15.1 Beginning date of the experience period (MM/DD/YYYY)	05/01/2009			
15.2 Ending Date of the experience period (MM/DD/YYYY)	01/31/2010			
15.3 Member months for experience period	3,869			
15.4 Earned premiums for experience period (\$)	896,520			
15.5 Standardized earned premiums for experience period (\$)	991,539			
15.6 Paid claims for experience period (\$)	619,365			
15.7 Incurred claims for experience period (\$)	956,801			

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Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
15.8 Administrative expenses for experience period (\$) (including commissions and premium taxes, but excluding federal and state income taxes)	92,342			
15.9 Earned premiums for experience period (\$mpm)	231.72	0.00	0.00	0.00
15.10 Standardized premiums for experience period (\$mpm)	256.28	0.00	0.00	0.00
15.11 Paid claims for experience period (\$mpm)	160.08	0.00	0.00	0.00
15.12 Incurred claims for experience period (\$mpm)	247.30	0.00	0.00	0.00
15.13 Administrative expenses for experience period (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	23.87	0.00	0.00	0.00
15.14 Ratio: Incurred Claims / Earned Premiums	1.067	0.000	0.000	0.000
15.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.965	0.000	0.000	0.000
15.16 Ratio: Administrative Expenses / Earned Premiums	0.103	0.000	0.000	0.000
15.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	1.170	0.000	0.000	0.000
Annualized Medical Trend Factors (%)				
16.1 All benefits combined, composite	15.1%			
16.2 Due to utilization	6.8%			
16.3 Due to unit cost	7.8%			
Ratios: Most Recent Experience Period to Prior Period				
17.1 Member months	5.042	0.000	0.000	0.000
17.2 Earned premiums (\$mpm)	1.057	0.000	0.000	0.000
17.3 Standardized premiums (\$mpm)	1.072	0.000	0.000	0.000
17.4 Paid claims (\$mpm)	1.401	0.000	0.000	0.000
17.5 Incurred claims (\$mpm)	0.981	0.000	0.000	0.000
17.6 Administrative expenses (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	1.068	0.000	0.000	0.000
Ratio: Standard Premium to Earned Premium				
18.1 Most Recent Experience Period	1.122	0.000	0.000	0.000
18.2 Prior Experience Period	1.106	0.000	0.000	0.000



<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



<Date>

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

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

Dear <Subscriber First Name> <Subscriber 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 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 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 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



<Date>

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

Re: Rate Filing for UnitedHealthcare Healthy New York Sole Proprietor and Individual plans

Dear <Subscriber First Name> <Subscriber 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 sole proprietors and individuals 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 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 your 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.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 renewal, you will receive a renewal package with the renewal rates for the 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 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



<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 writing as a follow-up to our rate application with the New York State Insurance Department (NYSID) on July 19, 2011. This notice is being sent to you and your group's employees who are certificate holders to notify you of the approved increases.

The NYSID approved the following rate increases related to medical cost trends which will be added to your current 2011 premium:

Renewal Date	Estimated Total Increase Over 2011 Medical and Pharmacy Premium (%)
January - December 2012	X%

Please be aware that the approved increases do not reflect the final renewal increase. Your group's final renewal rate will be based on the rate increases approved by the NYSID reflected in this notice.²

Prior to your group's renewal, you will receive additional renewal materials with your group's final renewal rate. Your group will also be able to choose other plan options at that time.

Thank you for your business.

Sincerely,

UnitedHealthcare

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

² We do not have any benefit changes on file with the NYSID. In the event that 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 rates.



<Date>

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

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

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

Thank you for allowing UnitedHealthcare¹ to serve your health benefit plan needs. We are writing as a follow-up to our rate application with the New York State Insurance Department (NYSID) on July 19, 2011. This notice is being sent to you as a certificate holder to notify you of the approved increases.

The NYSID approved the following rate increases related to medical cost trends which will be added to your current 2011 premium:

Renewal Date	Estimated Total Increase Over 2011 Medical and Pharmacy Premium (%)
January - December 2012	X%

Please be aware that the approved increases do not reflect the final renewal increase. Your final renewal rate will be based on the rate increases approved by the NYSID reflected in this notice.²

Prior to your group's renewal, your group will receive additional renewal materials with your group's final renewal rate. Your group will also be able to choose other plan options at that time.

Thank you for your business.

Sincerely,

UnitedHealthcare

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

² We do not have any benefit changes on file with the NYSID. In the event that 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 rates.



<Date>

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

Re: Rate Filing for UnitedHealthcare Healthy New York Sole Proprietor and Individual plans

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

Thank you for allowing UnitedHealthcare¹ to serve your health benefit plan needs. We are writing as a follow-up to our rate application with the New York State Insurance Department (NYSID) on July 19, 2011. This notice is being sent to you as a certificate holder to notify you of the approved increases.

The NYSID approved the following rate increases related to medical cost trends which will be added to your current 2011 premium:

Renewal Date	Estimated Total Increase Over 2011 Medical and Pharmacy Premium (%)
January - December 2012	X%

Please be aware that the approved increases do not reflect the final renewal increase. Your final renewal rate will be based on the rate increases approved by the NYSID reflected in this notice.²

Prior to your renewal, you will receive additional renewal materials with your final renewal rate. You will also be able to choose other plan options at that time.

Thank you for your business.

Sincerely,

UnitedHealthcare

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

² We do not have any benefit changes on file with the NYSID. In the event that 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 rates.

July 19, 2011

[REDACTED]
Deputy Chief Actuary
New York State Insurance Department
Health Bureau
25 Beaver Street
New York, NY 10004

**Re: United HealthCare Insurance Company of New York
Rate Filing for Healthy New York Upstate Pilot
Effective January 1, 2012**

Forms: APP.I.08.NY.HNYIND, APP.I.08.NY.HNYSB, POL.I.08.NY.HNYSB,
EXB2NTC.I.08.NY.HNYSB, COC.CER.I.08.NY.HNYIND,
COC.CER.I.08.NY.HNYSB, SBN.CHC2.I.08.NY.HNY,
RDR.RX.NET.I.08.NY.HNY, RDR.RXSBN2.NET.I.08.NY.HNY,
RECERT.I.08.NY.HNYSB, RECERT.I.08.NY.HNYIND

Dear Mr. [REDACTED]

This filing addresses the rates for United HealthCare Insurance Company of New York, Inc. plans in the Healthy New York Pilot program, which are effective in nine Upstate New York counties, in partnership with the Syracuse Chamber of Commerce. This filing addresses Healthy New York rates for Individual and Small Group contracts. It includes two Core plans and three previously approved alternatives.

We are submitting this rate filing subject to Prior Approval, pursuant to Section 3231 (e) of the Insurance Law.

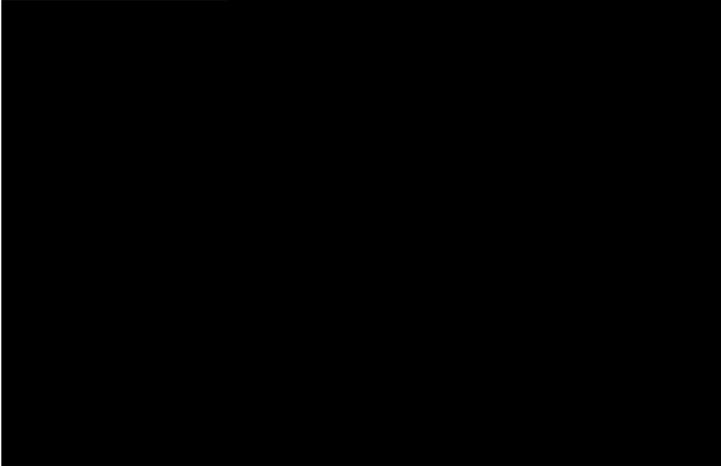
The rates in this filing are for effective dates from January 1, 2012 through December 31, 2012 for the above referenced form numbers. The Healthy New York rates will be the same for all effective dates from February 1, 2012 through December 31, 2012. The January rates have historically been different. Since the annual increase we are requesting is the same for the entire year, this will continue to be the case.

Included in this filing are:

- Actuarial Certification
- Actuarial Memorandum
- New York Exhibits 1 – 7

- Exhibit I – Standardized Premium Calculation
- Exhibit II - Rate Manual
- Exhibit III – Rate Development
- Sample Notification Letters

If you have any questions please do not hesitate to contact me at [REDACTED]
by phone at ([REDACTED]) [REDACTED]



**United HealthCare Insurance Company of New York
Healthy New York**

Standardized Premium Calculation

Effective Date	Time Period for Premium Data in column (A)	Earned HNY Premium A	Standardized Premium Adjustment * B	Standardized Premium = A x B
May 2009	2/2010 - 4/2010	\$ 20,797	1.21	\$ 25,141.48
June 2009	2/2010 - 5/2010	\$ 32,562	1.21	\$ 39,364.18
July 2009	2/2010 - 6/2010	\$ 80,620	1.21	\$ 97,461.40
August 2009	2/2010 - 7/2010	\$ 117,386	1.21	\$ 141,908.31
September 2009	2/2010 - 8/2010	\$ 155,859	1.21	\$ 188,418.39
October 2009	2/2010 - 9/2010	\$ 235,897	1.21	\$ 285,175.62
November 2009	2/2010 - 10/2010	\$ 183,204	1.21	\$ 221,474.72
December 2009	2/2010 - 11/2010	\$ 215,926	1.21	\$ 261,032.45
January 2010	2/2010 - 12/2010	\$ 534,639	1.10	\$ 588,102.93
February 2010	2/2010 - 1/2011	\$ 409,559	1.10	\$ 450,515.10
March 2010	3/2010 - 1/2011	\$ 382,508	1.10	\$ 420,758.82
April 2010	4/2010 - 1/2011	\$ 295,604	1.10	\$ 325,164.79
May 2010	5/2010 - 1/2011	\$ 324,326	1.10	\$ 356,758.36
June 2010	6/2010 - 1/2011	\$ 376,128	1.10	\$ 413,741.24
July 2010	7/2010 - 1/2011	\$ 345,169	1.10	\$ 379,685.36
August 2010	8/2010 - 1/2011	\$ 250,757	1.10	\$ 275,832.79
September 2010	9/2010 - 1/2011	\$ 260,043	1.10	\$ 286,047.34
October 2010	10/2010 - 1/2011	\$ 219,854	1.10	\$ 241,838.99
November 2010	11/2010 - 1/2011	\$ 154,900	1.10	\$ 170,390.51
December 2010	12/2010 - 1/2011	\$ 91,823	1.10	\$ 101,005.66
January 2011	1/2011	\$ 92,036	1.00	\$ 92,036.31
Total		\$ 4,779,598		\$ 5,361,855

* Rate increases are as follows:

2010 / 2009	9.9%
2011 / 2010	10.0%

**United HealthCare Insurance Company of New York
Healthy New York**

Standardized Premium Calculation

Effective Date	Time Period for Premium Data in column (A)	Earned HNY Premium A	Standardized Premium Adjustment * B	Standardized Premium = A x B
May 2008	2/2009 - 4/2009	-	-	-
June 2008	2/2009 - 5/2009	-	-	-
July 2008	2/2009 - 6/2009	-	-	-
August 2008	2/2009 - 7/2009	-	-	-
September 2008	2/2009 - 8/2009	-	-	-
October 2008	2/2009 - 9/2009	-	-	-
November 2008	2/2009 - 10/2009	-	-	-
December 2008	2/2009 - 11/2009	-	-	-
January 2009	2/2009 - 12/2009	-	-	-
February 2009	2/2009 - 1/2010	-	-	-
March 2009	3/2009 - 1/2010	-	-	-
April 2009	4/2009 - 1/2010	-	-	-
May 2009	5/2009 - 1/2010	\$ 70,445	1.099	\$ 77,419.57
June 2009	6/2009 - 1/2010	\$ 97,634	1.099	\$ 107,299.62
July 2009	7/2009 - 1/2010	\$ 138,452	1.099	\$ 152,158.29
August 2009	8/2009 - 1/2010	\$ 128,465	1.099	\$ 141,182.82
September 2009	9/2009 - 1/2010	\$ 129,489	1.099	\$ 142,308.18
October 2009	10/2009 - 1/2010	\$ 140,630	1.099	\$ 154,552.11
November 2009	11/2009 - 1/2010	\$ 79,266	1.099	\$ 87,112.97
December 2009	12/2009 - 1/2010	\$ 55,148	1.099	\$ 60,607.31
January 2010	1/2010	\$ 56,993	1.21	\$ 68,898.39
Total		\$ 896,520		\$ 991,539

Note: Product created in May 2009.

* Rate increases are as follows:

2010 / 2009 9.9%

APP.I.08.NY.HNYIND, APP.I.08.NY.HNYSB,
 POL.I.08.NY.HNYSB, EXB2NTC.I.08.NY.HNYSB,
 COC.CER.I.08.NY.HNYIND,
 COC.CER.I.08.NY.HNYSB,
 SBN.CHC2.I.08.NY.HNY,
 RDR.RX.NET.I.08.NY.HNY,
 RDR.RXSBN2.NET.I.08.NY.HNY,
 RECERT.I.08.NY.HNYSB
 , RECERT.I.08.NY.HNYIND

**United HealthCare Insurance Company of New York
 HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
 CORE (NON HIGH DEDUCTIBLE) PLAN
 ALL COUNTIES**

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 429.48	\$ 471.98	\$ 471.98	\$ 471.98	\$ 471.98	\$ 471.98	\$ 471.98	\$ 471.98	\$ 471.98	\$ 471.98	\$ 471.98	\$ 471.98
Parent/Child(ren)	\$ 674.28	\$ 741.01	\$ 741.01	\$ 741.01	\$ 741.01	\$ 741.01	\$ 741.01	\$ 741.01	\$ 741.01	\$ 741.01	\$ 741.01	\$ 741.01
Employee/Spouse	\$ 970.63	\$ 1,066.68	\$ 1,066.68	\$ 1,066.68	\$ 1,066.68	\$ 1,066.68	\$ 1,066.68	\$ 1,066.68	\$ 1,066.68	\$ 1,066.68	\$ 1,066.68	\$ 1,066.68
Family	\$ 1,181.06	\$ 1,297.96	\$ 1,297.96	\$ 1,297.96	\$ 1,297.96	\$ 1,297.96	\$ 1,297.96	\$ 1,297.96	\$ 1,297.96	\$ 1,297.96	\$ 1,297.96	\$ 1,297.96
Without Rx												
Individual	\$ 359.33	\$ 394.90	\$ 394.90	\$ 394.90	\$ 394.90	\$ 394.90	\$ 394.90	\$ 394.90	\$ 394.90	\$ 394.90	\$ 394.90	\$ 394.90
Parent/Child(ren)	\$ 564.15	\$ 619.98	\$ 619.98	\$ 619.98	\$ 619.98	\$ 619.98	\$ 619.98	\$ 619.98	\$ 619.98	\$ 619.98	\$ 619.98	\$ 619.98
Employee/Spouse	\$ 812.10	\$ 892.46	\$ 892.46	\$ 892.46	\$ 892.46	\$ 892.46	\$ 892.46	\$ 892.46	\$ 892.46	\$ 892.46	\$ 892.46	\$ 892.46
Family	\$ 988.17	\$ 1,085.96	\$ 1,085.96	\$ 1,085.96	\$ 1,085.96	\$ 1,085.96	\$ 1,085.96	\$ 1,085.96	\$ 1,085.96	\$ 1,085.96	\$ 1,085.96	\$ 1,085.96
Rider: Dependent Coverage to Age 29												
9% of medical rate	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 32.34	\$ 35.54	\$ 35.54	\$ 35.54	\$ 35.54	\$ 35.54	\$ 35.54	\$ 35.54	\$ 35.54	\$ 35.54	\$ 35.54	\$ 35.54
Parent/Child(ren)	\$ 31.59	\$ 34.72	\$ 34.72	\$ 34.72	\$ 34.72	\$ 34.72	\$ 34.72	\$ 34.72	\$ 34.72	\$ 34.72	\$ 34.72	\$ 34.72
Employee/Spouse	\$ 73.09	\$ 80.32	\$ 80.32	\$ 80.32	\$ 80.32	\$ 80.32	\$ 80.32	\$ 80.32	\$ 80.32	\$ 80.32	\$ 80.32	\$ 80.32
Family	\$ 62.58	\$ 68.77	\$ 68.77	\$ 68.77	\$ 68.77	\$ 68.77	\$ 68.77	\$ 68.77	\$ 68.77	\$ 68.77	\$ 68.77	\$ 68.77

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

**CORE (NON HIGH DEDUCTIBLE) PLAN
ALL COUNTIES**

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 319.79	\$ 351.44	\$ 351.44	\$ 351.44	\$ 351.44	\$ 351.44	\$ 351.44	\$ 351.44	\$ 351.44	\$ 351.44	\$ 351.44	\$ 351.44
Parent/Child(ren)	\$ 502.07	\$ 551.76	\$ 551.76	\$ 551.76	\$ 551.76	\$ 551.76	\$ 551.76	\$ 551.76	\$ 551.76	\$ 551.76	\$ 551.76	\$ 551.76
Employee/Spouse	\$ 722.73	\$ 794.25	\$ 794.25	\$ 794.25	\$ 794.25	\$ 794.25	\$ 794.25	\$ 794.25	\$ 794.25	\$ 794.25	\$ 794.25	\$ 794.25
Family	\$ 879.42	\$ 966.46	\$ 966.46	\$ 966.46	\$ 966.46	\$ 966.46	\$ 966.46	\$ 966.46	\$ 966.46	\$ 966.46	\$ 966.46	\$ 966.46
Without Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 267.56	\$ 294.04	\$ 294.04	\$ 294.04	\$ 294.04	\$ 294.04	\$ 294.04	\$ 294.04	\$ 294.04	\$ 294.04	\$ 294.04	\$ 294.04
Parent/Child(ren)	\$ 420.07	\$ 461.64	\$ 461.64	\$ 461.64	\$ 461.64	\$ 461.64	\$ 461.64	\$ 461.64	\$ 461.64	\$ 461.64	\$ 461.64	\$ 461.64
Employee/Spouse	\$ 604.69	\$ 664.53	\$ 664.53	\$ 664.53	\$ 664.53	\$ 664.53	\$ 664.53	\$ 664.53	\$ 664.53	\$ 664.53	\$ 664.53	\$ 664.53
Family	\$ 735.79	\$ 808.61	\$ 808.61	\$ 808.61	\$ 808.61	\$ 808.61	\$ 808.61	\$ 808.61	\$ 808.61	\$ 808.61	\$ 808.61	\$ 808.61
Rider: Dependent Coverage to Age 29	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
9% of medical rate												
Individual	\$ 24.08	\$ 26.46	\$ 26.46	\$ 26.46	\$ 26.46	\$ 26.46	\$ 26.46	\$ 26.46	\$ 26.46	\$ 26.46	\$ 26.46	\$ 26.46
Parent/Child(ren)	\$ 23.52	\$ 25.85	\$ 25.85	\$ 25.85	\$ 25.85	\$ 25.85	\$ 25.85	\$ 25.85	\$ 25.85	\$ 25.85	\$ 25.85	\$ 25.85
Employee/Spouse	\$ 54.42	\$ 59.81	\$ 59.81	\$ 59.81	\$ 59.81	\$ 59.81	\$ 59.81	\$ 59.81	\$ 59.81	\$ 59.81	\$ 59.81	\$ 59.81
Family	\$ 46.59	\$ 51.21	\$ 51.21	\$ 51.21	\$ 51.21	\$ 51.21	\$ 51.21	\$ 51.21	\$ 51.21	\$ 51.21	\$ 51.21	\$ 51.21

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

**CORE (NON HIGH DEDUCTIBLE) PLAN
ALL COUNTIES**

RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 109.69	\$ 120.54	\$ 120.54	\$ 120.54	\$ 120.54	\$ 120.54	\$ 120.54	\$ 120.54	\$ 120.54	\$ 120.54	\$ 120.54	\$ 120.54
Parent/Child(ren)	\$ 172.21	\$ 189.25	\$ 189.25	\$ 189.25	\$ 189.25	\$ 189.25	\$ 189.25	\$ 189.25	\$ 189.25	\$ 189.25	\$ 189.25	\$ 189.25
Employee/Spouse	\$ 247.90	\$ 272.43	\$ 272.43	\$ 272.43	\$ 272.43	\$ 272.43	\$ 272.43	\$ 272.43	\$ 272.43	\$ 272.43	\$ 272.43	\$ 272.43
Family	\$ 301.64	\$ 331.50	\$ 331.50	\$ 331.50	\$ 331.50	\$ 331.50	\$ 331.50	\$ 331.50	\$ 331.50	\$ 331.50	\$ 331.50	\$ 331.50

Without Rx

Individual	\$ 91.77	\$ 100.86	\$ 100.86	\$ 100.86	\$ 100.86	\$ 100.86	\$ 100.86	\$ 100.86	\$ 100.86	\$ 100.86	\$ 100.86	\$ 100.86
Parent/Child(ren)	\$ 144.08	\$ 158.34	\$ 158.34	\$ 158.34	\$ 158.34	\$ 158.34	\$ 158.34	\$ 158.34	\$ 158.34	\$ 158.34	\$ 158.34	\$ 158.34
Employee/Spouse	\$ 207.41	\$ 227.93	\$ 227.93	\$ 227.93	\$ 227.93	\$ 227.93	\$ 227.93	\$ 227.93	\$ 227.93	\$ 227.93	\$ 227.93	\$ 227.93
Family	\$ 252.38	\$ 277.35	\$ 277.35	\$ 277.35	\$ 277.35	\$ 277.35	\$ 277.35	\$ 277.35	\$ 277.35	\$ 277.35	\$ 277.35	\$ 277.35

Rider: Dependent Coverage to Age 29

9% of medical rate

Individual	\$ 8.26	\$ 9.08	\$ 9.08	\$ 9.08	\$ 9.08	\$ 9.08	\$ 9.08	\$ 9.08	\$ 9.08	\$ 9.08	\$ 9.08	\$ 9.08
Parent/Child(ren)	\$ 8.07	\$ 8.87	\$ 8.87	\$ 8.87	\$ 8.87	\$ 8.87	\$ 8.87	\$ 8.87	\$ 8.87	\$ 8.87	\$ 8.87	\$ 8.87
Employee/Spouse	\$ 18.67	\$ 20.51	\$ 20.51	\$ 20.51	\$ 20.51	\$ 20.51	\$ 20.51	\$ 20.51	\$ 20.51	\$ 20.51	\$ 20.51	\$ 20.51
Family	\$ 15.99	\$ 17.56	\$ 17.56	\$ 17.56	\$ 17.56	\$ 17.56	\$ 17.56	\$ 17.56	\$ 17.56	\$ 17.56	\$ 17.56	\$ 17.56

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
CORE (NON HIGH DEDUCTIBLE) PLAN
ALL COUNTIES**

PERCENT RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Without Rx												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Rider: Dependent Coverage to Age 29												
9% of medical rate												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%

APP.I.08.NY.HNYIND, APP.I.08.NY.HNYSB,
 POL.I.08.NY.HNYSB, EXB2NTC.I.08.NY.HNYSB,
 COC.CER.I.08.NY.HNYIND,
 COC.CER.I.08.NY.HNYSB,
 SBN.CHC2.I.08.NY.HNY,
 RDR.RX.NET.I.08.NY.HNY,
 RDR.RXSBN2.NET.I.08.NY.HNY,
 RECERT.I.08.NY.HNYSB
 , RECERT.I.08.NY.HNYIND

**United HealthCare Insurance Company of New York
 HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
 GRANDFATHERED CORE (NON HIGH DEDUCTIBLE) PLAN
 ALL COUNTIES**

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 427.33	\$ 469.63	\$ 469.63	\$ 469.63	\$ 469.63	\$ 469.63	\$ 469.63	\$ 469.63	\$ 469.63	\$ 469.63	\$ 469.63	\$ 469.63
Parent/Child(ren)	\$ 670.91	\$ 737.32	\$ 737.32	\$ 737.32	\$ 737.32	\$ 737.32	\$ 737.32	\$ 737.32	\$ 737.32	\$ 737.32	\$ 737.32	\$ 737.32
Employee/Spouse	\$ 965.76	\$ 1,061.37	\$ 1,061.37	\$ 1,061.37	\$ 1,061.37	\$ 1,061.37	\$ 1,061.37	\$ 1,061.37	\$ 1,061.37	\$ 1,061.37	\$ 1,061.37	\$ 1,061.37
Family	\$ 1,175.15	\$ 1,291.50	\$ 1,291.50	\$ 1,291.50	\$ 1,291.50	\$ 1,291.50	\$ 1,291.50	\$ 1,291.50	\$ 1,291.50	\$ 1,291.50	\$ 1,291.50	\$ 1,291.50
Without Rx												
Individual	\$ 357.18	\$ 392.55	\$ 392.55	\$ 392.55	\$ 392.55	\$ 392.55	\$ 392.55	\$ 392.55	\$ 392.55	\$ 392.55	\$ 392.55	\$ 392.55
Parent/Child(ren)	\$ 560.78	\$ 616.30	\$ 616.30	\$ 616.30	\$ 616.30	\$ 616.30	\$ 616.30	\$ 616.30	\$ 616.30	\$ 616.30	\$ 616.30	\$ 616.30
Employee/Spouse	\$ 807.24	\$ 887.16	\$ 887.16	\$ 887.16	\$ 887.16	\$ 887.16	\$ 887.16	\$ 887.16	\$ 887.16	\$ 887.16	\$ 887.16	\$ 887.16
Family	\$ 982.26	\$ 1,079.50	\$ 1,079.50	\$ 1,079.50	\$ 1,079.50	\$ 1,079.50	\$ 1,079.50	\$ 1,079.50	\$ 1,079.50	\$ 1,079.50	\$ 1,079.50	\$ 1,079.50
Rider: Dependent Coverage to Age 29												
9% of medical rate	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 32.15	\$ 35.33	\$ 35.33	\$ 35.33	\$ 35.33	\$ 35.33	\$ 35.33	\$ 35.33	\$ 35.33	\$ 35.33	\$ 35.33	\$ 35.33
Parent/Child(ren)	\$ 31.40	\$ 34.51	\$ 34.51	\$ 34.51	\$ 34.51	\$ 34.51	\$ 34.51	\$ 34.51	\$ 34.51	\$ 34.51	\$ 34.51	\$ 34.51
Employee/Spouse	\$ 72.65	\$ 79.84	\$ 79.84	\$ 79.84	\$ 79.84	\$ 79.84	\$ 79.84	\$ 79.84	\$ 79.84	\$ 79.84	\$ 79.84	\$ 79.84
Family	\$ 61.88	\$ 68.01	\$ 68.01	\$ 68.01	\$ 68.01	\$ 68.01	\$ 68.01	\$ 68.01	\$ 68.01	\$ 68.01	\$ 68.01	\$ 68.01

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
GRANDFATHERED CORE (NON HIGH DEDUCTIBLE) PLAN
ALL COUNTIES**

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 318.19	\$ 349.69	\$ 349.69	\$ 349.69	\$ 349.69	\$ 349.69	\$ 349.69	\$ 349.69	\$ 349.69	\$ 349.69	\$ 349.69	\$ 349.69
Parent/Child(ren)	\$ 499.56	\$ 549.01	\$ 549.01	\$ 549.01	\$ 549.01	\$ 549.01	\$ 549.01	\$ 549.01	\$ 549.01	\$ 549.01	\$ 549.01	\$ 549.01
Employee/Spouse	\$ 719.11	\$ 790.30	\$ 790.30	\$ 790.30	\$ 790.30	\$ 790.30	\$ 790.30	\$ 790.30	\$ 790.30	\$ 790.30	\$ 790.30	\$ 790.30
Family	\$ 875.02	\$ 961.65	\$ 961.65	\$ 961.65	\$ 961.65	\$ 961.65	\$ 961.65	\$ 961.65	\$ 961.65	\$ 961.65	\$ 961.65	\$ 961.65
Without Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 265.96	\$ 292.29	\$ 292.29	\$ 292.29	\$ 292.29	\$ 292.29	\$ 292.29	\$ 292.29	\$ 292.29	\$ 292.29	\$ 292.29	\$ 292.29
Parent/Child(ren)	\$ 417.56	\$ 458.90	\$ 458.90	\$ 458.90	\$ 458.90	\$ 458.90	\$ 458.90	\$ 458.90	\$ 458.90	\$ 458.90	\$ 458.90	\$ 458.90
Employee/Spouse	\$ 601.07	\$ 660.58	\$ 660.58	\$ 660.58	\$ 660.58	\$ 660.58	\$ 660.58	\$ 660.58	\$ 660.58	\$ 660.58	\$ 660.58	\$ 660.58
Family	\$ 731.39	\$ 803.80	\$ 803.80	\$ 803.80	\$ 803.80	\$ 803.80	\$ 803.80	\$ 803.80	\$ 803.80	\$ 803.80	\$ 803.80	\$ 803.80
Rider: Dependent Coverage to Age 29	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
9% of medical rate												
Individual	\$ 23.94	\$ 26.31	\$ 26.31	\$ 26.31	\$ 26.31	\$ 26.31	\$ 26.31	\$ 26.31	\$ 26.31	\$ 26.31	\$ 26.31	\$ 26.31
Parent/Child(ren)	\$ 23.38	\$ 25.70	\$ 25.70	\$ 25.70	\$ 25.70	\$ 25.70	\$ 25.70	\$ 25.70	\$ 25.70	\$ 25.70	\$ 25.70	\$ 25.70
Employee/Spouse	\$ 54.10	\$ 59.45	\$ 59.45	\$ 59.45	\$ 59.45	\$ 59.45	\$ 59.45	\$ 59.45	\$ 59.45	\$ 59.45	\$ 59.45	\$ 59.45
Family	\$ 46.08	\$ 50.64	\$ 50.64	\$ 50.64	\$ 50.64	\$ 50.64	\$ 50.64	\$ 50.64	\$ 50.64	\$ 50.64	\$ 50.64	\$ 50.64

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
GRANDFATHERED CORE (NON HIGH DEDUCTIBLE) PLAN
ALL COUNTIES**

RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 109.14	\$ 119.94	\$ 119.94	\$ 119.94	\$ 119.94	\$ 119.94	\$ 119.94	\$ 119.94	\$ 119.94	\$ 119.94	\$ 119.94	\$ 119.94
Parent/Child(ren)	\$ 171.35	\$ 188.31	\$ 188.31	\$ 188.31	\$ 188.31	\$ 188.31	\$ 188.31	\$ 188.31	\$ 188.31	\$ 188.31	\$ 188.31	\$ 188.31
Employee/Spouse	\$ 246.65	\$ 271.07	\$ 271.07	\$ 271.07	\$ 271.07	\$ 271.07	\$ 271.07	\$ 271.07	\$ 271.07	\$ 271.07	\$ 271.07	\$ 271.07
Family	\$ 300.13	\$ 329.85	\$ 329.85	\$ 329.85	\$ 329.85	\$ 329.85	\$ 329.85	\$ 329.85	\$ 329.85	\$ 329.85	\$ 329.85	\$ 329.85

Without Rx

Individual	\$ 91.22	\$ 100.26	\$ 100.26	\$ 100.26	\$ 100.26	\$ 100.26	\$ 100.26	\$ 100.26	\$ 100.26	\$ 100.26	\$ 100.26	\$ 100.26
Parent/Child(ren)	\$ 143.22	\$ 157.40	\$ 157.40	\$ 157.40	\$ 157.40	\$ 157.40	\$ 157.40	\$ 157.40	\$ 157.40	\$ 157.40	\$ 157.40	\$ 157.40
Employee/Spouse	\$ 206.17	\$ 226.58	\$ 226.58	\$ 226.58	\$ 226.58	\$ 226.58	\$ 226.58	\$ 226.58	\$ 226.58	\$ 226.58	\$ 226.58	\$ 226.58
Family	\$ 250.87	\$ 275.70	\$ 275.70	\$ 275.70	\$ 275.70	\$ 275.70	\$ 275.70	\$ 275.70	\$ 275.70	\$ 275.70	\$ 275.70	\$ 275.70

Rider: Dependent Coverage to Age 29

9% of medical rate

Individual	\$ 8.21	\$ 9.02	\$ 9.02	\$ 9.02	\$ 9.02	\$ 9.02	\$ 9.02	\$ 9.02	\$ 9.02	\$ 9.02	\$ 9.02	\$ 9.02
Parent/Child(ren)	\$ 8.02	\$ 8.81	\$ 8.81	\$ 8.81	\$ 8.81	\$ 8.81	\$ 8.81	\$ 8.81	\$ 8.81	\$ 8.81	\$ 8.81	\$ 8.81
Employee/Spouse	\$ 18.55	\$ 20.39	\$ 20.39	\$ 20.39	\$ 20.39	\$ 20.39	\$ 20.39	\$ 20.39	\$ 20.39	\$ 20.39	\$ 20.39	\$ 20.39
Family	\$ 15.80	\$ 17.37	\$ 17.37	\$ 17.37	\$ 17.37	\$ 17.37	\$ 17.37	\$ 17.37	\$ 17.37	\$ 17.37	\$ 17.37	\$ 17.37

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
GRANDFATHERED CORE (NON HIGH DEDUCTIBLE) PLAN
ALL COUNTIES**

PERCENT RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Without Rx												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Rider: Dependent Coverage to Age 29												
9% of medical rate												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%

APP.I.08.NY.HNYIND, APP.I.08.NY.HNYSB,
 POL.I.08.NY.HNYSB, EXB2NTC.I.08.NY.HNYSB,
 COC.CER.I.08.NY.HNYIND,
 COC.CER.I.08.NY.HNYSB,
 SBN.CHC2.I.08.NY.HNY,
 RDR.RX.NET.I.08.NY.HNY,
 RDR.RXSBN2.NET.I.08.NY.HNY,
 RECERT.I.08.NY.HNYSB
 , RECERT.I.08.NY.HNYIND

**United HealthCare Insurance Company of New York
 HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

**CORE - HIGH DEDUCTIBLE PLAN
 ALL COUNTIES**

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 309.10	\$ 339.71	\$ 339.71	\$ 339.71	\$ 339.71	\$ 339.71	\$ 339.71	\$ 339.71	\$ 339.71	\$ 339.71	\$ 339.71	\$ 339.71
Parent/Child(ren)	\$ 485.29	\$ 533.35	\$ 533.35	\$ 533.35	\$ 533.35	\$ 533.35	\$ 533.35	\$ 533.35	\$ 533.35	\$ 533.35	\$ 533.35	\$ 533.35
Employee/Spouse	\$ 698.57	\$ 767.75	\$ 767.75	\$ 767.75	\$ 767.75	\$ 767.75	\$ 767.75	\$ 767.75	\$ 767.75	\$ 767.75	\$ 767.75	\$ 767.75
Family	\$ 850.04	\$ 934.20	\$ 934.20	\$ 934.20	\$ 934.20	\$ 934.20	\$ 934.20	\$ 934.20	\$ 934.20	\$ 934.20	\$ 934.20	\$ 934.20
No Rx												
Individual	\$ 259.49	\$ 285.20	\$ 285.20	\$ 285.20	\$ 285.20	\$ 285.20	\$ 285.20	\$ 285.20	\$ 285.20	\$ 285.20	\$ 285.20	\$ 285.20
Parent/Child(ren)	\$ 407.41	\$ 447.77	\$ 447.77	\$ 447.77	\$ 447.77	\$ 447.77	\$ 447.77	\$ 447.77	\$ 447.77	\$ 447.77	\$ 447.77	\$ 447.77
Employee/Spouse	\$ 586.46	\$ 644.55	\$ 644.55	\$ 644.55	\$ 644.55	\$ 644.55	\$ 644.55	\$ 644.55	\$ 644.55	\$ 644.55	\$ 644.55	\$ 644.55
Family	\$ 713.62	\$ 784.30	\$ 784.30	\$ 784.30	\$ 784.30	\$ 784.30	\$ 784.30	\$ 784.30	\$ 784.30	\$ 784.30	\$ 784.30	\$ 784.30
Rider: Dependent Coverage to Age 29												
9% of medical rate	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 23.35	\$ 25.67	\$ 25.67	\$ 25.67	\$ 25.67	\$ 25.67	\$ 25.67	\$ 25.67	\$ 25.67	\$ 25.67	\$ 25.67	\$ 25.67
Parent/Child(ren)	\$ 22.82	\$ 25.08	\$ 25.08	\$ 25.08	\$ 25.08	\$ 25.08	\$ 25.08	\$ 25.08	\$ 25.08	\$ 25.08	\$ 25.08	\$ 25.08
Employee/Spouse	\$ 52.78	\$ 58.01	\$ 58.01	\$ 58.01	\$ 58.01	\$ 58.01	\$ 58.01	\$ 58.01	\$ 58.01	\$ 58.01	\$ 58.01	\$ 58.01
Family	\$ 45.19	\$ 49.67	\$ 49.67	\$ 49.67	\$ 49.67	\$ 49.67	\$ 49.67	\$ 49.67	\$ 49.67	\$ 49.67	\$ 49.67	\$ 49.67

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

**CORE - HIGH DEDUCTIBLE PLAN
ALL COUNTIES**

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
Individual	\$ 230.16	\$ 252.95	\$ 252.95	\$ 252.95	\$ 252.95	\$ 252.95	\$ 252.95	\$ 252.95	\$ 252.95	\$ 252.95	\$ 252.95	\$ 252.95
Parent/Child(ren)	\$ 361.35	\$ 397.13	\$ 397.13	\$ 397.13	\$ 397.13	\$ 397.13	\$ 397.13	\$ 397.13	\$ 397.13	\$ 397.13	\$ 397.13	\$ 397.13
Employee/Spouse	\$ 520.16	\$ 571.67	\$ 571.67	\$ 571.67	\$ 571.67	\$ 571.67	\$ 571.67	\$ 571.67	\$ 571.67	\$ 571.67	\$ 571.67	\$ 571.67
Family	\$ 632.94	\$ 695.61	\$ 695.61	\$ 695.61	\$ 695.61	\$ 695.61	\$ 695.61	\$ 695.61	\$ 695.61	\$ 695.61	\$ 695.61	\$ 695.61
No Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 193.22	\$ 212.36	\$ 212.36	\$ 212.36	\$ 212.36	\$ 212.36	\$ 212.36	\$ 212.36	\$ 212.36	\$ 212.36	\$ 212.36	\$ 212.36
Parent/Child(ren)	\$ 303.36	\$ 333.41	\$ 333.41	\$ 333.41	\$ 333.41	\$ 333.41	\$ 333.41	\$ 333.41	\$ 333.41	\$ 333.41	\$ 333.41	\$ 333.41
Employee/Spouse	\$ 436.68	\$ 479.93	\$ 479.93	\$ 479.93	\$ 479.93	\$ 479.93	\$ 479.93	\$ 479.93	\$ 479.93	\$ 479.93	\$ 479.93	\$ 479.93
Family	\$ 531.36	\$ 583.99	\$ 583.99	\$ 583.99	\$ 583.99	\$ 583.99	\$ 583.99	\$ 583.99	\$ 583.99	\$ 583.99	\$ 583.99	\$ 583.99
Rider: Dependent Coverage to Age 29	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
9% of medical rate												
Individual	\$ 17.39	\$ 19.11	\$ 19.11	\$ 19.11	\$ 19.11	\$ 19.11	\$ 19.11	\$ 19.11	\$ 19.11	\$ 19.11	\$ 19.11	\$ 19.11
Parent/Child(ren)	\$ 16.99	\$ 18.67	\$ 18.67	\$ 18.67	\$ 18.67	\$ 18.67	\$ 18.67	\$ 18.67	\$ 18.67	\$ 18.67	\$ 18.67	\$ 18.67
Employee/Spouse	\$ 39.30	\$ 43.19	\$ 43.19	\$ 43.19	\$ 43.19	\$ 43.19	\$ 43.19	\$ 43.19	\$ 43.19	\$ 43.19	\$ 43.19	\$ 43.19
Family	\$ 33.65	\$ 36.98	\$ 36.98	\$ 36.98	\$ 36.98	\$ 36.98	\$ 36.98	\$ 36.98	\$ 36.98	\$ 36.98	\$ 36.98	\$ 36.98

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

**CORE - HIGH DEDUCTIBLE PLAN
ALL COUNTIES**

RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 78.94	\$ 86.76	\$ 86.76	\$ 86.76	\$ 86.76	\$ 86.76	\$ 86.76	\$ 86.76	\$ 86.76	\$ 86.76	\$ 86.76	\$ 86.76
Parent/Child(ren)	\$ 123.94	\$ 136.22	\$ 136.22	\$ 136.22	\$ 136.22	\$ 136.22	\$ 136.22	\$ 136.22	\$ 136.22	\$ 136.22	\$ 136.22	\$ 136.22
Employee/Spouse	\$ 178.41	\$ 196.08	\$ 196.08	\$ 196.08	\$ 196.08	\$ 196.08	\$ 196.08	\$ 196.08	\$ 196.08	\$ 196.08	\$ 196.08	\$ 196.08
Family	\$ 217.10	\$ 238.59	\$ 238.59	\$ 238.59	\$ 238.59	\$ 238.59	\$ 238.59	\$ 238.59	\$ 238.59	\$ 238.59	\$ 238.59	\$ 238.59

Without Rx

Individual	\$ 66.27	\$ 72.84	\$ 72.84	\$ 72.84	\$ 72.84	\$ 72.84	\$ 72.84	\$ 72.84	\$ 72.84	\$ 72.84	\$ 72.84	\$ 72.84
Parent/Child(ren)	\$ 104.05	\$ 114.36	\$ 114.36	\$ 114.36	\$ 114.36	\$ 114.36	\$ 114.36	\$ 114.36	\$ 114.36	\$ 114.36	\$ 114.36	\$ 114.36
Employee/Spouse	\$ 149.78	\$ 164.62	\$ 164.62	\$ 164.62	\$ 164.62	\$ 164.62	\$ 164.62	\$ 164.62	\$ 164.62	\$ 164.62	\$ 164.62	\$ 164.62
Family	\$ 182.26	\$ 200.31	\$ 200.31	\$ 200.31	\$ 200.31	\$ 200.31	\$ 200.31	\$ 200.31	\$ 200.31	\$ 200.31	\$ 200.31	\$ 200.31

Rider: Dependent Coverage to Age 29

9% of medical rate

Individual	\$ 5.96	\$ 6.56	\$ 6.56	\$ 6.56	\$ 6.56	\$ 6.56	\$ 6.56	\$ 6.56	\$ 6.56	\$ 6.56	\$ 6.56	\$ 6.56
Parent/Child(ren)	\$ 5.83	\$ 6.41	\$ 6.41	\$ 6.41	\$ 6.41	\$ 6.41	\$ 6.41	\$ 6.41	\$ 6.41	\$ 6.41	\$ 6.41	\$ 6.41
Employee/Spouse	\$ 13.48	\$ 14.82	\$ 14.82	\$ 14.82	\$ 14.82	\$ 14.82	\$ 14.82	\$ 14.82	\$ 14.82	\$ 14.82	\$ 14.82	\$ 14.82
Family	\$ 11.54	\$ 12.69	\$ 12.69	\$ 12.69	\$ 12.69	\$ 12.69	\$ 12.69	\$ 12.69	\$ 12.69	\$ 12.69	\$ 12.69	\$ 12.69

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

**CORE - HIGH DEDUCTIBLE PLAN
ALL COUNTIES**

PERCENT RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Without Rx												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Rider: Dependent Coverage to Age 29												
9% of medical rate												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%

APP.I.08.NY.HNYIND, APP.I.08.NY.HNYSB,
 POL.I.08.NY.HNYSB, EXB2NTC.I.08.NY.HNYSB,
 COC.CER.I.08.NY.HNYIND,
 COC.CER.I.08.NY.HNYSB,
 SBN.CHC2.I.08.NY.HNY,
 RDR.RX.NET.I.08.NY.HNY,
 RDR.RXSN2.NET.I.08.NY.HNY,
 RECERT.I.08.NY.HNYSB
 , RECERT.I.08.NY.HNYIND

**United HealthCare Insurance Company of New York
 HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
 GRANDFATHERED CORE - HIGH DEDUCTIBLE PLAN
 ALL COUNTIES**

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 307.48	\$ 337.93	\$ 337.93	\$ 337.93	\$ 337.93	\$ 337.93	\$ 337.93	\$ 337.93	\$ 337.93	\$ 337.93	\$ 337.93	\$ 337.93
Parent/Child(ren)	\$ 482.74	\$ 530.54	\$ 530.54	\$ 530.54	\$ 530.54	\$ 530.54	\$ 530.54	\$ 530.54	\$ 530.54	\$ 530.54	\$ 530.54	\$ 530.54
Employee/Spouse	\$ 694.91	\$ 763.71	\$ 763.71	\$ 763.71	\$ 763.71	\$ 763.71	\$ 763.71	\$ 763.71	\$ 763.71	\$ 763.71	\$ 763.71	\$ 763.71
Family	\$ 845.57	\$ 929.30	\$ 929.30	\$ 929.30	\$ 929.30	\$ 929.30	\$ 929.30	\$ 929.30	\$ 929.30	\$ 929.30	\$ 929.30	\$ 929.30
No Rx												
Individual	\$ 257.95	\$ 283.49	\$ 283.49	\$ 283.49	\$ 283.49	\$ 283.49	\$ 283.49	\$ 283.49	\$ 283.49	\$ 283.49	\$ 283.49	\$ 283.49
Parent/Child(ren)	\$ 404.98	\$ 445.08	\$ 445.08	\$ 445.08	\$ 445.08	\$ 445.08	\$ 445.08	\$ 445.08	\$ 445.08	\$ 445.08	\$ 445.08	\$ 445.08
Employee/Spouse	\$ 582.97	\$ 640.69	\$ 640.69	\$ 640.69	\$ 640.69	\$ 640.69	\$ 640.69	\$ 640.69	\$ 640.69	\$ 640.69	\$ 640.69	\$ 640.69
Family	\$ 709.36	\$ 779.61	\$ 779.61	\$ 779.61	\$ 779.61	\$ 779.61	\$ 779.61	\$ 779.61	\$ 779.61	\$ 779.61	\$ 779.61	\$ 779.61
Rider: Dependent Coverage to Age 29												
9% of medical rate	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 23.22	\$ 25.51	\$ 25.51	\$ 25.51	\$ 25.51	\$ 25.51	\$ 25.51	\$ 25.51	\$ 25.51	\$ 25.51	\$ 25.51	\$ 25.51
Parent/Child(ren)	\$ 22.68	\$ 24.92	\$ 24.92	\$ 24.92	\$ 24.92	\$ 24.92	\$ 24.92	\$ 24.92	\$ 24.92	\$ 24.92	\$ 24.92	\$ 24.92
Employee/Spouse	\$ 52.47	\$ 57.66	\$ 57.66	\$ 57.66	\$ 57.66	\$ 57.66	\$ 57.66	\$ 57.66	\$ 57.66	\$ 57.66	\$ 57.66	\$ 57.66
Family	\$ 44.69	\$ 49.12	\$ 49.12	\$ 49.12	\$ 49.12	\$ 49.12	\$ 49.12	\$ 49.12	\$ 49.12	\$ 49.12	\$ 49.12	\$ 49.12

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
GRANDFATHERED CORE - HIGH DEDUCTIBLE PLAN
ALL COUNTIES**

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
Individual	\$ 228.95	\$ 251.62	\$ 251.62	\$ 251.62	\$ 251.62	\$ 251.62	\$ 251.62	\$ 251.62	\$ 251.62	\$ 251.62	\$ 251.62	\$ 251.62
Parent/Child(ren)	\$ 359.45	\$ 395.04	\$ 395.04	\$ 395.04	\$ 395.04	\$ 395.04	\$ 395.04	\$ 395.04	\$ 395.04	\$ 395.04	\$ 395.04	\$ 395.04
Employee/Spouse	\$ 517.43	\$ 568.66	\$ 568.66	\$ 568.66	\$ 568.66	\$ 568.66	\$ 568.66	\$ 568.66	\$ 568.66	\$ 568.66	\$ 568.66	\$ 568.66
Family	\$ 629.61	\$ 691.96	\$ 691.96	\$ 691.96	\$ 691.96	\$ 691.96	\$ 691.96	\$ 691.96	\$ 691.96	\$ 691.96	\$ 691.96	\$ 691.96
No Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 192.07	\$ 211.09	\$ 211.09	\$ 211.09	\$ 211.09	\$ 211.09	\$ 211.09	\$ 211.09	\$ 211.09	\$ 211.09	\$ 211.09	\$ 211.09
Parent/Child(ren)	\$ 301.55	\$ 331.41	\$ 331.41	\$ 331.41	\$ 331.41	\$ 331.41	\$ 331.41	\$ 331.41	\$ 331.41	\$ 331.41	\$ 331.41	\$ 331.41
Employee/Spouse	\$ 434.08	\$ 477.06	\$ 477.06	\$ 477.06	\$ 477.06	\$ 477.06	\$ 477.06	\$ 477.06	\$ 477.06	\$ 477.06	\$ 477.06	\$ 477.06
Family	\$ 528.19	\$ 580.50	\$ 580.50	\$ 580.50	\$ 580.50	\$ 580.50	\$ 580.50	\$ 580.50	\$ 580.50	\$ 580.50	\$ 580.50	\$ 580.50
Rider: Dependent Coverage to Age 29	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
9% of medical rate												
Individual	\$ 17.29	\$ 19.00	\$ 19.00	\$ 19.00	\$ 19.00	\$ 19.00	\$ 19.00	\$ 19.00	\$ 19.00	\$ 19.00	\$ 19.00	\$ 19.00
Parent/Child(ren)	\$ 16.89	\$ 18.56	\$ 18.56	\$ 18.56	\$ 18.56	\$ 18.56	\$ 18.56	\$ 18.56	\$ 18.56	\$ 18.56	\$ 18.56	\$ 18.56
Employee/Spouse	\$ 39.07	\$ 42.94	\$ 42.94	\$ 42.94	\$ 42.94	\$ 42.94	\$ 42.94	\$ 42.94	\$ 42.94	\$ 42.94	\$ 42.94	\$ 42.94
Family	\$ 33.28	\$ 36.57	\$ 36.57	\$ 36.57	\$ 36.57	\$ 36.57	\$ 36.57	\$ 36.57	\$ 36.57	\$ 36.57	\$ 36.57	\$ 36.57

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
GRANDFATHERED CORE - HIGH DEDUCTIBLE PLAN
ALL COUNTIES**

RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 78.53	\$ 86.31	\$ 86.31	\$ 86.31	\$ 86.31	\$ 86.31	\$ 86.31	\$ 86.31	\$ 86.31	\$ 86.31	\$ 86.31	\$ 86.31
Parent/Child(ren)	\$ 123.29	\$ 135.50	\$ 135.50	\$ 135.50	\$ 135.50	\$ 135.50	\$ 135.50	\$ 135.50	\$ 135.50	\$ 135.50	\$ 135.50	\$ 135.50
Employee/Spouse	\$ 177.48	\$ 195.05	\$ 195.05	\$ 195.05	\$ 195.05	\$ 195.05	\$ 195.05	\$ 195.05	\$ 195.05	\$ 195.05	\$ 195.05	\$ 195.05
Family	\$ 215.96	\$ 237.34	\$ 237.34	\$ 237.34	\$ 237.34	\$ 237.34	\$ 237.34	\$ 237.34	\$ 237.34	\$ 237.34	\$ 237.34	\$ 237.34
Without Rx												
Individual	\$ 65.88	\$ 72.40	\$ 72.40	\$ 72.40	\$ 72.40	\$ 72.40	\$ 72.40	\$ 72.40	\$ 72.40	\$ 72.40	\$ 72.40	\$ 72.40
Parent/Child(ren)	\$ 103.43	\$ 113.67	\$ 113.67	\$ 113.67	\$ 113.67	\$ 113.67	\$ 113.67	\$ 113.67	\$ 113.67	\$ 113.67	\$ 113.67	\$ 113.67
Employee/Spouse	\$ 148.89	\$ 163.63	\$ 163.63	\$ 163.63	\$ 163.63	\$ 163.63	\$ 163.63	\$ 163.63	\$ 163.63	\$ 163.63	\$ 163.63	\$ 163.63
Family	\$ 181.17	\$ 199.11	\$ 199.11	\$ 199.11	\$ 199.11	\$ 199.11	\$ 199.11	\$ 199.11	\$ 199.11	\$ 199.11	\$ 199.11	\$ 199.11
Rider: Dependent Coverage to Age 29												
9% of medical rate												
Individual	\$ 5.93	\$ 6.51	\$ 6.51	\$ 6.51	\$ 6.51	\$ 6.51	\$ 6.51	\$ 6.51	\$ 6.51	\$ 6.51	\$ 6.51	\$ 6.51
Parent/Child(ren)	\$ 5.79	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36
Employee/Spouse	\$ 13.40	\$ 14.72	\$ 14.72	\$ 14.72	\$ 14.72	\$ 14.72	\$ 14.72	\$ 14.72	\$ 14.72	\$ 14.72	\$ 14.72	\$ 14.72
Family	\$ 11.41	\$ 12.55	\$ 12.55	\$ 12.55	\$ 12.55	\$ 12.55	\$ 12.55	\$ 12.55	\$ 12.55	\$ 12.55	\$ 12.55	\$ 12.55

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
GRANDFATHERED CORE - HIGH DEDUCTIBLE PLAN
ALL COUNTIES**

PERCENT RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Without Rx												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Rider: Dependent Coverage to Age 29												
9% of medical rate												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%

APP.I.08.NY.HNYIND, APP.I.08.NY.HNYSB,
 POL.I.08.NY.HNYSB, EXB2NTC.I.08.NY.HNYSB,
 COC.CER.I.08.NY.HNYIND,
 COC.CER.I.08.NY.HNYSB,
 SBN.CHC2.I.08.NY.HNY,
 RDR.RX.NET.I.08.NY.HNY,
 RDR.RXSBN2.NET.I.08.NY.HNY,
 RECERT.I.08.NY.HNYSB
 , RECERT.I.08.NY.HNYIND

**United HealthCare Insurance Company of New York
 HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
 ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN A
 ALL COUNTIES**

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 455.38	\$ 500.48	\$ 500.48	\$ 500.48	\$ 500.48	\$ 500.48	\$ 500.48	\$ 500.48	\$ 500.48	\$ 500.48	\$ 500.48	\$ 500.48
Parent/Child(ren)	\$ 714.96	\$ 785.76	\$ 785.76	\$ 785.76	\$ 785.76	\$ 785.76	\$ 785.76	\$ 785.76	\$ 785.76	\$ 785.76	\$ 785.76	\$ 785.76
Employee/Spouse	\$ 1,029.17	\$ 1,131.09	\$ 1,131.09	\$ 1,131.09	\$ 1,131.09	\$ 1,131.09	\$ 1,131.09	\$ 1,131.09	\$ 1,131.09	\$ 1,131.09	\$ 1,131.09	\$ 1,131.09
Family	\$ 1,252.31	\$ 1,376.33	\$ 1,376.33	\$ 1,376.33	\$ 1,376.33	\$ 1,376.33	\$ 1,376.33	\$ 1,376.33	\$ 1,376.33	\$ 1,376.33	\$ 1,376.33	\$ 1,376.33
No Rx												
Individual	\$ 381.01	\$ 418.73	\$ 418.73	\$ 418.73	\$ 418.73	\$ 418.73	\$ 418.73	\$ 418.73	\$ 418.73	\$ 418.73	\$ 418.73	\$ 418.73
Parent/Child(ren)	\$ 598.19	\$ 657.41	\$ 657.41	\$ 657.41	\$ 657.41	\$ 657.41	\$ 657.41	\$ 657.41	\$ 657.41	\$ 657.41	\$ 657.41	\$ 657.41
Employee/Spouse	\$ 861.08	\$ 946.34	\$ 946.34	\$ 946.34	\$ 946.34	\$ 946.34	\$ 946.34	\$ 946.34	\$ 946.34	\$ 946.34	\$ 946.34	\$ 946.34
Family	\$ 1,047.78	\$ 1,151.52	\$ 1,151.52	\$ 1,151.52	\$ 1,151.52	\$ 1,151.52	\$ 1,151.52	\$ 1,151.52	\$ 1,151.52	\$ 1,151.52	\$ 1,151.52	\$ 1,151.52
Rider: Dependent Coverage to Age 29												
9% of medical rate	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 34.29	\$ 37.69	\$ 37.69	\$ 37.69	\$ 37.69	\$ 37.69	\$ 37.69	\$ 37.69	\$ 37.69	\$ 37.69	\$ 37.69	\$ 37.69
Parent/Child(ren)	\$ 33.50	\$ 36.82	\$ 36.82	\$ 36.82	\$ 36.82	\$ 36.82	\$ 36.82	\$ 36.82	\$ 36.82	\$ 36.82	\$ 36.82	\$ 36.82
Employee/Spouse	\$ 77.50	\$ 85.17	\$ 85.17	\$ 85.17	\$ 85.17	\$ 85.17	\$ 85.17	\$ 85.17	\$ 85.17	\$ 85.17	\$ 85.17	\$ 85.17
Family	\$ 66.35	\$ 72.92	\$ 72.92	\$ 72.92	\$ 72.92	\$ 72.92	\$ 72.92	\$ 72.92	\$ 72.92	\$ 72.92	\$ 72.92	\$ 72.92

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN A
ALL COUNTIES**

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 339.08	\$ 372.66	\$ 372.66	\$ 372.66	\$ 372.66	\$ 372.66	\$ 372.66	\$ 372.66	\$ 372.66	\$ 372.66	\$ 372.66	\$ 372.66
Parent/Child(ren)	\$ 532.36	\$ 585.08	\$ 585.08	\$ 585.08	\$ 585.08	\$ 585.08	\$ 585.08	\$ 585.08	\$ 585.08	\$ 585.08	\$ 585.08	\$ 585.08
Employee/Spouse	\$ 766.32	\$ 842.21	\$ 842.21	\$ 842.21	\$ 842.21	\$ 842.21	\$ 842.21	\$ 842.21	\$ 842.21	\$ 842.21	\$ 842.21	\$ 842.21
Family	\$ 932.47	\$ 1,024.82	\$ 1,024.82	\$ 1,024.82	\$ 1,024.82	\$ 1,024.82	\$ 1,024.82	\$ 1,024.82	\$ 1,024.82	\$ 1,024.82	\$ 1,024.82	\$ 1,024.82
No Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 283.70	\$ 311.79	\$ 311.79	\$ 311.79	\$ 311.79	\$ 311.79	\$ 311.79	\$ 311.79	\$ 311.79	\$ 311.79	\$ 311.79	\$ 311.79
Parent/Child(ren)	\$ 445.41	\$ 489.51	\$ 489.51	\$ 489.51	\$ 489.51	\$ 489.51	\$ 489.51	\$ 489.51	\$ 489.51	\$ 489.51	\$ 489.51	\$ 489.51
Employee/Spouse	\$ 641.16	\$ 704.65	\$ 704.65	\$ 704.65	\$ 704.65	\$ 704.65	\$ 704.65	\$ 704.65	\$ 704.65	\$ 704.65	\$ 704.65	\$ 704.65
Family	\$ 780.18	\$ 857.42	\$ 857.42	\$ 857.42	\$ 857.42	\$ 857.42	\$ 857.42	\$ 857.42	\$ 857.42	\$ 857.42	\$ 857.42	\$ 857.42
Rider: Dependent Coverage to Age 29	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
9% of medical rate												
Individual	\$ 25.53	\$ 28.06	\$ 28.06	\$ 28.06	\$ 28.06	\$ 28.06	\$ 28.06	\$ 28.06	\$ 28.06	\$ 28.06	\$ 28.06	\$ 28.06
Parent/Child(ren)	\$ 24.94	\$ 27.41	\$ 27.41	\$ 27.41	\$ 27.41	\$ 27.41	\$ 27.41	\$ 27.41	\$ 27.41	\$ 27.41	\$ 27.41	\$ 27.41
Employee/Spouse	\$ 57.70	\$ 63.42	\$ 63.42	\$ 63.42	\$ 63.42	\$ 63.42	\$ 63.42	\$ 63.42	\$ 63.42	\$ 63.42	\$ 63.42	\$ 63.42
Family	\$ 49.41	\$ 54.30	\$ 54.30	\$ 54.30	\$ 54.30	\$ 54.30	\$ 54.30	\$ 54.30	\$ 54.30	\$ 54.30	\$ 54.30	\$ 54.30

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN A
ALL COUNTIES**

RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 116.30	\$ 127.82	\$ 127.82	\$ 127.82	\$ 127.82	\$ 127.82	\$ 127.82	\$ 127.82	\$ 127.82	\$ 127.82	\$ 127.82	\$ 127.82
Parent/Child(ren)	\$ 182.60	\$ 200.68	\$ 200.68	\$ 200.68	\$ 200.68	\$ 200.68	\$ 200.68	\$ 200.68	\$ 200.68	\$ 200.68	\$ 200.68	\$ 200.68
Employee/Spouse	\$ 262.85	\$ 288.88	\$ 288.88	\$ 288.88	\$ 288.88	\$ 288.88	\$ 288.88	\$ 288.88	\$ 288.88	\$ 288.88	\$ 288.88	\$ 288.88
Family	\$ 319.84	\$ 351.51	\$ 351.51	\$ 351.51	\$ 351.51	\$ 351.51	\$ 351.51	\$ 351.51	\$ 351.51	\$ 351.51	\$ 351.51	\$ 351.51

Without Rx

Individual	\$ 97.31	\$ 106.94	\$ 106.94	\$ 106.94	\$ 106.94	\$ 106.94	\$ 106.94	\$ 106.94	\$ 106.94	\$ 106.94	\$ 106.94	\$ 106.94
Parent/Child(ren)	\$ 152.78	\$ 167.90	\$ 167.90	\$ 167.90	\$ 167.90	\$ 167.90	\$ 167.90	\$ 167.90	\$ 167.90	\$ 167.90	\$ 167.90	\$ 167.90
Employee/Spouse	\$ 219.92	\$ 241.69	\$ 241.69	\$ 241.69	\$ 241.69	\$ 241.69	\$ 241.69	\$ 241.69	\$ 241.69	\$ 241.69	\$ 241.69	\$ 241.69
Family	\$ 267.60	\$ 294.10	\$ 294.10	\$ 294.10	\$ 294.10	\$ 294.10	\$ 294.10	\$ 294.10	\$ 294.10	\$ 294.10	\$ 294.10	\$ 294.10

Rider: Dependent Coverage to Age 29

9% of medical rate

Individual	\$ 8.76	\$ 9.63	\$ 9.63	\$ 9.63	\$ 9.63	\$ 9.63	\$ 9.63	\$ 9.63	\$ 9.63	\$ 9.63	\$ 9.63	\$ 9.63
Parent/Child(ren)	\$ 8.56	\$ 9.41	\$ 9.41	\$ 9.41	\$ 9.41	\$ 9.41	\$ 9.41	\$ 9.41	\$ 9.41	\$ 9.41	\$ 9.41	\$ 9.41
Employee/Spouse	\$ 19.80	\$ 21.75	\$ 21.75	\$ 21.75	\$ 21.75	\$ 21.75	\$ 21.75	\$ 21.75	\$ 21.75	\$ 21.75	\$ 21.75	\$ 21.75
Family	\$ 16.94	\$ 18.62	\$ 18.62	\$ 18.62	\$ 18.62	\$ 18.62	\$ 18.62	\$ 18.62	\$ 18.62	\$ 18.62	\$ 18.62	\$ 18.62

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN A
ALL COUNTIES**

PERCENT RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Without Rx												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Rider: Dependent Coverage to Age 29												
9% of medical rate												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%

APP.I.08.NY.HNYIND, APP.I.08.NY.HNYSB,
 POL.I.08.NY.HNYSB, EXB2NTC.I.08.NY.HNYSB,
 COC.CER.I.08.NY.HNYIND,
 COC.CER.I.08.NY.HNYSB,
 SBN.CHC2.I.08.NY.HNY,
 RDR.RX.NET.I.08.NY.HNY,
 RDR.RXSBN2.NET.I.08.NY.HNY,
 RECERT.I.08.NY.HNYSB
 , RECERT.I.08.NY.HNYIND

**United HealthCare Insurance Company of New York
 HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
 GRANDFATHERED ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN A
 ALL COUNTIES**

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 453.11	\$ 497.98	\$ 497.98	\$ 497.98	\$ 497.98	\$ 497.98	\$ 497.98	\$ 497.98	\$ 497.98	\$ 497.98	\$ 497.98	\$ 497.98
Parent/Child(ren)	\$ 711.39	\$ 781.84	\$ 781.84	\$ 781.84	\$ 781.84	\$ 781.84	\$ 781.84	\$ 781.84	\$ 781.84	\$ 781.84	\$ 781.84	\$ 781.84
Employee/Spouse	\$ 1,024.04	\$ 1,125.45	\$ 1,125.45	\$ 1,125.45	\$ 1,125.45	\$ 1,125.45	\$ 1,125.45	\$ 1,125.45	\$ 1,125.45	\$ 1,125.45	\$ 1,125.45	\$ 1,125.45
Family	\$ 1,246.06	\$ 1,369.46	\$ 1,369.46	\$ 1,369.46	\$ 1,369.46	\$ 1,369.46	\$ 1,369.46	\$ 1,369.46	\$ 1,369.46	\$ 1,369.46	\$ 1,369.46	\$ 1,369.46
No Rx												
Individual	\$ 378.74	\$ 416.24	\$ 416.24	\$ 416.24	\$ 416.24	\$ 416.24	\$ 416.24	\$ 416.24	\$ 416.24	\$ 416.24	\$ 416.24	\$ 416.24
Parent/Child(ren)	\$ 594.63	\$ 653.49	\$ 653.49	\$ 653.49	\$ 653.49	\$ 653.49	\$ 653.49	\$ 653.49	\$ 653.49	\$ 653.49	\$ 653.49	\$ 653.49
Employee/Spouse	\$ 855.95	\$ 940.69	\$ 940.69	\$ 940.69	\$ 940.69	\$ 940.69	\$ 940.69	\$ 940.69	\$ 940.69	\$ 940.69	\$ 940.69	\$ 940.69
Family	\$ 1,041.54	\$ 1,144.65	\$ 1,144.65	\$ 1,144.65	\$ 1,144.65	\$ 1,144.65	\$ 1,144.65	\$ 1,144.65	\$ 1,144.65	\$ 1,144.65	\$ 1,144.65	\$ 1,144.65
Rider: Dependent Coverage to Age 29												
9% of medical rate	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 34.09	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46	\$ 37.46
Parent/Child(ren)	\$ 33.30	\$ 36.60	\$ 36.60	\$ 36.60	\$ 36.60	\$ 36.60	\$ 36.60	\$ 36.60	\$ 36.60	\$ 36.60	\$ 36.60	\$ 36.60
Employee/Spouse	\$ 77.04	\$ 84.66	\$ 84.66	\$ 84.66	\$ 84.66	\$ 84.66	\$ 84.66	\$ 84.66	\$ 84.66	\$ 84.66	\$ 84.66	\$ 84.66
Family	\$ 65.62	\$ 72.11	\$ 72.11	\$ 72.11	\$ 72.11	\$ 72.11	\$ 72.11	\$ 72.11	\$ 72.11	\$ 72.11	\$ 72.11	\$ 72.11

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

**GRANDFATHERED ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN A
ALL COUNTIES**

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 337.39	\$ 370.80	\$ 370.80	\$ 370.80	\$ 370.80	\$ 370.80	\$ 370.80	\$ 370.80	\$ 370.80	\$ 370.80	\$ 370.80	\$ 370.80
Parent/Child(ren)	\$ 529.70	\$ 582.16	\$ 582.16	\$ 582.16	\$ 582.16	\$ 582.16	\$ 582.16	\$ 582.16	\$ 582.16	\$ 582.16	\$ 582.16	\$ 582.16
Employee/Spouse	\$ 762.50	\$ 838.01	\$ 838.01	\$ 838.01	\$ 838.01	\$ 838.01	\$ 838.01	\$ 838.01	\$ 838.01	\$ 838.01	\$ 838.01	\$ 838.01
Family	\$ 927.82	\$ 1,019.70	\$ 1,019.70	\$ 1,019.70	\$ 1,019.70	\$ 1,019.70	\$ 1,019.70	\$ 1,019.70	\$ 1,019.70	\$ 1,019.70	\$ 1,019.70	\$ 1,019.70
No Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 282.01	\$ 309.93	\$ 309.93	\$ 309.93	\$ 309.93	\$ 309.93	\$ 309.93	\$ 309.93	\$ 309.93	\$ 309.93	\$ 309.93	\$ 309.93
Parent/Child(ren)	\$ 442.76	\$ 486.59	\$ 486.59	\$ 486.59	\$ 486.59	\$ 486.59	\$ 486.59	\$ 486.59	\$ 486.59	\$ 486.59	\$ 486.59	\$ 486.59
Employee/Spouse	\$ 637.34	\$ 700.44	\$ 700.44	\$ 700.44	\$ 700.44	\$ 700.44	\$ 700.44	\$ 700.44	\$ 700.44	\$ 700.44	\$ 700.44	\$ 700.44
Family	\$ 775.53	\$ 852.31	\$ 852.31	\$ 852.31	\$ 852.31	\$ 852.31	\$ 852.31	\$ 852.31	\$ 852.31	\$ 852.31	\$ 852.31	\$ 852.31
Rider: Dependent Coverage to Age 29	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
9% of medical rate												
Individual	\$ 25.38	\$ 27.89	\$ 27.89	\$ 27.89	\$ 27.89	\$ 27.89	\$ 27.89	\$ 27.89	\$ 27.89	\$ 27.89	\$ 27.89	\$ 27.89
Parent/Child(ren)	\$ 24.79	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25	\$ 27.25
Employee/Spouse	\$ 57.36	\$ 63.04	\$ 63.04	\$ 63.04	\$ 63.04	\$ 63.04	\$ 63.04	\$ 63.04	\$ 63.04	\$ 63.04	\$ 63.04	\$ 63.04
Family	\$ 48.86	\$ 53.70	\$ 53.70	\$ 53.70	\$ 53.70	\$ 53.70	\$ 53.70	\$ 53.70	\$ 53.70	\$ 53.70	\$ 53.70	\$ 53.70

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
GRANDFATHERED ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN A
ALL COUNTIES**

RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 115.72	\$ 127.18	\$ 127.18	\$ 127.18	\$ 127.18	\$ 127.18	\$ 127.18	\$ 127.18	\$ 127.18	\$ 127.18	\$ 127.18	\$ 127.18
Parent/Child(ren)	\$ 181.69	\$ 199.68	\$ 199.68	\$ 199.68	\$ 199.68	\$ 199.68	\$ 199.68	\$ 199.68	\$ 199.68	\$ 199.68	\$ 199.68	\$ 199.68
Employee/Spouse	\$ 261.54	\$ 287.44	\$ 287.44	\$ 287.44	\$ 287.44	\$ 287.44	\$ 287.44	\$ 287.44	\$ 287.44	\$ 287.44	\$ 287.44	\$ 287.44
Family	\$ 318.24	\$ 349.76	\$ 349.76	\$ 349.76	\$ 349.76	\$ 349.76	\$ 349.76	\$ 349.76	\$ 349.76	\$ 349.76	\$ 349.76	\$ 349.76

Without Rx

Individual	\$ 96.73	\$ 106.31	\$ 106.31	\$ 106.31	\$ 106.31	\$ 106.31	\$ 106.31	\$ 106.31	\$ 106.31	\$ 106.31	\$ 106.31	\$ 106.31
Parent/Child(ren)	\$ 151.87	\$ 166.90	\$ 166.90	\$ 166.90	\$ 166.90	\$ 166.90	\$ 166.90	\$ 166.90	\$ 166.90	\$ 166.90	\$ 166.90	\$ 166.90
Employee/Spouse	\$ 218.61	\$ 240.25	\$ 240.25	\$ 240.25	\$ 240.25	\$ 240.25	\$ 240.25	\$ 240.25	\$ 240.25	\$ 240.25	\$ 240.25	\$ 240.25
Family	\$ 266.01	\$ 292.34	\$ 292.34	\$ 292.34	\$ 292.34	\$ 292.34	\$ 292.34	\$ 292.34	\$ 292.34	\$ 292.34	\$ 292.34	\$ 292.34

Rider: Dependent Coverage to Age 29

9% of medical rate

Individual	\$ 8.71	\$ 9.57	\$ 9.57	\$ 9.57	\$ 9.57	\$ 9.57	\$ 9.57	\$ 9.57	\$ 9.57	\$ 9.57	\$ 9.57	\$ 9.57
Parent/Child(ren)	\$ 8.51	\$ 9.35	\$ 9.35	\$ 9.35	\$ 9.35	\$ 9.35	\$ 9.35	\$ 9.35	\$ 9.35	\$ 9.35	\$ 9.35	\$ 9.35
Employee/Spouse	\$ 19.68	\$ 21.62	\$ 21.62	\$ 21.62	\$ 21.62	\$ 21.62	\$ 21.62	\$ 21.62	\$ 21.62	\$ 21.62	\$ 21.62	\$ 21.62
Family	\$ 16.76	\$ 18.41	\$ 18.41	\$ 18.41	\$ 18.41	\$ 18.41	\$ 18.41	\$ 18.41	\$ 18.41	\$ 18.41	\$ 18.41	\$ 18.41

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
GRANDFATHERED ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN A
ALL COUNTIES**

PERCENT RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Without Rx												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Rider: Dependent Coverage to Age 29												
9% of medical rate												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%

APP.I.08.NY.HNYIND, APP.I.08.NY.HNYSB,
 POL.I.08.NY.HNYSB, EXB2NTC.I.08.NY.HNYSB,
 COC.CER.I.08.NY.HNYIND,
 COC.CER.I.08.NY.HNYSB,
 SBN.CHC2.I.08.NY.HNY,
 RDR.RX.NET.I.08.NY.HNY,
 RDR.RXSBN2.NET.I.08.NY.HNY,
 RECERT.I.08.NY.HNYSB
 , RECERT.I.08.NY.HNYIND

**United HealthCare Insurance Company of New York
 HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
 ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN B
 ALL COUNTIES**

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 394.44	\$ 433.47	\$ 433.47	\$ 433.47	\$ 433.47	\$ 433.47	\$ 433.47	\$ 433.47	\$ 433.47	\$ 433.47	\$ 433.47	\$ 433.47
Parent/Child(ren)	\$ 619.27	\$ 680.54	\$ 680.54	\$ 680.54	\$ 680.54	\$ 680.54	\$ 680.54	\$ 680.54	\$ 680.54	\$ 680.54	\$ 680.54	\$ 680.54
Employee/Spouse	\$ 891.43	\$ 979.64	\$ 979.64	\$ 979.64	\$ 979.64	\$ 979.64	\$ 979.64	\$ 979.64	\$ 979.64	\$ 979.64	\$ 979.64	\$ 979.64
Family	\$ 1,084.71	\$ 1,192.03	\$ 1,192.03	\$ 1,192.03	\$ 1,192.03	\$ 1,192.03	\$ 1,192.03	\$ 1,192.03	\$ 1,192.03	\$ 1,192.03	\$ 1,192.03	\$ 1,192.03
No Rx												
Individual	\$ 330.02	\$ 362.69	\$ 362.69	\$ 362.69	\$ 362.69	\$ 362.69	\$ 362.69	\$ 362.69	\$ 362.69	\$ 362.69	\$ 362.69	\$ 362.69
Parent/Child(ren)	\$ 518.13	\$ 569.42	\$ 569.42	\$ 569.42	\$ 569.42	\$ 569.42	\$ 569.42	\$ 569.42	\$ 569.42	\$ 569.42	\$ 569.42	\$ 569.42
Employee/Spouse	\$ 745.84	\$ 819.69	\$ 819.69	\$ 819.69	\$ 819.69	\$ 819.69	\$ 819.69	\$ 819.69	\$ 819.69	\$ 819.69	\$ 819.69	\$ 819.69
Family	\$ 907.55	\$ 997.41	\$ 997.41	\$ 997.41	\$ 997.41	\$ 997.41	\$ 997.41	\$ 997.41	\$ 997.41	\$ 997.41	\$ 997.41	\$ 997.41
Rider: Dependent Coverage to Age 29												
9% of medical rate	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 29.70	\$ 32.64	\$ 32.64	\$ 32.64	\$ 32.64	\$ 32.64	\$ 32.64	\$ 32.64	\$ 32.64	\$ 32.64	\$ 32.64	\$ 32.64
Parent/Child(ren)	\$ 29.02	\$ 31.89	\$ 31.89	\$ 31.89	\$ 31.89	\$ 31.89	\$ 31.89	\$ 31.89	\$ 31.89	\$ 31.89	\$ 31.89	\$ 31.89
Employee/Spouse	\$ 67.13	\$ 73.77	\$ 73.77	\$ 73.77	\$ 73.77	\$ 73.77	\$ 73.77	\$ 73.77	\$ 73.77	\$ 73.77	\$ 73.77	\$ 73.77
Family	\$ 57.47	\$ 63.16	\$ 63.16	\$ 63.16	\$ 63.16	\$ 63.16	\$ 63.16	\$ 63.16	\$ 63.16	\$ 63.16	\$ 63.16	\$ 63.16

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN B
ALL COUNTIES**

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 293.70	\$ 322.76	\$ 322.76	\$ 322.76	\$ 322.76	\$ 322.76	\$ 322.76	\$ 322.76	\$ 322.76	\$ 322.76	\$ 322.76	\$ 322.76
Parent/Child(ren)	\$ 461.11	\$ 506.73	\$ 506.73	\$ 506.73	\$ 506.73	\$ 506.73	\$ 506.73	\$ 506.73	\$ 506.73	\$ 506.73	\$ 506.73	\$ 506.73
Employee/Spouse	\$ 663.76	\$ 729.44	\$ 729.44	\$ 729.44	\$ 729.44	\$ 729.44	\$ 729.44	\$ 729.44	\$ 729.44	\$ 729.44	\$ 729.44	\$ 729.44
Family	\$ 807.68	\$ 887.59	\$ 887.59	\$ 887.59	\$ 887.59	\$ 887.59	\$ 887.59	\$ 887.59	\$ 887.59	\$ 887.59	\$ 887.59	\$ 887.59
No Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 245.73	\$ 270.06	\$ 270.06	\$ 270.06	\$ 270.06	\$ 270.06	\$ 270.06	\$ 270.06	\$ 270.06	\$ 270.06	\$ 270.06	\$ 270.06
Parent/Child(ren)	\$ 385.80	\$ 423.99	\$ 423.99	\$ 423.99	\$ 423.99	\$ 423.99	\$ 423.99	\$ 423.99	\$ 423.99	\$ 423.99	\$ 423.99	\$ 423.99
Employee/Spouse	\$ 555.35	\$ 610.34	\$ 610.34	\$ 610.34	\$ 610.34	\$ 610.34	\$ 610.34	\$ 610.34	\$ 610.34	\$ 610.34	\$ 610.34	\$ 610.34
Family	\$ 675.76	\$ 742.67	\$ 742.67	\$ 742.67	\$ 742.67	\$ 742.67	\$ 742.67	\$ 742.67	\$ 742.67	\$ 742.67	\$ 742.67	\$ 742.67
Rider: Dependent Coverage to Age 29	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
9% of medical rate												
Individual	\$ 22.12	\$ 24.31	\$ 24.31	\$ 24.31	\$ 24.31	\$ 24.31	\$ 24.31	\$ 24.31	\$ 24.31	\$ 24.31	\$ 24.31	\$ 24.31
Parent/Child(ren)	\$ 21.61	\$ 23.74	\$ 23.74	\$ 23.74	\$ 23.74	\$ 23.74	\$ 23.74	\$ 23.74	\$ 23.74	\$ 23.74	\$ 23.74	\$ 23.74
Employee/Spouse	\$ 49.98	\$ 54.93	\$ 54.93	\$ 54.93	\$ 54.93	\$ 54.93	\$ 54.93	\$ 54.93	\$ 54.93	\$ 54.93	\$ 54.93	\$ 54.93
Family	\$ 42.79	\$ 47.03	\$ 47.03	\$ 47.03	\$ 47.03	\$ 47.03	\$ 47.03	\$ 47.03	\$ 47.03	\$ 47.03	\$ 47.03	\$ 47.03

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN B
ALL COUNTIES**

RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 100.74	\$ 110.71	\$ 110.71	\$ 110.71	\$ 110.71	\$ 110.71	\$ 110.71	\$ 110.71	\$ 110.71	\$ 110.71	\$ 110.71	\$ 110.71
Parent/Child(ren)	\$ 158.16	\$ 173.81	\$ 173.81	\$ 173.81	\$ 173.81	\$ 173.81	\$ 173.81	\$ 173.81	\$ 173.81	\$ 173.81	\$ 173.81	\$ 173.81
Employee/Spouse	\$ 227.67	\$ 250.20	\$ 250.20	\$ 250.20	\$ 250.20	\$ 250.20	\$ 250.20	\$ 250.20	\$ 250.20	\$ 250.20	\$ 250.20	\$ 250.20
Family	\$ 277.03	\$ 304.44	\$ 304.44	\$ 304.44	\$ 304.44	\$ 304.44	\$ 304.44	\$ 304.44	\$ 304.44	\$ 304.44	\$ 304.44	\$ 304.44
Without Rx												
Individual	\$ 84.29	\$ 92.63	\$ 92.63	\$ 92.63	\$ 92.63	\$ 92.63	\$ 92.63	\$ 92.63	\$ 92.63	\$ 92.63	\$ 92.63	\$ 92.63
Parent/Child(ren)	\$ 132.33	\$ 145.43	\$ 145.43	\$ 145.43	\$ 145.43	\$ 145.43	\$ 145.43	\$ 145.43	\$ 145.43	\$ 145.43	\$ 145.43	\$ 145.43
Employee/Spouse	\$ 190.49	\$ 209.35	\$ 209.35	\$ 209.35	\$ 209.35	\$ 209.35	\$ 209.35	\$ 209.35	\$ 209.35	\$ 209.35	\$ 209.35	\$ 209.35
Family	\$ 231.79	\$ 254.74	\$ 254.74	\$ 254.74	\$ 254.74	\$ 254.74	\$ 254.74	\$ 254.74	\$ 254.74	\$ 254.74	\$ 254.74	\$ 254.74
Rider: Dependent Coverage to Age 29												
9% of medical rate												
Individual	\$ 7.58	\$ 8.33	\$ 8.33	\$ 8.33	\$ 8.33	\$ 8.33	\$ 8.33	\$ 8.33	\$ 8.33	\$ 8.33	\$ 8.33	\$ 8.33
Parent/Child(ren)	\$ 7.41	\$ 8.15	\$ 8.15	\$ 8.15	\$ 8.15	\$ 8.15	\$ 8.15	\$ 8.15	\$ 8.15	\$ 8.15	\$ 8.15	\$ 8.15
Employee/Spouse	\$ 17.15	\$ 18.84	\$ 18.84	\$ 18.84	\$ 18.84	\$ 18.84	\$ 18.84	\$ 18.84	\$ 18.84	\$ 18.84	\$ 18.84	\$ 18.84
Family	\$ 14.68	\$ 16.13	\$ 16.13	\$ 16.13	\$ 16.13	\$ 16.13	\$ 16.13	\$ 16.13	\$ 16.13	\$ 16.13	\$ 16.13	\$ 16.13

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN B
ALL COUNTIES**

PERCENT RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Without Rx												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Rider: Dependent Coverage to Age 29												
9% of medical rate												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%

APP.I.08.NY.HNYIND, APP.I.08.NY.HNYSB,
 POL.I.08.NY.HNYSB, EXB2NTC.I.08.NY.HNYSB,
 COC.CER.I.08.NY.HNYIND,
 COC.CER.I.08.NY.HNYSB,
 SBN.CHC2.I.08.NY.HNY,
 RDR.RX.NET.I.08.NY.HNY,
 RDR.RXSBN2.NET.I.08.NY.HNY,
 RECERT.I.08.NY.HNYSB
 , RECERT.I.08.NY.HNYIND

**United HealthCare Insurance Company of New York
 HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
 GRANDFATHERED ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN B
 ALL COUNTIES**

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 392.46	\$ 431.30	\$ 431.30	\$ 431.30	\$ 431.30	\$ 431.30	\$ 431.30	\$ 431.30	\$ 431.30	\$ 431.30	\$ 431.30	\$ 431.30
Parent/Child(ren)	\$ 616.17	\$ 677.15	\$ 677.15	\$ 677.15	\$ 677.15	\$ 677.15	\$ 677.15	\$ 677.15	\$ 677.15	\$ 677.15	\$ 677.15	\$ 677.15
Employee/Spouse	\$ 886.97	\$ 974.75	\$ 974.75	\$ 974.75	\$ 974.75	\$ 974.75	\$ 974.75	\$ 974.75	\$ 974.75	\$ 974.75	\$ 974.75	\$ 974.75
Family	\$ 1,079.28	\$ 1,186.08	\$ 1,186.08	\$ 1,186.08	\$ 1,186.08	\$ 1,186.08	\$ 1,186.08	\$ 1,186.08	\$ 1,186.08	\$ 1,186.08	\$ 1,186.08	\$ 1,186.08
No Rx												
Individual	\$ 328.04	\$ 360.53	\$ 360.53	\$ 360.53	\$ 360.53	\$ 360.53	\$ 360.53	\$ 360.53	\$ 360.53	\$ 360.53	\$ 360.53	\$ 360.53
Parent/Child(ren)	\$ 515.03	\$ 566.03	\$ 566.03	\$ 566.03	\$ 566.03	\$ 566.03	\$ 566.03	\$ 566.03	\$ 566.03	\$ 566.03	\$ 566.03	\$ 566.03
Employee/Spouse	\$ 741.38	\$ 814.80	\$ 814.80	\$ 814.80	\$ 814.80	\$ 814.80	\$ 814.80	\$ 814.80	\$ 814.80	\$ 814.80	\$ 814.80	\$ 814.80
Family	\$ 902.12	\$ 991.46	\$ 991.46	\$ 991.46	\$ 991.46	\$ 991.46	\$ 991.46	\$ 991.46	\$ 991.46	\$ 991.46	\$ 991.46	\$ 991.46
Rider: Dependent Coverage to Age 29												
9% of medical rate	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 29.52	\$ 32.45	\$ 32.45	\$ 32.45	\$ 32.45	\$ 32.45	\$ 32.45	\$ 32.45	\$ 32.45	\$ 32.45	\$ 32.45	\$ 32.45
Parent/Child(ren)	\$ 28.84	\$ 31.70	\$ 31.70	\$ 31.70	\$ 31.70	\$ 31.70	\$ 31.70	\$ 31.70	\$ 31.70	\$ 31.70	\$ 31.70	\$ 31.70
Employee/Spouse	\$ 66.72	\$ 73.33	\$ 73.33	\$ 73.33	\$ 73.33	\$ 73.33	\$ 73.33	\$ 73.33	\$ 73.33	\$ 73.33	\$ 73.33	\$ 73.33
Family	\$ 56.83	\$ 62.46	\$ 62.46	\$ 62.46	\$ 62.46	\$ 62.46	\$ 62.46	\$ 62.46	\$ 62.46	\$ 62.46	\$ 62.46	\$ 62.46

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

**GRANDFATHERED ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN B
ALL COUNTIES**

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 292.23	\$ 321.15	\$ 321.15	\$ 321.15	\$ 321.15	\$ 321.15	\$ 321.15	\$ 321.15	\$ 321.15	\$ 321.15	\$ 321.15	\$ 321.15
Parent/Child(ren)	\$ 458.80	\$ 504.21	\$ 504.21	\$ 504.21	\$ 504.21	\$ 504.21	\$ 504.21	\$ 504.21	\$ 504.21	\$ 504.21	\$ 504.21	\$ 504.21
Employee/Spouse	\$ 660.44	\$ 725.80	\$ 725.80	\$ 725.80	\$ 725.80	\$ 725.80	\$ 725.80	\$ 725.80	\$ 725.80	\$ 725.80	\$ 725.80	\$ 725.80
Family	\$ 803.63	\$ 883.16	\$ 883.16	\$ 883.16	\$ 883.16	\$ 883.16	\$ 883.16	\$ 883.16	\$ 883.16	\$ 883.16	\$ 883.16	\$ 883.16
No Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 244.26	\$ 268.45	\$ 268.45	\$ 268.45	\$ 268.45	\$ 268.45	\$ 268.45	\$ 268.45	\$ 268.45	\$ 268.45	\$ 268.45	\$ 268.45
Parent/Child(ren)	\$ 383.49	\$ 421.47	\$ 421.47	\$ 421.47	\$ 421.47	\$ 421.47	\$ 421.47	\$ 421.47	\$ 421.47	\$ 421.47	\$ 421.47	\$ 421.47
Employee/Spouse	\$ 552.03	\$ 606.70	\$ 606.70	\$ 606.70	\$ 606.70	\$ 606.70	\$ 606.70	\$ 606.70	\$ 606.70	\$ 606.70	\$ 606.70	\$ 606.70
Family	\$ 671.72	\$ 738.24	\$ 738.24	\$ 738.24	\$ 738.24	\$ 738.24	\$ 738.24	\$ 738.24	\$ 738.24	\$ 738.24	\$ 738.24	\$ 738.24
Rider: Dependent Coverage to Age 29	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
9% of medical rate												
Individual	\$ 21.98	\$ 24.16	\$ 24.16	\$ 24.16	\$ 24.16	\$ 24.16	\$ 24.16	\$ 24.16	\$ 24.16	\$ 24.16	\$ 24.16	\$ 24.16
Parent/Child(ren)	\$ 21.48	\$ 23.60	\$ 23.60	\$ 23.60	\$ 23.60	\$ 23.60	\$ 23.60	\$ 23.60	\$ 23.60	\$ 23.60	\$ 23.60	\$ 23.60
Employee/Spouse	\$ 49.68	\$ 54.60	\$ 54.60	\$ 54.60	\$ 54.60	\$ 54.60	\$ 54.60	\$ 54.60	\$ 54.60	\$ 54.60	\$ 54.60	\$ 54.60
Family	\$ 42.32	\$ 46.51	\$ 46.51	\$ 46.51	\$ 46.51	\$ 46.51	\$ 46.51	\$ 46.51	\$ 46.51	\$ 46.51	\$ 46.51	\$ 46.51

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
GRANDFATHERED ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN B
ALL COUNTIES**

RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 100.23	\$ 110.15	\$ 110.15	\$ 110.15	\$ 110.15	\$ 110.15	\$ 110.15	\$ 110.15	\$ 110.15	\$ 110.15	\$ 110.15	\$ 110.15
Parent/Child(ren)	\$ 157.37	\$ 172.94	\$ 172.94	\$ 172.94	\$ 172.94	\$ 172.94	\$ 172.94	\$ 172.94	\$ 172.94	\$ 172.94	\$ 172.94	\$ 172.94
Employee/Spouse	\$ 226.53	\$ 248.95	\$ 248.95	\$ 248.95	\$ 248.95	\$ 248.95	\$ 248.95	\$ 248.95	\$ 248.95	\$ 248.95	\$ 248.95	\$ 248.95
Family	\$ 275.65	\$ 302.92	\$ 302.92	\$ 302.92	\$ 302.92	\$ 302.92	\$ 302.92	\$ 302.92	\$ 302.92	\$ 302.92	\$ 302.92	\$ 302.92
Without Rx												
Individual	\$ 83.78	\$ 92.08	\$ 92.08	\$ 92.08	\$ 92.08	\$ 92.08	\$ 92.08	\$ 92.08	\$ 92.08	\$ 92.08	\$ 92.08	\$ 92.08
Parent/Child(ren)	\$ 131.54	\$ 144.56	\$ 144.56	\$ 144.56	\$ 144.56	\$ 144.56	\$ 144.56	\$ 144.56	\$ 144.56	\$ 144.56	\$ 144.56	\$ 144.56
Employee/Spouse	\$ 189.35	\$ 208.10	\$ 208.10	\$ 208.10	\$ 208.10	\$ 208.10	\$ 208.10	\$ 208.10	\$ 208.10	\$ 208.10	\$ 208.10	\$ 208.10
Family	\$ 230.40	\$ 253.22	\$ 253.22	\$ 253.22	\$ 253.22	\$ 253.22	\$ 253.22	\$ 253.22	\$ 253.22	\$ 253.22	\$ 253.22	\$ 253.22
Rider: Dependent Coverage to Age 29												
9% of medical rate												
Individual	\$ 7.54	\$ 8.29	\$ 8.29	\$ 8.29	\$ 8.29	\$ 8.29	\$ 8.29	\$ 8.29	\$ 8.29	\$ 8.29	\$ 8.29	\$ 8.29
Parent/Child(ren)	\$ 7.36	\$ 8.10	\$ 8.10	\$ 8.10	\$ 8.10	\$ 8.10	\$ 8.10	\$ 8.10	\$ 8.10	\$ 8.10	\$ 8.10	\$ 8.10
Employee/Spouse	\$ 17.04	\$ 18.73	\$ 18.73	\$ 18.73	\$ 18.73	\$ 18.73	\$ 18.73	\$ 18.73	\$ 18.73	\$ 18.73	\$ 18.73	\$ 18.73
Family	\$ 14.51	\$ 15.95	\$ 15.95	\$ 15.95	\$ 15.95	\$ 15.95	\$ 15.95	\$ 15.95	\$ 15.95	\$ 15.95	\$ 15.95	\$ 15.95

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

**GRANDFATHERED ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN B
ALL COUNTIES**

PERCENT RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Without Rx												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Rider: Dependent Coverage to Age 29												
9% of medical rate												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%

APP.I.08.NY.HNYIND, APP.I.08.NY.HNYSB,
 POL.I.08.NY.HNYSB, EXB2NTC.I.08.NY.HNYSB,
 COC.CER.I.08.NY.HNYIND,
 COC.CER.I.08.NY.HNYSB,
 SBN.CHC2.I.08.NY.HNY,
 RDR.RX.NET.I.08.NY.HNY,
 RDR.RXSBN2.NET.I.08.NY.HNY,
 RECERT.I.08.NY.HNYSB
 , RECERT.I.08.NY.HNYIND

**United HealthCare Insurance Company of New York
 HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

**ALTERNATIVE HIGH DEDUCTIBLE PLAN C
 ALL COUNTIES**

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 269.53	\$ 296.21	\$ 296.21	\$ 296.21	\$ 296.21	\$ 296.21	\$ 296.21	\$ 296.21	\$ 296.21	\$ 296.21	\$ 296.21	\$ 296.21
Parent/Child(ren)	\$ 423.15	\$ 465.05	\$ 465.05	\$ 465.05	\$ 465.05	\$ 465.05	\$ 465.05	\$ 465.05	\$ 465.05	\$ 465.05	\$ 465.05	\$ 465.05
Employee/Spouse	\$ 609.13	\$ 669.45	\$ 669.45	\$ 669.45	\$ 669.45	\$ 669.45	\$ 669.45	\$ 669.45	\$ 669.45	\$ 669.45	\$ 669.45	\$ 669.45
Family	\$ 741.20	\$ 814.58	\$ 814.58	\$ 814.58	\$ 814.58	\$ 814.58	\$ 814.58	\$ 814.58	\$ 814.58	\$ 814.58	\$ 814.58	\$ 814.58
No Rx												
Individual	\$ 226.26	\$ 248.66	\$ 248.66	\$ 248.66	\$ 248.66	\$ 248.66	\$ 248.66	\$ 248.66	\$ 248.66	\$ 248.66	\$ 248.66	\$ 248.66
Parent/Child(ren)	\$ 355.22	\$ 390.40	\$ 390.40	\$ 390.40	\$ 390.40	\$ 390.40	\$ 390.40	\$ 390.40	\$ 390.40	\$ 390.40	\$ 390.40	\$ 390.40
Employee/Spouse	\$ 511.33	\$ 561.96	\$ 561.96	\$ 561.96	\$ 561.96	\$ 561.96	\$ 561.96	\$ 561.96	\$ 561.96	\$ 561.96	\$ 561.96	\$ 561.96
Family	\$ 622.20	\$ 683.80	\$ 683.80	\$ 683.80	\$ 683.80	\$ 683.80	\$ 683.80	\$ 683.80	\$ 683.80	\$ 683.80	\$ 683.80	\$ 683.80
Rider: Dependent Coverage to Age 29												
9% of medical rate	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 20.36	\$ 22.38	\$ 22.38	\$ 22.38	\$ 22.38	\$ 22.38	\$ 22.38	\$ 22.38	\$ 22.38	\$ 22.38	\$ 22.38	\$ 22.38
Parent/Child(ren)	\$ 19.89	\$ 21.86	\$ 21.86	\$ 21.86	\$ 21.86	\$ 21.86	\$ 21.86	\$ 21.86	\$ 21.86	\$ 21.86	\$ 21.86	\$ 21.86
Employee/Spouse	\$ 46.02	\$ 50.58	\$ 50.58	\$ 50.58	\$ 50.58	\$ 50.58	\$ 50.58	\$ 50.58	\$ 50.58	\$ 50.58	\$ 50.58	\$ 50.58
Family	\$ 39.40	\$ 43.30	\$ 43.30	\$ 43.30	\$ 43.30	\$ 43.30	\$ 43.30	\$ 43.30	\$ 43.30	\$ 43.30	\$ 43.30	\$ 43.30

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

**ALTERNATIVE HIGH DEDUCTIBLE PLAN C
ALL COUNTIES**

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 200.69	\$ 220.56	\$ 220.56	\$ 220.56	\$ 220.56	\$ 220.56	\$ 220.56	\$ 220.56	\$ 220.56	\$ 220.56	\$ 220.56	\$ 220.56
Parent/Child(ren)	\$ 315.08	\$ 346.28	\$ 346.28	\$ 346.28	\$ 346.28	\$ 346.28	\$ 346.28	\$ 346.28	\$ 346.28	\$ 346.28	\$ 346.28	\$ 346.28
Employee/Spouse	\$ 453.56	\$ 498.47	\$ 498.47	\$ 498.47	\$ 498.47	\$ 498.47	\$ 498.47	\$ 498.47	\$ 498.47	\$ 498.47	\$ 498.47	\$ 498.47
Family	\$ 551.90	\$ 606.54	\$ 606.54	\$ 606.54	\$ 606.54	\$ 606.54	\$ 606.54	\$ 606.54	\$ 606.54	\$ 606.54	\$ 606.54	\$ 606.54

No Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 168.47	\$ 185.15	\$ 185.15	\$ 185.15	\$ 185.15	\$ 185.15	\$ 185.15	\$ 185.15	\$ 185.15	\$ 185.15	\$ 185.15	\$ 185.15
Parent/Child(ren)	\$ 264.50	\$ 290.69	\$ 290.69	\$ 290.69	\$ 290.69	\$ 290.69	\$ 290.69	\$ 290.69	\$ 290.69	\$ 290.69	\$ 290.69	\$ 290.69
Employee/Spouse	\$ 380.74	\$ 418.44	\$ 418.44	\$ 418.44	\$ 418.44	\$ 418.44	\$ 418.44	\$ 418.44	\$ 418.44	\$ 418.44	\$ 418.44	\$ 418.44
Family	\$ 463.29	\$ 509.16	\$ 509.16	\$ 509.16	\$ 509.16	\$ 509.16	\$ 509.16	\$ 509.16	\$ 509.16	\$ 509.16	\$ 509.16	\$ 509.16

Rider: Dependent Coverage to Age 29

9% of medical rate	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 15.16	\$ 16.66	\$ 16.66	\$ 16.66	\$ 16.66	\$ 16.66	\$ 16.66	\$ 16.66	\$ 16.66	\$ 16.66	\$ 16.66	\$ 16.66
Parent/Child(ren)	\$ 14.81	\$ 16.28	\$ 16.28	\$ 16.28	\$ 16.28	\$ 16.28	\$ 16.28	\$ 16.28	\$ 16.28	\$ 16.28	\$ 16.28	\$ 16.28
Employee/Spouse	\$ 34.27	\$ 37.66	\$ 37.66	\$ 37.66	\$ 37.66	\$ 37.66	\$ 37.66	\$ 37.66	\$ 37.66	\$ 37.66	\$ 37.66	\$ 37.66
Family	\$ 29.34	\$ 32.24	\$ 32.24	\$ 32.24	\$ 32.24	\$ 32.24	\$ 32.24	\$ 32.24	\$ 32.24	\$ 32.24	\$ 32.24	\$ 32.24

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

**ALTERNATIVE HIGH DEDUCTIBLE PLAN C
ALL COUNTIES**

RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 68.84	\$ 75.65	\$ 75.65	\$ 75.65	\$ 75.65	\$ 75.65	\$ 75.65	\$ 75.65	\$ 75.65	\$ 75.65	\$ 75.65	\$ 75.65
Parent/Child(ren)	\$ 108.07	\$ 118.77	\$ 118.77	\$ 118.77	\$ 118.77	\$ 118.77	\$ 118.77	\$ 118.77	\$ 118.77	\$ 118.77	\$ 118.77	\$ 118.77
Employee/Spouse	\$ 155.57	\$ 170.98	\$ 170.98	\$ 170.98	\$ 170.98	\$ 170.98	\$ 170.98	\$ 170.98	\$ 170.98	\$ 170.98	\$ 170.98	\$ 170.98
Family	\$ 189.30	\$ 208.04	\$ 208.04	\$ 208.04	\$ 208.04	\$ 208.04	\$ 208.04	\$ 208.04	\$ 208.04	\$ 208.04	\$ 208.04	\$ 208.04
Without Rx												
Individual	\$ 57.79	\$ 63.51	\$ 63.51	\$ 63.51	\$ 63.51	\$ 63.51	\$ 63.51	\$ 63.51	\$ 63.51	\$ 63.51	\$ 63.51	\$ 63.51
Parent/Child(ren)	\$ 90.72	\$ 99.71	\$ 99.71	\$ 99.71	\$ 99.71	\$ 99.71	\$ 99.71	\$ 99.71	\$ 99.71	\$ 99.71	\$ 99.71	\$ 99.71
Employee/Spouse	\$ 130.59	\$ 143.52	\$ 143.52	\$ 143.52	\$ 143.52	\$ 143.52	\$ 143.52	\$ 143.52	\$ 143.52	\$ 143.52	\$ 143.52	\$ 143.52
Family	\$ 158.91	\$ 174.64	\$ 174.64	\$ 174.64	\$ 174.64	\$ 174.64	\$ 174.64	\$ 174.64	\$ 174.64	\$ 174.64	\$ 174.64	\$ 174.64
Rider: Dependent Coverage to Age 29												
9% of medical rate												
Individual	\$ 5.20	\$ 5.72	\$ 5.72	\$ 5.72	\$ 5.72	\$ 5.72	\$ 5.72	\$ 5.72	\$ 5.72	\$ 5.72	\$ 5.72	\$ 5.72
Parent/Child(ren)	\$ 5.08	\$ 5.58	\$ 5.58	\$ 5.58	\$ 5.58	\$ 5.58	\$ 5.58	\$ 5.58	\$ 5.58	\$ 5.58	\$ 5.58	\$ 5.58
Employee/Spouse	\$ 11.75	\$ 12.92	\$ 12.92	\$ 12.92	\$ 12.92	\$ 12.92	\$ 12.92	\$ 12.92	\$ 12.92	\$ 12.92	\$ 12.92	\$ 12.92
Family	\$ 10.06	\$ 11.06	\$ 11.06	\$ 11.06	\$ 11.06	\$ 11.06	\$ 11.06	\$ 11.06	\$ 11.06	\$ 11.06	\$ 11.06	\$ 11.06

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

**ALTERNATIVE HIGH DEDUCTIBLE PLAN C
ALL COUNTIES**

PERCENT RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Without Rx												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Rider: Dependent Coverage to Age 29												
9% of medical rate												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%

APP.I.08.NY.HNYIND, APP.I.08.NY.HNYSB,
 POL.I.08.NY.HNYSB, EXB2NTC.I.08.NY.HNYSB,
 COC.CER.I.08.NY.HNYIND,
 COC.CER.I.08.NY.HNYSB,
 SBN.CHC2.I.08.NY.HNY,
 RDR.RX.NET.I.08.NY.HNY,
 RDR.RXSBN2.NET.I.08.NY.HNY,
 RECERT.I.08.NY.HNYSB
 , RECERT.I.08.NY.HNYIND

**United HealthCare Insurance Company of New York
 HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
 GRANDFATHERED ALTERNATIVE HIGH DEDUCTIBLE PLAN C
 ALL COUNTIES**

Rates applicable to:	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
With Rx												
Individual	\$ 268.12	\$ 294.65	\$ 294.65	\$ 294.65	\$ 294.65	\$ 294.65	\$ 294.65	\$ 294.65	\$ 294.65	\$ 294.65	\$ 294.65	\$ 294.65
Parent/Child(ren)	\$ 420.94	\$ 462.61	\$ 462.61	\$ 462.61	\$ 462.61	\$ 462.61	\$ 462.61	\$ 462.61	\$ 462.61	\$ 462.61	\$ 462.61	\$ 462.61
Employee/Spouse	\$ 605.95	\$ 665.91	\$ 665.91	\$ 665.91	\$ 665.91	\$ 665.91	\$ 665.91	\$ 665.91	\$ 665.91	\$ 665.91	\$ 665.91	\$ 665.91
Family	\$ 737.32	\$ 810.30	\$ 810.30	\$ 810.30	\$ 810.30	\$ 810.30	\$ 810.30	\$ 810.30	\$ 810.30	\$ 810.30	\$ 810.30	\$ 810.30
No Rx												
Individual	\$ 224.91	\$ 247.18	\$ 247.18	\$ 247.18	\$ 247.18	\$ 247.18	\$ 247.18	\$ 247.18	\$ 247.18	\$ 247.18	\$ 247.18	\$ 247.18
Parent/Child(ren)	\$ 353.11	\$ 388.07	\$ 388.07	\$ 388.07	\$ 388.07	\$ 388.07	\$ 388.07	\$ 388.07	\$ 388.07	\$ 388.07	\$ 388.07	\$ 388.07
Employee/Spouse	\$ 508.30	\$ 558.62	\$ 558.62	\$ 558.62	\$ 558.62	\$ 558.62	\$ 558.62	\$ 558.62	\$ 558.62	\$ 558.62	\$ 558.62	\$ 558.62
Family	\$ 618.51	\$ 679.75	\$ 679.75	\$ 679.75	\$ 679.75	\$ 679.75	\$ 679.75	\$ 679.75	\$ 679.75	\$ 679.75	\$ 679.75	\$ 679.75
Rider: Dependent Coverage to Age 29												
9% of medical rate	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Individual	\$ 20.24	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25	\$ 22.25
Parent/Child(ren)	\$ 19.77	\$ 21.73	\$ 21.73	\$ 21.73	\$ 21.73	\$ 21.73	\$ 21.73	\$ 21.73	\$ 21.73	\$ 21.73	\$ 21.73	\$ 21.73
Employee/Spouse	\$ 45.75	\$ 50.28	\$ 50.28	\$ 50.28	\$ 50.28	\$ 50.28	\$ 50.28	\$ 50.28	\$ 50.28	\$ 50.28	\$ 50.28	\$ 50.28
Family	\$ 38.97	\$ 42.82	\$ 42.82	\$ 42.82	\$ 42.82	\$ 42.82	\$ 42.82	\$ 42.82	\$ 42.82	\$ 42.82	\$ 42.82	\$ 42.82

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
GRANDFATHERED ALTERNATIVE HIGH DEDUCTIBLE PLAN C
ALL COUNTIES**

2011 APPROVED PREMIUM RATES

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 199.64	\$ 219.40	\$ 219.40	\$ 219.40	\$ 219.40	\$ 219.40	\$ 219.40	\$ 219.40	\$ 219.40	\$ 219.40	\$ 219.40	\$ 219.40
Parent/Child(ren)	\$ 313.43	\$ 344.46	\$ 344.46	\$ 344.46	\$ 344.46	\$ 344.46	\$ 344.46	\$ 344.46	\$ 344.46	\$ 344.46	\$ 344.46	\$ 344.46
Employee/Spouse	\$ 451.19	\$ 495.84	\$ 495.84	\$ 495.84	\$ 495.84	\$ 495.84	\$ 495.84	\$ 495.84	\$ 495.84	\$ 495.84	\$ 495.84	\$ 495.84
Family	\$ 549.01	\$ 603.35	\$ 603.35	\$ 603.35	\$ 603.35	\$ 603.35	\$ 603.35	\$ 603.35	\$ 603.35	\$ 603.35	\$ 603.35	\$ 603.35

No Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 167.47	\$ 184.05	\$ 184.05	\$ 184.05	\$ 184.05	\$ 184.05	\$ 184.05	\$ 184.05	\$ 184.05	\$ 184.05	\$ 184.05	\$ 184.05
Parent/Child(ren)	\$ 262.93	\$ 288.96	\$ 288.96	\$ 288.96	\$ 288.96	\$ 288.96	\$ 288.96	\$ 288.96	\$ 288.96	\$ 288.96	\$ 288.96	\$ 288.96
Employee/Spouse	\$ 378.48	\$ 415.95	\$ 415.95	\$ 415.95	\$ 415.95	\$ 415.95	\$ 415.95	\$ 415.95	\$ 415.95	\$ 415.95	\$ 415.95	\$ 415.95
Family	\$ 460.54	\$ 506.14	\$ 506.14	\$ 506.14	\$ 506.14	\$ 506.14	\$ 506.14	\$ 506.14	\$ 506.14	\$ 506.14	\$ 506.14	\$ 506.14

Rider: Dependent Coverage to Age 29

9% of medical rate	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 15.07	\$ 16.56	\$ 16.56	\$ 16.56	\$ 16.56	\$ 16.56	\$ 16.56	\$ 16.56	\$ 16.56	\$ 16.56	\$ 16.56	\$ 16.56
Parent/Child(ren)	\$ 14.72	\$ 16.18	\$ 16.18	\$ 16.18	\$ 16.18	\$ 16.18	\$ 16.18	\$ 16.18	\$ 16.18	\$ 16.18	\$ 16.18	\$ 16.18
Employee/Spouse	\$ 34.06	\$ 37.44	\$ 37.44	\$ 37.44	\$ 37.44	\$ 37.44	\$ 37.44	\$ 37.44	\$ 37.44	\$ 37.44	\$ 37.44	\$ 37.44
Family	\$ 29.01	\$ 31.89	\$ 31.89	\$ 31.89	\$ 31.89	\$ 31.89	\$ 31.89	\$ 31.89	\$ 31.89	\$ 31.89	\$ 31.89	\$ 31.89

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
GRANDFATHERED ALTERNATIVE HIGH DEDUCTIBLE PLAN C
ALL COUNTIES**

RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	\$ 68.48	\$ 75.25	\$ 75.25	\$ 75.25	\$ 75.25	\$ 75.25	\$ 75.25	\$ 75.25	\$ 75.25	\$ 75.25	\$ 75.25	\$ 75.25
Parent/Child(ren)	\$ 107.51	\$ 118.15	\$ 118.15	\$ 118.15	\$ 118.15	\$ 118.15	\$ 118.15	\$ 118.15	\$ 118.15	\$ 118.15	\$ 118.15	\$ 118.15
Employee/Spouse	\$ 154.76	\$ 170.07	\$ 170.07	\$ 170.07	\$ 170.07	\$ 170.07	\$ 170.07	\$ 170.07	\$ 170.07	\$ 170.07	\$ 170.07	\$ 170.07
Family	\$ 188.31	\$ 206.95	\$ 206.95	\$ 206.95	\$ 206.95	\$ 206.95	\$ 206.95	\$ 206.95	\$ 206.95	\$ 206.95	\$ 206.95	\$ 206.95
Without Rx												
Individual	\$ 57.44	\$ 63.13	\$ 63.13	\$ 63.13	\$ 63.13	\$ 63.13	\$ 63.13	\$ 63.13	\$ 63.13	\$ 63.13	\$ 63.13	\$ 63.13
Parent/Child(ren)	\$ 90.18	\$ 99.11	\$ 99.11	\$ 99.11	\$ 99.11	\$ 99.11	\$ 99.11	\$ 99.11	\$ 99.11	\$ 99.11	\$ 99.11	\$ 99.11
Employee/Spouse	\$ 129.82	\$ 142.67	\$ 142.67	\$ 142.67	\$ 142.67	\$ 142.67	\$ 142.67	\$ 142.67	\$ 142.67	\$ 142.67	\$ 142.67	\$ 142.67
Family	\$ 157.97	\$ 173.61	\$ 173.61	\$ 173.61	\$ 173.61	\$ 173.61	\$ 173.61	\$ 173.61	\$ 173.61	\$ 173.61	\$ 173.61	\$ 173.61
Rider: Dependent Coverage to Age 29												
9% of medical rate												
Individual	\$ 5.17	\$ 5.69	\$ 5.69	\$ 5.69	\$ 5.69	\$ 5.69	\$ 5.69	\$ 5.69	\$ 5.69	\$ 5.69	\$ 5.69	\$ 5.69
Parent/Child(ren)	\$ 5.05	\$ 5.55	\$ 5.55	\$ 5.55	\$ 5.55	\$ 5.55	\$ 5.55	\$ 5.55	\$ 5.55	\$ 5.55	\$ 5.55	\$ 5.55
Employee/Spouse	\$ 11.69	\$ 12.84	\$ 12.84	\$ 12.84	\$ 12.84	\$ 12.84	\$ 12.84	\$ 12.84	\$ 12.84	\$ 12.84	\$ 12.84	\$ 12.84
Family	\$ 9.96	\$ 10.93	\$ 10.93	\$ 10.93	\$ 10.93	\$ 10.93	\$ 10.93	\$ 10.93	\$ 10.93	\$ 10.93	\$ 10.93	\$ 10.93

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
GRANDFATHERED ALTERNATIVE HIGH DEDUCTIBLE PLAN C
ALL COUNTIES**

PERCENT RATE INCREASE (YEAR OVER YEAR)

With Rx	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Without Rx												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Rider: Dependent Coverage to Age 29												
9% of medical rate												
Individual	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Parent/Child(ren)	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Employee/Spouse	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%
Family	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%

United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS
HNYYoungAdult29.I.07.NY
HNYGrpAge29.RID.I.07.NY

Dependent to Age 29 Rider

If this rider is purchased, then any dependents who satisfy the "dependent through 29" definition as described in the legal filing will be covered like any other dependent child under the parents' policy.

The rate for this optional "make available" rider is calculated as 9% of the medical-only rate for the chosen benefit. The rate is the same with or without pharmacy coverage.

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

Rate Calculation & Example

<u>2011</u>	<i>Example: Core plan with Rx, effective 1/1/12</i>
Individual Rate	\$ 319.79
Parent/Child(ren)	\$ 502.07
Employee/Spouse	\$ 722.73
Family	\$ 879.42

Trend Factor x 1.343

<u>2012</u>	
Individual	\$ 429.48
Parent/Child(ren)	\$ 674.28
Employee/Spouse	\$ 970.63
Family	\$ 1,181.06

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUP AND INDIVIDUAL**

	Effective January 2012 Upstate Region	Effective February through December 2012 Upstate Region
<i>Minimum rate change</i>	34.3%	34.3%
<i>Maximum rate change</i>	34.3%	34.3%
<i>Member weighted average rate change</i>	34.3%	34.3%

United HealthCare Healthy NY Upstate Pilot Plan Designs Healthy NY Upstate Pilot Plan Designs

	Core Package		Alternative Plan Designs for the Pilot Program		
	<i>Healthy NY</i>	<i>Healthy NY HSA</i>	<i>Plan A</i>	<i>Plan B</i>	<i>HDHP Plan C</i>
Financial					
Deductible	N/A	\$1,200 (single)/\$2,400 (family)	N/A	N/A	\$1,500 (single)/\$3000 (family)
Coinsurance	N/A	N/A	N/A	N/A	80%
Member Out-of-pocket	N/A	\$5,250 (single)/\$10,500 (family)	N/A	N/A	\$5,250 (single)/\$10,500 (family)
Preventive Care					
Physical examination (once every three years)	\$20 copayment	\$20 copayment	\$20 copayment	\$20 copayment	\$20 copayment
Well child visit	No charge	No charge	No charge	No charge	No charge
Child immunizations (0-19 years old)	No charge	No charge	No charge	No charge	No charge
Adult immunizations	\$20 copayment	\$20 copayment	\$20 copayment	\$20 copayment	\$20 copayment
Outpatient Care					
Primary care physician office visit	\$20 copayment	Deductible then \$20 copayment	\$20 copayment	\$30 copayment	Deductible and Coinsurance
Specialist office visit*	\$20 copayment	Deductible then \$20 copayment	\$20 copayment	\$50 copayment	Deductible and Coinsurance
Surgery in physician's office**	\$20 copayment	Deductible then \$20 copayment	\$20 copayment	\$50 copayment	Deductible and Coinsurance
MRI, CT scan, and other radiology services**	\$20 copayment	Deductible then \$20 copayment	\$20 copayment	\$100 copayment	Deductible and Coinsurance

	Core Package		Alternative Plan Designs for the Pilot Program		
Hospital Care					
Physician services (non-surgical)	\$20 copayment	Deductible then \$20 copayment	\$20 copayment	\$50 copayment	Deductible and Coinsurance
Pre-admission testing	\$20 copayment	Deductible then \$20 copayment	\$20 copayment	\$50 copayment	Deductible and Coinsurance
Surgeon's services	Lesser of \$200 or 20%	Deductible then lesser of \$200 or 20%	Lesser of \$100 or 10%	Lesser of \$500 or 20%	Deductible and Coinsurance
Physician's anesthetic services	\$20 copayment	Deductible then \$20 copayment	\$20 copayment	\$50 copayment	Deductible and Coinsurance
Blood and blood products	\$20 copayment	Deductible then \$20 copayment	\$20 copayment	\$50 copayment	Deductible and Coinsurance
Semi-private room and board**	\$500 per continuous confinement	Deductible then \$500 per continuous confinement	\$200 per continuous confinement with \$600 Annual Max	\$750 per continuous confinement	Deductible and Coinsurance
All drugs and medications	No charge	No charge	No charge	No charge	Deductible and Coinsurance
Emergency Care					
Ambulance service	Not covered	Not covered	Not covered	Not covered	Deductible and Coinsurance
Emergency room	\$50 copayment; waived if admitted to hospital	Deductible then \$50 copayment; waived if admitted to hospital	\$50 copayment; waived if admitted to hospital	\$100 copayment; waived if admitted to hospital	Deductible and Coinsurance
Urgent care center	\$20 copayment; waived if admitted to hospital	Deductible then \$20 copayment; waived if admitted to hospital	\$20 copayment; waived if admitted to hospital	\$100 copayment; waived if admitted to hospital	Deductible and Coinsurance
Maternity Care					
Prenatal and postnatal care**	\$10 copayment	\$10 copayment	\$10 copayment	\$10 copayment	Deductible and Coinsurance
Hospital services for mother and child**	Lesser of 20% of the cost of services or \$200	Deductible then lesser of 20% of the cost of services or \$200 per item or visit	No Charge	Lesser of 20% of the cost of services or \$500	Deductible and Coinsurance

	Core Package		Alternative Plan Designs for the Pilot Program		
Other Coverage					
Diabetes supplies and education	\$20 copayment per item or visit	Deductible then \$20 copayment per item or visit	\$20 copayment per item or visit	\$30 copayment per item or visit	Deductible and Coinsurance
Physical therapy	\$20 copayment per item or visit *	Deductible then \$20 copayment per item or visit *	\$20 copayment per item or visit ***	\$50 copayment per item or visit *	Deductible and Coinsurance *
Home healthcare **	\$20 copayment per item or visit	Deductible then \$20 copayment per item or visit	\$20 copayment per item or visit	\$50 copayment per item or visit	Deductible and Coinsurance
Chiropractic	Not covered	Not covered	\$20 Copayment per visit	Not covered	Not Covered
Mental Health IP	Not covered				
Mental Health OP	Not covered				
Prescription Drug					
Annual deductible	\$100 per member, per calendar year	**\$1,200 (single)/\$2,400 (family) shared medical and pharmacy ded.	\$100 per member, per calendar year	\$100 per member, per calendar year	**\$1,500 (single)/\$3000 (family) shared medical and pharmacy ded.
Annual maximum benefit	\$3,000 per individual, per calendar year				
Generic drugs	\$10 copayment	\$10 copayment	\$10 copayment	\$10 copayment	\$15 copayment
Brand name drugs	\$20 copayment plus the difference in cost between the brand name drug and its generic equivalent	\$20 copayment plus the difference in cost between the brand name drug and its generic equivalent	\$20 copayment plus the difference in cost between the brand name drug and its generic equivalent	\$20 copayment plus the difference in cost between the brand name drug and its generic equivalent	\$30 copayment plus the difference in cost between the brand name drug and its generic equivalent

* = Up to 30 post hospital/surgical physical therapy visits per calendar year.

** = Up to 40 post hospital/surgical physical therapy visits per calendar year.

*** = Up to 30 physical therapy visits per calendar year, \$1000 max Benefit

**United HealthCare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS**

Underwriting Guidelines

This product is guaranteed issue, provided that state-defined Healthy New York eligibility criteria are met.