State: *New York* **Filing Company:** *UnitedHealthcare Insurance Company of New York*
TOI/Sub-TOI: *H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense*
Product Name: *UHIC Healthy NY CY2013*
Project Name/Number: */*

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Approved Rate Manual		
Comments:			
Attachment(s):			
Cover letter UHIC HNY 2013 Resubmit.pdf Exhibit II - UHC HNY Rate Manual 2013 Approved.pdf			

UnitedHealthcare
A UnitedHealth Group Company

October 9, 2012

Mr. Veng Taing
Senior Actuary
New York State Department of Financial Services
Health Bureau
25 Beaver Street
New York, NY 10004

RE: **UnitedHealthcare Insurance Company of New York**
Rate Filing for Healthy New York Upstate Pilot
Effective January 1, 2013
Revised Rate Exhibits

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. Taing,

As instructed, we are submitting through SERFF revisions to the Company's previously requested rate increases for its Healthy New York products for effective dates January 2013 to October 2013. The revisions are based on guidance provided by the New York State Department of Financial Services by email informing us that the approved rates should reflect an annual increase of 19.6%. The Company has not yet received the written determination of the Superintendent with actuarial justification for revisions made to the Company's previously submitted rate. However, due to implementation time constraints, we are resubmitting the approved rates based on the aforementioned communication from the Department in SERFF in order to meet the notification requirements. We respectfully reserve all of our rights with respect to modification once provided with the Department's written determination.

Please note that we are not making any changes to the previously submitted 60-day notification letters. Please advise if the Department approves these letters as soon as possible so that we can meet the 60-day notification requirement.

Included in this resubmission are

- Section I - Revised Rate Manual Including Comparison to Current Rates

Should you have any questions or need any additional information, please contact me at (203) 459-7785 or at brian_w_landrigan@uhc.com

Sincerely,

Brian W. Landrigan

Digitally signed by Brian W. Landrigan
DN: cn=Brian W. Landrigan, o=United Healthcare, ou=Actuarial Pricing, email=brian_w_landrigan@uhc.com, c=US
Date: 2012.10.09 13:30:01 -04'00'

Brian W. Landrigan, ASA, MAAA
Director, Actuarial Pricing
United Healthcare Northeast
48 Monroe Turnpike
Trumbull, CT 06611
(203) 459-7785 (phone)
brian_w_landrigan@uhc.com (e-mail)

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

UnitedHealthcare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS

CORE (NON HIGH DEDUCTIBLE) PLAN
ALL COUNTIES

Rates applicable to:	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
With Rx												
Individual	$ 457.07	$ 502.30	$ 502.30	$ 502.30	$ 502.30	$ 502.30	$ 502.30	$ 502.30	$ 502.30	$ 502.30	na	na
Parent/Child(ren)	$ 717.60	$ 788.61	$ 788.61	$ 788.61	$ 788.61	$ 788.61	$ 788.61	$ 788.61	$ 788.61	$ 788.61	na	na
Employee/Spouse	$ 1,032.98	$ 1,135.20	$ 1,135.20	$ 1,135.20	$ 1,135.20	$ 1,135.20	$ 1,135.20	$ 1,135.20	$ 1,135.20	$ 1,135.20	na	na
Family	$ 1,257.04	$ 1,381.43	$ 1,381.43	$ 1,381.43	$ 1,381.43	$ 1,381.43	$ 1,381.43	$ 1,381.43	$ 1,381.43	$ 1,381.43	na	na
Without Rx	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	$ 382.41	$ 420.26	$ 420.26	$ 420.26	$ 420.26	$ 420.26	$ 420.26	$ 420.26	$ 420.26	$ 420.26	na	na
Parent/Child(ren)	$ 600.38	$ 659.81	$ 659.81	$ 659.81	$ 659.81	$ 659.81	$ 659.81	$ 659.81	$ 659.81	$ 659.81	na	na
Employee/Spouse	$ 864.25	$ 949.79	$ 949.79	$ 949.79	$ 949.79	$ 949.79	$ 949.79	$ 949.79	$ 949.79	$ 949.79	na	na
Family	$ 1,051.71	$ 1,155.80	$ 1,155.80	$ 1,155.80	$ 1,155.80	$ 1,155.80	$ 1,155.80	$ 1,155.80	$ 1,155.80	$ 1,155.80	na	na
Rider: Dependent Coverage to Age 29												
	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	$ 32.12	$ 35.30	$ 35.30	$ 35.30	$ 35.30	$ 35.30	$ 35.30	$ 35.30	$ 35.30	$ 35.30	na	na
Parent/Child(ren)	$ 50.43	$ 55.42	$ 55.42	$ 55.42	$ 55.42	$ 55.42	$ 55.42	$ 55.42	$ 55.42	$ 55.42	na	na
Employee/Spouse	$ 72.60	$ 79.78	$ 79.78	$ 79.78	$ 79.78	$ 79.78	$ 79.78	$ 79.78	$ 79.78	$ 79.78	na	na
Family	$ 88.34	$ 97.09	$ 97.09	$ 97.09	$ 97.09	$ 97.09	$ 97.09	$ 97.09	$ 97.09	$ 97.09	na	na

UnitedHealthcare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS

CORE (NON HIGH DEDUCTIBLE) PLAN
ALL COUNTIES

2012 APPROVED PREMIUM RATES

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	$ 382.15	$ 419.97	$ 419.97	$ 419.97	$ 419.97	$ 419.97	$ 419.97	$ 419.97	$ 419.97	$ 419.97	$ 419.97	$ 419.97
Parent/Child(ren)	$ 599.98	$ 659.35	$ 659.35	$ 659.35	$ 659.35	$ 659.35	$ 659.35	$ 659.35	$ 659.35	$ 659.35	$ 659.35	$ 659.35
Employee/Spouse	$ 863.66	$ 949.13	$ 949.13	$ 949.13	$ 949.13	$ 949.13	$ 949.13	$ 949.13	$ 949.13	$ 949.13	$ 949.13	$ 949.13
Family	$ 1,050.91	$ 1,154.92	$ 1,154.92	$ 1,154.92	$ 1,154.92	$ 1,154.92	$ 1,154.92	$ 1,154.92	$ 1,154.92	$ 1,154.92	$ 1,154.92	$ 1,154.92

Without 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	$ 319.73	$ 351.38	$ 351.38	$ 351.38	$ 351.38	$ 351.38	$ 351.38	$ 351.38	$ 351.38	$ 351.38	$ 351.38	$ 351.38
Parent/Child(ren)	$ 501.98	$ 551.67	$ 551.67	$ 551.67	$ 551.67	$ 551.67	$ 551.67	$ 551.67	$ 551.67	$ 551.67	$ 551.67	$ 551.67
Employee/Spouse	$ 722.59	$ 794.12	$ 794.12	$ 794.12	$ 794.12	$ 794.12	$ 794.12	$ 794.12	$ 794.12	$ 794.12	$ 794.12	$ 794.12
Family	$ 879.26	$ 966.30	$ 966.30	$ 966.30	$ 966.30	$ 966.30	$ 966.30	$ 966.30	$ 966.30	$ 966.30	$ 966.30	$ 966.30

Rider: Dependent Coverage to Age 29

	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	$ 28.78	$ 31.62	$ 31.62	$ 31.62	$ 31.62	$ 31.62	$ 31.62	$ 31.62	$ 31.62	$ 31.62	$ 31.62	$ 31.62
Parent/Child(ren)	$ 28.11	$ 30.89	$ 30.89	$ 30.89	$ 30.89	$ 30.89	$ 30.89	$ 30.89	$ 30.89	$ 30.89	$ 30.89	$ 30.89
Employee/Spouse	$ 65.03	$ 71.47	$ 71.47	$ 71.47	$ 71.47	$ 71.47	$ 71.47	$ 71.47	$ 71.47	$ 71.47	$ 71.47	$ 71.47
Family	$ 55.39	$ 60.88	$ 60.88	$ 60.88	$ 60.88	$ 60.88	$ 60.88	$ 60.88	$ 60.88	$ 60.88	$ 60.88	$ 60.88

UnitedHealthcare 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-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	$ 74.92	$ 82.33	$ 82.33	$ 82.33	$ 82.33	$ 82.33	$ 82.33	$ 82.33	$ 82.33	$ 82.33	na	na
Parent/Child(ren)	$ 117.62	$ 129.26	$ 129.26	$ 129.26	$ 129.26	$ 129.26	$ 129.26	$ 129.26	$ 129.26	$ 129.26	na	na
Employee/Spouse	$ 169.32	$ 186.07	$ 186.07	$ 186.07	$ 186.07	$ 186.07	$ 186.07	$ 186.07	$ 186.07	$ 186.07	na	na
Family	$ 206.13	$ 226.51	$ 226.51	$ 226.51	$ 226.51	$ 226.51	$ 226.51	$ 226.51	$ 226.51	$ 226.51	na	na
Without Rx												
Individual	$ 62.68	$ 68.88	$ 68.88	$ 68.88	$ 68.88	$ 68.88	$ 68.88	$ 68.88	$ 68.88	$ 68.88	na	na
Parent/Child(ren)	$ 98.40	$ 108.14	$ 108.14	$ 108.14	$ 108.14	$ 108.14	$ 108.14	$ 108.14	$ 108.14	$ 108.14	na	na
Employee/Spouse	$ 141.66	$ 155.67	$ 155.67	$ 155.67	$ 155.67	$ 155.67	$ 155.67	$ 155.67	$ 155.67	$ 155.67	na	na
Family	$ 172.45	$ 189.50	$ 189.50	$ 189.50	$ 189.50	$ 189.50	$ 189.50	$ 189.50	$ 189.50	$ 189.50	na	na
Rider: Dependent Coverage to Age 29												
Individual	$ 3.34	$ 3.68	$ 3.68	$ 3.68	$ 3.68	$ 3.68	$ 3.68	$ 3.68	$ 3.68	$ 3.68	na	na
Parent/Child(ren)	$ 22.32	$ 24.53	$ 24.53	$ 24.53	$ 24.53	$ 24.53	$ 24.53	$ 24.53	$ 24.53	$ 24.53	na	na
Employee/Spouse	$ 7.57	$ 8.31	$ 8.31	$ 8.31	$ 8.31	$ 8.31	$ 8.31	$ 8.31	$ 8.31	$ 8.31	na	na
Family	$ 32.95	$ 36.21	$ 36.21	$ 36.21	$ 36.21	$ 36.21	$ 36.21	$ 36.21	$ 36.21	$ 36.21	na	na

UnitedHealthcare 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-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Parent/Child(ren)	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Employee/Spouse	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Family	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Without Rx												
Individual	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Parent/Child(ren)	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Employee/Spouse	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Family	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Rider: Dependent Coverage to Age 29												
Individual	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	na	na
Parent/Child(ren)	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	na	na
Employee/Spouse	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	na	na
Family	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	na	na

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

UnitedHealthcare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS

CORE - HIGH DEDUCTIBLE PLAN
ALL COUNTIES

Rates applicable to:	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
With Rx												
Individual	$ 328.96	$ 361.54	$ 361.54	$ 361.54	$ 361.54	$ 361.54	$ 361.54	$ 361.54	$ 361.54	$ 361.54	na	na
Parent/Child(ren)	$ 516.47	$ 567.62	$ 567.62	$ 567.62	$ 567.62	$ 567.62	$ 567.62	$ 567.62	$ 567.62	$ 567.62	na	na
Employee/Spouse	$ 743.45	$ 817.09	$ 817.09	$ 817.09	$ 817.09	$ 817.09	$ 817.09	$ 817.09	$ 817.09	$ 817.09	na	na
Family	$ 904.71	$ 994.32	$ 994.32	$ 994.32	$ 994.32	$ 994.32	$ 994.32	$ 994.32	$ 994.32	$ 994.32	na	na
No Rx	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	$ 276.17	$ 303.52	$ 303.52	$ 303.52	$ 303.52	$ 303.52	$ 303.52	$ 303.52	$ 303.52	$ 303.52	na	na
Parent/Child(ren)	$ 433.59	$ 476.53	$ 476.53	$ 476.53	$ 476.53	$ 476.53	$ 476.53	$ 476.53	$ 476.53	$ 476.53	na	na
Employee/Spouse	$ 624.14	$ 685.96	$ 685.96	$ 685.96	$ 685.96	$ 685.96	$ 685.96	$ 685.96	$ 685.96	$ 685.96	na	na
Family	$ 759.52	$ 834.75	$ 834.75	$ 834.75	$ 834.75	$ 834.75	$ 834.75	$ 834.75	$ 834.75	$ 834.75	na	na
Rider: Dependent Coverage to Age 29												
	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	$ 23.20	$ 25.50	$ 25.50	$ 25.50	$ 25.50	$ 25.50	$ 25.50	$ 25.50	$ 25.50	$ 25.50	na	na
Parent/Child(ren)	$ 36.42	$ 40.03	$ 40.03	$ 40.03	$ 40.03	$ 40.03	$ 40.03	$ 40.03	$ 40.03	$ 40.03	na	na
Employee/Spouse	$ 52.43	$ 57.62	$ 57.62	$ 57.62	$ 57.62	$ 57.62	$ 57.62	$ 57.62	$ 57.62	$ 57.62	na	na
Family	$ 63.80	$ 70.12	$ 70.12	$ 70.12	$ 70.12	$ 70.12	$ 70.12	$ 70.12	$ 70.12	$ 70.12	na	na

UnitedHealthcare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS

CORE - HIGH DEDUCTIBLE PLAN
ALL COUNTIES

2012 APPROVED PREMIUM RATES

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	$ 275.04	$ 302.28	$ 302.28	$ 302.28	$ 302.28	$ 302.28	$ 302.28	$ 302.28	$ 302.28	$ 302.28	$ 302.28	$ 302.28
Parent/Child(ren)	$ 431.81	$ 474.58	$ 474.58	$ 474.58	$ 474.58	$ 474.58	$ 474.58	$ 474.58	$ 474.58	$ 474.58	$ 474.58	$ 474.58
Employee/Spouse	$ 621.59	$ 683.15	$ 683.15	$ 683.15	$ 683.15	$ 683.15	$ 683.15	$ 683.15	$ 683.15	$ 683.15	$ 683.15	$ 683.15
Family	$ 756.36	$ 831.27	$ 831.27	$ 831.27	$ 831.27	$ 831.27	$ 831.27	$ 831.27	$ 831.27	$ 831.27	$ 831.27	$ 831.27

No 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	$ 230.90	$ 253.77	$ 253.77	$ 253.77	$ 253.77	$ 253.77	$ 253.77	$ 253.77	$ 253.77	$ 253.77	$ 253.77	$ 253.77
Parent/Child(ren)	$ 362.51	$ 398.42	$ 398.42	$ 398.42	$ 398.42	$ 398.42	$ 398.42	$ 398.42	$ 398.42	$ 398.42	$ 398.42	$ 398.42
Employee/Spouse	$ 521.83	$ 573.52	$ 573.52	$ 573.52	$ 573.52	$ 573.52	$ 573.52	$ 573.52	$ 573.52	$ 573.52	$ 573.52	$ 573.52
Family	$ 634.98	$ 697.87	$ 697.87	$ 697.87	$ 697.87	$ 697.87	$ 697.87	$ 697.87	$ 697.87	$ 697.87	$ 697.87	$ 697.87

Rider: Dependent Coverage to Age 29

	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	$ 20.78	$ 22.84	$ 22.84	$ 22.84	$ 22.84	$ 22.84	$ 22.84	$ 22.84	$ 22.84	$ 22.84	$ 22.84	$ 22.84
Parent/Child(ren)	$ 20.30	$ 22.31	$ 22.31	$ 22.31	$ 22.31	$ 22.31	$ 22.31	$ 22.31	$ 22.31	$ 22.31	$ 22.31	$ 22.31
Employee/Spouse	$ 46.96	$ 51.62	$ 51.62	$ 51.62	$ 51.62	$ 51.62	$ 51.62	$ 51.62	$ 51.62	$ 51.62	$ 51.62	$ 51.62
Family	$ 40.00	$ 43.97	$ 43.97	$ 43.97	$ 43.97	$ 43.97	$ 43.97	$ 43.97	$ 43.97	$ 43.97	$ 43.97	$ 43.97

UnitedHealthcare 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-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	$ 53.92	$ 59.26	$ 59.26	$ 59.26	$ 59.26	$ 59.26	$ 59.26	$ 59.26	$ 59.26	$ 59.26	na	na
Parent/Child(ren)	$ 84.66	$ 93.04	$ 93.04	$ 93.04	$ 93.04	$ 93.04	$ 93.04	$ 93.04	$ 93.04	$ 93.04	na	na
Employee/Spouse	$ 121.86	$ 133.94	$ 133.94	$ 133.94	$ 133.94	$ 133.94	$ 133.94	$ 133.94	$ 133.94	$ 133.94	na	na
Family	$ 148.35	$ 163.05	$ 163.05	$ 163.05	$ 163.05	$ 163.05	$ 163.05	$ 163.05	$ 163.05	$ 163.05	na	na
Without Rx												
Individual	$ 45.27	$ 49.75	$ 49.75	$ 49.75	$ 49.75	$ 49.75	$ 49.75	$ 49.75	$ 49.75	$ 49.75	na	na
Parent/Child(ren)	$ 71.08	$ 78.11	$ 78.11	$ 78.11	$ 78.11	$ 78.11	$ 78.11	$ 78.11	$ 78.11	$ 78.11	na	na
Employee/Spouse	$ 102.31	$ 112.44	$ 112.44	$ 112.44	$ 112.44	$ 112.44	$ 112.44	$ 112.44	$ 112.44	$ 112.44	na	na
Family	$ 124.54	$ 136.88	$ 136.88	$ 136.88	$ 136.88	$ 136.88	$ 136.88	$ 136.88	$ 136.88	$ 136.88	na	na
Rider: Dependent Coverage to Age 29												
Individual	$ 2.42	$ 2.66	$ 2.66	$ 2.66	$ 2.66	$ 2.66	$ 2.66	$ 2.66	$ 2.66	$ 2.66	na	na
Parent/Child(ren)	$ 16.12	$ 17.72	$ 17.72	$ 17.72	$ 17.72	$ 17.72	$ 17.72	$ 17.72	$ 17.72	$ 17.72	na	na
Employee/Spouse	$ 5.47	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	$ 6.00	na	na
Family	$ 23.80	$ 26.15	$ 26.15	$ 26.15	$ 26.15	$ 26.15	$ 26.15	$ 26.15	$ 26.15	$ 26.15	na	na

UnitedHealthcare 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-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Parent/Child(ren)	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Employee/Spouse	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Family	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Without Rx												
Individual	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Parent/Child(ren)	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Employee/Spouse	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Family	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Rider: Dependent Coverage to Age 29												
Individual	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	na	na
Parent/Child(ren)	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	na	na
Employee/Spouse	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	na	na
Family	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	na	na

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

UnitedHealthcare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS

ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN A
ALL COUNTIES

Rates applicable to:	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
With Rx												
Individual	$ 484.64	$ 532.63	$ 532.63	$ 532.63	$ 532.63	$ 532.63	$ 532.63	$ 532.63	$ 532.63	$ 532.63	na	na
Parent/Child(ren)	$ 760.88	$ 836.23	$ 836.23	$ 836.23	$ 836.23	$ 836.23	$ 836.23	$ 836.23	$ 836.23	$ 836.23	na	na
Employee/Spouse	$ 1,095.28	$ 1,203.74	$ 1,203.74	$ 1,203.74	$ 1,203.74	$ 1,203.74	$ 1,203.74	$ 1,203.74	$ 1,203.74	$ 1,203.74	na	na
Family	$ 1,332.85	$ 1,464.84	$ 1,464.84	$ 1,464.84	$ 1,464.84	$ 1,464.84	$ 1,464.84	$ 1,464.84	$ 1,464.84	$ 1,464.84	na	na
No Rx	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	$ 405.48	$ 445.63	$ 445.63	$ 445.63	$ 445.63	$ 445.63	$ 445.63	$ 445.63	$ 445.63	$ 445.63	na	na
Parent/Child(ren)	$ 636.60	$ 699.64	$ 699.64	$ 699.64	$ 699.64	$ 699.64	$ 699.64	$ 699.64	$ 699.64	$ 699.64	na	na
Employee/Spouse	$ 916.38	$ 1,007.12	$ 1,007.12	$ 1,007.12	$ 1,007.12	$ 1,007.12	$ 1,007.12	$ 1,007.12	$ 1,007.12	$ 1,007.12	na	na
Family	$ 1,115.15	$ 1,225.57	$ 1,225.57	$ 1,225.57	$ 1,225.57	$ 1,225.57	$ 1,225.57	$ 1,225.57	$ 1,225.57	$ 1,225.57	na	na
Rider: Dependent Coverage to Age 29												
	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	$ 34.06	$ 37.43	$ 37.43	$ 37.43	$ 37.43	$ 37.43	$ 37.43	$ 37.43	$ 37.43	$ 37.43	na	na
Parent/Child(ren)	$ 53.47	$ 58.77	$ 58.77	$ 58.77	$ 58.77	$ 58.77	$ 58.77	$ 58.77	$ 58.77	$ 58.77	na	na
Employee/Spouse	$ 76.98	$ 84.60	$ 84.60	$ 84.60	$ 84.60	$ 84.60	$ 84.60	$ 84.60	$ 84.60	$ 84.60	na	na
Family	$ 93.67	$ 102.95	$ 102.95	$ 102.95	$ 102.95	$ 102.95	$ 102.95	$ 102.95	$ 102.95	$ 102.95	na	na

UnitedHealthcare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS

ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN A
ALL COUNTIES

2012 APPROVED PREMIUM RATES

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	$ 405.20	$ 445.33	$ 445.33	$ 445.33	$ 445.33	$ 445.33	$ 445.33	$ 445.33	$ 445.33	$ 445.33	$ 445.33	$ 445.33
Parent/Child(ren)	$ 636.16	$ 699.17	$ 699.17	$ 699.17	$ 699.17	$ 699.17	$ 699.17	$ 699.17	$ 699.17	$ 699.17	$ 699.17	$ 699.17
Employee/Spouse	$ 915.75	$ 1,006.45	$ 1,006.45	$ 1,006.45	$ 1,006.45	$ 1,006.45	$ 1,006.45	$ 1,006.45	$ 1,006.45	$ 1,006.45	$ 1,006.45	$ 1,006.45
Family	$ 1,114.30	$ 1,224.66	$ 1,224.66	$ 1,224.66	$ 1,224.66	$ 1,224.66	$ 1,224.66	$ 1,224.66	$ 1,224.66	$ 1,224.66	$ 1,224.66	$ 1,224.66

No 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	$ 339.02	$ 372.59	$ 372.59	$ 372.59	$ 372.59	$ 372.59	$ 372.59	$ 372.59	$ 372.59	$ 372.59	$ 372.59	$ 372.59
Parent/Child(ren)	$ 532.26	$ 584.97	$ 584.97	$ 584.97	$ 584.97	$ 584.97	$ 584.97	$ 584.97	$ 584.97	$ 584.97	$ 584.97	$ 584.97
Employee/Spouse	$ 766.19	$ 842.05	$ 842.05	$ 842.05	$ 842.05	$ 842.05	$ 842.05	$ 842.05	$ 842.05	$ 842.05	$ 842.05	$ 842.05
Family	$ 932.31	$ 1,024.62	$ 1,024.62	$ 1,024.62	$ 1,024.62	$ 1,024.62	$ 1,024.62	$ 1,024.62	$ 1,024.62	$ 1,024.62	$ 1,024.62	$ 1,024.62

Rider: Dependent Coverage to Age 29

	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	$ 30.51	$ 33.53	$ 33.53	$ 33.53	$ 33.53	$ 33.53	$ 33.53	$ 33.53	$ 33.53	$ 33.53	$ 33.53	$ 33.53
Parent/Child(ren)	$ 29.81	$ 32.76	$ 32.76	$ 32.76	$ 32.76	$ 32.76	$ 32.76	$ 32.76	$ 32.76	$ 32.76	$ 32.76	$ 32.76
Employee/Spouse	$ 68.96	$ 75.78	$ 75.78	$ 75.78	$ 75.78	$ 75.78	$ 75.78	$ 75.78	$ 75.78	$ 75.78	$ 75.78	$ 75.78
Family	$ 58.74	$ 64.55	$ 64.55	$ 64.55	$ 64.55	$ 64.55	$ 64.55	$ 64.55	$ 64.55	$ 64.55	$ 64.55	$ 64.55

UnitedHealthcare 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-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	$ 79.44	$ 87.30	$ 87.30	$ 87.30	$ 87.30	$ 87.30	$ 87.30	$ 87.30	$ 87.30	$ 87.30	na	na
Parent/Child(ren)	$ 124.72	$ 137.06	$ 137.06	$ 137.06	$ 137.06	$ 137.06	$ 137.06	$ 137.06	$ 137.06	$ 137.06	na	na
Employee/Spouse	$ 179.53	$ 197.29	$ 197.29	$ 197.29	$ 197.29	$ 197.29	$ 197.29	$ 197.29	$ 197.29	$ 197.29	na	na
Family	$ 218.55	$ 240.18	$ 240.18	$ 240.18	$ 240.18	$ 240.18	$ 240.18	$ 240.18	$ 240.18	$ 240.18	na	na
Without Rx												
Individual	$ 66.46	$ 73.04	$ 73.04	$ 73.04	$ 73.04	$ 73.04	$ 73.04	$ 73.04	$ 73.04	$ 73.04	na	na
Parent/Child(ren)	$ 104.34	$ 114.67	$ 114.67	$ 114.67	$ 114.67	$ 114.67	$ 114.67	$ 114.67	$ 114.67	$ 114.67	na	na
Employee/Spouse	$ 150.19	$ 165.07	$ 165.07	$ 165.07	$ 165.07	$ 165.07	$ 165.07	$ 165.07	$ 165.07	$ 165.07	na	na
Family	$ 182.84	$ 200.95	$ 200.95	$ 200.95	$ 200.95	$ 200.95	$ 200.95	$ 200.95	$ 200.95	$ 200.95	na	na
Rider: Dependent Coverage to Age 29												
Individual	$ 3.55	$ 3.90	$ 3.90	$ 3.90	$ 3.90	$ 3.90	$ 3.90	$ 3.90	$ 3.90	$ 3.90	na	na
Parent/Child(ren)	$ 23.66	$ 26.01	$ 26.01	$ 26.01	$ 26.01	$ 26.01	$ 26.01	$ 26.01	$ 26.01	$ 26.01	na	na
Employee/Spouse	$ 8.02	$ 8.82	$ 8.82	$ 8.82	$ 8.82	$ 8.82	$ 8.82	$ 8.82	$ 8.82	$ 8.82	na	na
Family	$ 34.93	$ 38.40	$ 38.40	$ 38.40	$ 38.40	$ 38.40	$ 38.40	$ 38.40	$ 38.40	$ 38.40	na	na

UnitedHealthcare 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-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Parent/Child(ren)	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Employee/Spouse	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Family	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Without Rx												
Individual	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Parent/Child(ren)	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Employee/Spouse	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Family	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Rider: Dependent Coverage to Age 29												
Individual	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	na	na
Parent/Child(ren)	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	na	na
Employee/Spouse	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	na	na
Family	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	na	na

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

UnitedHealthcare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS

ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN B
ALL COUNTIES

Rates applicable to:	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
With Rx												
Individual	$ 419.77	$ 461.31	$ 461.31	$ 461.31	$ 461.31	$ 461.31	$ 461.31	$ 461.31	$ 461.31	$ 461.31	na	na
Parent/Child(ren)	$ 659.04	$ 724.25	$ 724.25	$ 724.25	$ 724.25	$ 724.25	$ 724.25	$ 724.25	$ 724.25	$ 724.25	na	na
Employee/Spouse	$ 948.68	$ 1,042.56	$ 1,042.56	$ 1,042.56	$ 1,042.56	$ 1,042.56	$ 1,042.56	$ 1,042.56	$ 1,042.56	$ 1,042.56	na	na
Family	$ 1,154.45	$ 1,268.69	$ 1,268.69	$ 1,268.69	$ 1,268.69	$ 1,268.69	$ 1,268.69	$ 1,268.69	$ 1,268.69	$ 1,268.69	na	na
No Rx	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	$ 351.22	$ 385.99	$ 385.99	$ 385.99	$ 385.99	$ 385.99	$ 385.99	$ 385.99	$ 385.99	$ 385.99	na	na
Parent/Child(ren)	$ 551.42	$ 606.00	$ 606.00	$ 606.00	$ 606.00	$ 606.00	$ 606.00	$ 606.00	$ 606.00	$ 606.00	na	na
Employee/Spouse	$ 793.76	$ 872.34	$ 872.34	$ 872.34	$ 872.34	$ 872.34	$ 872.34	$ 872.34	$ 872.34	$ 872.34	na	na
Family	$ 965.93	$ 1,061.55	$ 1,061.55	$ 1,061.55	$ 1,061.55	$ 1,061.55	$ 1,061.55	$ 1,061.55	$ 1,061.55	$ 1,061.55	na	na
Rider: Dependent Coverage to Age 29												
	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	$ 29.50	$ 32.42	$ 32.42	$ 32.42	$ 32.42	$ 32.42	$ 32.42	$ 32.42	$ 32.42	$ 32.42	na	na
Parent/Child(ren)	$ 46.32	$ 50.90	$ 50.90	$ 50.90	$ 50.90	$ 50.90	$ 50.90	$ 50.90	$ 50.90	$ 50.90	na	na
Employee/Spouse	$ 66.68	$ 73.28	$ 73.28	$ 73.28	$ 73.28	$ 73.28	$ 73.28	$ 73.28	$ 73.28	$ 73.28	na	na
Family	$ 81.14	$ 89.17	$ 89.17	$ 89.17	$ 89.17	$ 89.17	$ 89.17	$ 89.17	$ 89.17	$ 89.17	na	na

UnitedHealthcare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS

ALTERNATIVE (NON HIGH DEDUCTIBLE) PLAN B
ALL COUNTIES

2012 APPROVED PREMIUM RATES

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	$ 350.97	$ 385.70	$ 385.70	$ 385.70	$ 385.70	$ 385.70	$ 385.70	$ 385.70	$ 385.70	$ 385.70	$ 385.70	$ 385.70
Parent/Child(ren)	$ 551.02	$ 605.55	$ 605.55	$ 605.55	$ 605.55	$ 605.55	$ 605.55	$ 605.55	$ 605.55	$ 605.55	$ 605.55	$ 605.55
Employee/Spouse	$ 793.19	$ 871.68	$ 871.68	$ 871.68	$ 871.68	$ 871.68	$ 871.68	$ 871.68	$ 871.68	$ 871.68	$ 871.68	$ 871.68
Family	$ 965.17	$ 1,060.68	$ 1,060.68	$ 1,060.68	$ 1,060.68	$ 1,060.68	$ 1,060.68	$ 1,060.68	$ 1,060.68	$ 1,060.68	$ 1,060.68	$ 1,060.68

No 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	$ 293.65	$ 322.72	$ 322.72	$ 322.72	$ 322.72	$ 322.72	$ 322.72	$ 322.72	$ 322.72	$ 322.72	$ 322.72	$ 322.72
Parent/Child(ren)	$ 461.03	$ 506.67	$ 506.67	$ 506.67	$ 506.67	$ 506.67	$ 506.67	$ 506.67	$ 506.67	$ 506.67	$ 506.67	$ 506.67
Employee/Spouse	$ 663.65	$ 729.35	$ 729.35	$ 729.35	$ 729.35	$ 729.35	$ 729.35	$ 729.35	$ 729.35	$ 729.35	$ 729.35	$ 729.35
Family	$ 807.54	$ 887.48	$ 887.48	$ 887.48	$ 887.48	$ 887.48	$ 887.48	$ 887.48	$ 887.48	$ 887.48	$ 887.48	$ 887.48

Rider: Dependent Coverage to Age 29

	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	$ 26.43	$ 29.04	$ 29.04	$ 29.04	$ 29.04	$ 29.04	$ 29.04	$ 29.04	$ 29.04	$ 29.04	$ 29.04	$ 29.04
Parent/Child(ren)	$ 25.82	$ 28.37	$ 28.37	$ 28.37	$ 28.37	$ 28.37	$ 28.37	$ 28.37	$ 28.37	$ 28.37	$ 28.37	$ 28.37
Employee/Spouse	$ 59.73	$ 65.64	$ 65.64	$ 65.64	$ 65.64	$ 65.64	$ 65.64	$ 65.64	$ 65.64	$ 65.64	$ 65.64	$ 65.64
Family	$ 50.88	$ 55.91	$ 55.91	$ 55.91	$ 55.91	$ 55.91	$ 55.91	$ 55.91	$ 55.91	$ 55.91	$ 55.91	$ 55.91

UnitedHealthcare 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-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	$ 68.80	$ 75.61	$ 75.61	$ 75.61	$ 75.61	$ 75.61	$ 75.61	$ 75.61	$ 75.61	$ 75.61	na	na
Parent/Child(ren)	$ 108.02	$ 118.70	$ 118.70	$ 118.70	$ 118.70	$ 118.70	$ 118.70	$ 118.70	$ 118.70	$ 118.70	na	na
Employee/Spouse	$ 155.49	$ 170.88	$ 170.88	$ 170.88	$ 170.88	$ 170.88	$ 170.88	$ 170.88	$ 170.88	$ 170.88	na	na
Family	$ 189.28	$ 208.01	$ 208.01	$ 208.01	$ 208.01	$ 208.01	$ 208.01	$ 208.01	$ 208.01	$ 208.01	na	na
Without Rx												
Individual	$ 57.57	$ 63.27	$ 63.27	$ 63.27	$ 63.27	$ 63.27	$ 63.27	$ 63.27	$ 63.27	$ 63.27	na	na
Parent/Child(ren)	$ 90.39	$ 99.33	$ 99.33	$ 99.33	$ 99.33	$ 99.33	$ 99.33	$ 99.33	$ 99.33	$ 99.33	na	na
Employee/Spouse	$ 130.11	$ 142.99	$ 142.99	$ 142.99	$ 142.99	$ 142.99	$ 142.99	$ 142.99	$ 142.99	$ 142.99	na	na
Family	$ 158.39	$ 174.07	$ 174.07	$ 174.07	$ 174.07	$ 174.07	$ 174.07	$ 174.07	$ 174.07	$ 174.07	na	na
Rider: Dependent Coverage to Age 29												
Individual	$ 3.07	$ 3.38	$ 3.38	$ 3.38	$ 3.38	$ 3.38	$ 3.38	$ 3.38	$ 3.38	$ 3.38	na	na
Parent/Child(ren)	$ 20.50	$ 22.53	$ 22.53	$ 22.53	$ 22.53	$ 22.53	$ 22.53	$ 22.53	$ 22.53	$ 22.53	na	na
Employee/Spouse	$ 6.95	$ 7.64	$ 7.64	$ 7.64	$ 7.64	$ 7.64	$ 7.64	$ 7.64	$ 7.64	$ 7.64	na	na
Family	$ 30.26	$ 33.26	$ 33.26	$ 33.26	$ 33.26	$ 33.26	$ 33.26	$ 33.26	$ 33.26	$ 33.26	na	na

UnitedHealthcare 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-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Parent/Child(ren)	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Employee/Spouse	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Family	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Without Rx												
Individual	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Parent/Child(ren)	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Employee/Spouse	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Family	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Rider: Dependent Coverage to Age 29												
Individual	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	na	na
Parent/Child(ren)	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	na	na
Employee/Spouse	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	na	na
Family	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	na	na

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

UnitedHealthcare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS

ALTERNATIVE HIGH DEDUCTIBLE PLAN C
ALL COUNTIES

Rates applicable to:	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
With Rx												
Individual	$ 286.83	$ 315.24	$ 315.24	$ 315.24	$ 315.24	$ 315.24	$ 315.24	$ 315.24	$ 315.24	$ 315.24	na	na
Parent/Child(ren)	$ 450.32	$ 494.92	$ 494.92	$ 494.92	$ 494.92	$ 494.92	$ 494.92	$ 494.92	$ 494.92	$ 494.92	na	na
Employee/Spouse	$ 648.24	$ 712.44	$ 712.44	$ 712.44	$ 712.44	$ 712.44	$ 712.44	$ 712.44	$ 712.44	$ 712.44	na	na
Family	$ 788.85	$ 866.97	$ 866.97	$ 866.97	$ 866.97	$ 866.97	$ 866.97	$ 866.97	$ 866.97	$ 866.97	na	na
No Rx	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	$ 240.79	$ 264.62	$ 264.62	$ 264.62	$ 264.62	$ 264.62	$ 264.62	$ 264.62	$ 264.62	$ 264.62	na	na
Parent/Child(ren)	$ 378.04	$ 415.45	$ 415.45	$ 415.45	$ 415.45	$ 415.45	$ 415.45	$ 415.45	$ 415.45	$ 415.45	na	na
Employee/Spouse	$ 544.19	$ 598.04	$ 598.04	$ 598.04	$ 598.04	$ 598.04	$ 598.04	$ 598.04	$ 598.04	$ 598.04	na	na
Family	$ 662.23	$ 727.76	$ 727.76	$ 727.76	$ 727.76	$ 727.76	$ 727.76	$ 727.76	$ 727.76	$ 727.76	na	na
Rider: Dependent Coverage to Age 29												
	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	$ 20.23	$ 22.23	$ 22.23	$ 22.23	$ 22.23	$ 22.23	$ 22.23	$ 22.23	$ 22.23	$ 22.23	na	na
Parent/Child(ren)	$ 31.76	$ 34.90	$ 34.90	$ 34.90	$ 34.90	$ 34.90	$ 34.90	$ 34.90	$ 34.90	$ 34.90	na	na
Employee/Spouse	$ 45.71	$ 50.24	$ 50.24	$ 50.24	$ 50.24	$ 50.24	$ 50.24	$ 50.24	$ 50.24	$ 50.24	na	na
Family	$ 55.63	$ 61.13	$ 61.13	$ 61.13	$ 61.13	$ 61.13	$ 61.13	$ 61.13	$ 61.13	$ 61.13	na	na

UnitedHealthcare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS

ALTERNATIVE HIGH DEDUCTIBLE PLAN C
ALL COUNTIES

2012 APPROVED PREMIUM RATES

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	$ 239.82	$ 263.57	$ 263.57	$ 263.57	$ 263.57	$ 263.57	$ 263.57	$ 263.57	$ 263.57	$ 263.57	$ 263.57	$ 263.57
Parent/Child(ren)	$ 376.52	$ 413.80	$ 413.80	$ 413.80	$ 413.80	$ 413.80	$ 413.80	$ 413.80	$ 413.80	$ 413.80	$ 413.80	$ 413.80
Employee/Spouse	$ 541.99	$ 595.67	$ 595.67	$ 595.67	$ 595.67	$ 595.67	$ 595.67	$ 595.67	$ 595.67	$ 595.67	$ 595.67	$ 595.67
Family	$ 659.51	$ 724.82	$ 724.82	$ 724.82	$ 724.82	$ 724.82	$ 724.82	$ 724.82	$ 724.82	$ 724.82	$ 724.82	$ 724.82

No 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	$ 201.32	$ 221.25	$ 221.25	$ 221.25	$ 221.25	$ 221.25	$ 221.25	$ 221.25	$ 221.25	$ 221.25	$ 221.25	$ 221.25
Parent/Child(ren)	$ 316.07	$ 347.36	$ 347.36	$ 347.36	$ 347.36	$ 347.36	$ 347.36	$ 347.36	$ 347.36	$ 347.36	$ 347.36	$ 347.36
Employee/Spouse	$ 454.98	$ 500.03	$ 500.03	$ 500.03	$ 500.03	$ 500.03	$ 500.03	$ 500.03	$ 500.03	$ 500.03	$ 500.03	$ 500.03
Family	$ 553.63	$ 608.44	$ 608.44	$ 608.44	$ 608.44	$ 608.44	$ 608.44	$ 608.44	$ 608.44	$ 608.44	$ 608.44	$ 608.44

Rider: Dependent Coverage to Age 29

	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	$ 18.12	$ 19.91	$ 19.91	$ 19.91	$ 19.91	$ 19.91	$ 19.91	$ 19.91	$ 19.91	$ 19.91	$ 19.91	$ 19.91
Parent/Child(ren)	$ 17.70	$ 19.45	$ 19.45	$ 19.45	$ 19.45	$ 19.45	$ 19.45	$ 19.45	$ 19.45	$ 19.45	$ 19.45	$ 19.45
Employee/Spouse	$ 40.95	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00
Family	$ 34.88	$ 38.33	$ 38.33	$ 38.33	$ 38.33	$ 38.33	$ 38.33	$ 38.33	$ 38.33	$ 38.33	$ 38.33	$ 38.33

UnitedHealthcare 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-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	$ 47.01	$ 51.67	$ 51.67	$ 51.67	$ 51.67	$ 51.67	$ 51.67	$ 51.67	$ 51.67	$ 51.67	na	na
Parent/Child(ren)	$ 73.80	$ 81.12	$ 81.12	$ 81.12	$ 81.12	$ 81.12	$ 81.12	$ 81.12	$ 81.12	$ 81.12	na	na
Employee/Spouse	$ 106.25	$ 116.77	$ 116.77	$ 116.77	$ 116.77	$ 116.77	$ 116.77	$ 116.77	$ 116.77	$ 116.77	na	na
Family	$ 129.34	$ 142.15	$ 142.15	$ 142.15	$ 142.15	$ 142.15	$ 142.15	$ 142.15	$ 142.15	$ 142.15	na	na
Without Rx												
Individual	$ 39.47	$ 43.37	$ 43.37	$ 43.37	$ 43.37	$ 43.37	$ 43.37	$ 43.37	$ 43.37	$ 43.37	na	na
Parent/Child(ren)	$ 61.97	$ 68.09	$ 68.09	$ 68.09	$ 68.09	$ 68.09	$ 68.09	$ 68.09	$ 68.09	$ 68.09	na	na
Employee/Spouse	$ 89.21	$ 98.01	$ 98.01	$ 98.01	$ 98.01	$ 98.01	$ 98.01	$ 98.01	$ 98.01	$ 98.01	na	na
Family	$ 108.60	$ 119.32	$ 119.32	$ 119.32	$ 119.32	$ 119.32	$ 119.32	$ 119.32	$ 119.32	$ 119.32	na	na
Rider: Dependent Coverage to Age 29												
Individual	$ 2.11	$ 2.32	$ 2.32	$ 2.32	$ 2.32	$ 2.32	$ 2.32	$ 2.32	$ 2.32	$ 2.32	na	na
Parent/Child(ren)	$ 14.06	$ 15.45	$ 15.45	$ 15.45	$ 15.45	$ 15.45	$ 15.45	$ 15.45	$ 15.45	$ 15.45	na	na
Employee/Spouse	$ 4.76	$ 5.24	$ 5.24	$ 5.24	$ 5.24	$ 5.24	$ 5.24	$ 5.24	$ 5.24	$ 5.24	na	na
Family	$ 20.75	$ 22.80	$ 22.80	$ 22.80	$ 22.80	$ 22.80	$ 22.80	$ 22.80	$ 22.80	$ 22.80	na	na

UnitedHealthcare 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-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Individual	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Parent/Child(ren)	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Employee/Spouse	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Family	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Without Rx												
Individual	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Parent/Child(ren)	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Employee/Spouse	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Family	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	na	na
Rider: Dependent Coverage to Age 29												
Individual	11.6%	11.7%	11.7%	11.7%	11.7%	11.7%	11.7%	11.7%	11.7%	11.7%	na	na
Parent/Child(ren)	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	na	na
Employee/Spouse	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%	na	na
Family	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	na	na

UnitedHealthcare 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.

8.4% of medical premium

UnitedHealthcare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUPS AND INDIVIDUALS

Rate Calculation & Example

Example: Core plan, effective 1/1/13

2012	Medical	Rx	Medical + Rx
Individual Rate	$ 319.73	$ 62.42	$ 382.15
Parent/Child(ren)	$ 501.98	$ 98.00	$ 599.98
Employee/Spouse	$ 722.59	$ 141.07	$ 863.66
Family	$ 879.26	$ 171.65	$ 1,050.91

Trend Factor	1.1960396

2013			
Individual Rate	$ 382.41	$ 74.66	$ 457.07

	Multiplier	Partial Med	Partial Rx	Partial Med+Rx
Child	0.57	$ 217.97	$ 42.56	$ 260.53
Spouse	1.26	$ 481.84	$ 94.07	$ 575.91
Family Child	0.86	$ 187.46	$ 36.60	$ 224.06

	Total Med	Total Rx	Total Med + Rx
Individual	$ 382.41	$ 74.66	$ 457.07
Parent & Child(ren)	$ 600.38	$ 117.22	$ 717.60
Employee & Spouse	$ 864.25	$ 168.73	$ 1,032.98
Family	$ 1,051.71	$ 205.33	$ 1,257.04

UnitedHealthcare Insurance Company of New York
HEALTHY NEW YORK SMALL GROUP AND INDIVIDUAL

	Effective January 2013 Upstate Region	Effective February through October 2013 Upstate Region
Minimum rate change	18.9%	18.9%
Maximum rate change	22.8%	22.8%
Member weighted average rate change	19.6%	19.6%

UnitedHealthcare **Healthy NY Upstate Pilot** **Plan Designs** **Healthy NY Upstate Pilot** **Plan Designs**

	Core Package		Alternative Plan Designs for the Pilot Program		
	Healthy NY	***Healthy NY HSA***	***Plan A***	***Plan B***	***HDHP Plan C***
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
					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
					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	Not covered	Not covered	Not covered	Not Covered
Mental Health OP	Not covered	Not covered	Not covered	Not covered	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	$3,000 per individual, per calendar year	$3,000 per individual, per calendar year	$3,000 per individual, per calendar year	$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*

UnitedHealthcare 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.