

State: New York **Filing Company:** UnitedHealthcare of New York, Inc.
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: 2015 UHC Individual Exchange
Project Name/Number: 2015 UHC Individual Exchange/

Filing at a Glance

Company: UnitedHealthcare of New York, Inc.
Product Name: 2015 UHC Individual Exchange
State: New York
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02I.005D Individual - HMO
Filing Type: Prior Approval Exchange Form & Rate Filing
Date Submitted: 06/13/2014
SERFF Tr Num: UHLC-129581478
SERFF Status: Assigned
State Tr Num: 2014060278
State Status:
Co Tr Num:

Implementation: 01/01/2015
Date Requested:
Author(s): 
Reviewer(s): 
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: New York Filing Company: UnitedHealthcare of New York, Inc.
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: 2015 UHC Individual Exchange
Project Name/Number: 2015 UHC Individual Exchange/

General Information

Project Name: 2015 UHC Individual Exchange
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 06/16/2014
State Status Changed:

Deemer Date:
Submitted By:

Created By:
Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions:

This is UnitedHealthcare's 2015 Individual Exchange Filing.

Filing Description:

2015 UHC Individual Exchange Plans

Company and Contact

Filing Contact Information

48 Monroe Tpk
Trumbull, CT 06611

[Redacted contact information]

Filing Company Information

UnitedHealthcare of New York, Inc.
Two Penn Plaza
Mail Rte NY036-1000
New York, NY 10121
(952) 992-5142 ext. [Phone]

CoCode: 95085
Group Code: -99
Group Name:
FEIN Number: 06-1172891

State of Domicile: New York
Company Type: HMO
State ID Number: 95085

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

1. Is a parallel product being submitted for another issuing 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.): Yes - UHC Ind On Exch Form Filing, 6/13/14, SERFF Tr Num: UHLC-129590322

2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: HMO

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.): No

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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 a group prefilling notification, out-of-state, or a report 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, 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
10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary, a draft initial notification letter, and a draft numerical summary associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): Yes - State Tr Num: 2014060104, SERFF Tr Num: UHLC-129574930

SERFF Tracking #:

UHLC-129581478

State Tracking #:

2014060278

Company Tracking #:

State:

New York

Filing Company:

UnitedHealthcare of New York, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name:

2015 UHC Individual Exchange

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2015 UHC Individual Exchange/

Rate Information

Rate data applies to filing.

Filing Method:

Prior Approval

Rate Change Type:

Decrease

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

01/01/2014

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:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
UnitedHealthcare of New York, Inc.	Decrease	-5.850%	-5.850%	\$-137,324	5,612	\$8,335,898	-5.750%	-7.130%

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HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual	UHCNY_INDX_COC_2014	New		2015 Ind UHC On-Exch Rate Manual.pdf,

UnitedHealthcare of New York, Inc.

New York Individual

On-Exchange

Form # UHCNY_IND_X_COC_2014

Rate Manual

Rates Effective January 1, 2015

UnitedHealthcare of New York, Inc.
New York Individual
On-Exchange
Form # UHCNY_INDXX_COC_2014

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UnitedHealthcare of New York, Inc.
 New York Individual
 On-Exchange
 Form # UHCNY_INDXX_COC_2014

Area Factors

Area Factor is "n/a" for counties outside the service area.

County	DFS Rating Region	Area Factor	County	DFS Rating Region	Area Factor	County	DFS Rating Region	Area Factor
Albany	1	n/a	Delaware	3	n/a	Broome	6	n/a
Columbia	1	n/a	Dutchess	3	1.000	Cayuga	6	n/a
Fulton	1	n/a	Orange	3	1.000	Chemung	6	n/a
Greene	1	n/a	Putnam	3	1.000	Cortland	6	n/a
Montgomery	1	n/a	Sullivan	3	1.000	Onondaga	6	n/a
Rensselaer	1	n/a	Ulster	3	1.000	Schuyler	6	n/a
Saratoga	1	n/a	Bronx	4	1.000	Steuben	6	n/a
Schenectady	1	n/a	Kings	4	1.000	Tioga	6	n/a
Schoharie	1	n/a	New York	4	1.000	Tompkins	6	n/a
Warren	1	n/a	Queens	4	1.000	Chenango	7	n/a
Washington	1	n/a	Richmond	4	1.000	Clinton	7	n/a
Allegany	2	n/a	Rockland	4	1.000	Essex	7	n/a
Cattaraugus	2	n/a	Westchester	4	1.000	Franklin	7	n/a
Chautauqua	2	n/a	Livingston	5	n/a	Hamilton	7	n/a
Erie	2	n/a	Monroe	5	n/a	Herkimer	7	n/a
Genesee	2	n/a	Ontario	5	n/a	Jefferson	7	n/a
Niagara	2	n/a	Seneca	5	n/a	Lewis	7	n/a
Orleans	2	n/a	Wayne	5	n/a	Madison	7	n/a
Wyoming	2	n/a	Yates	5	n/a	Oneida	7	n/a
						Oswego	7	n/a
						Otsego	7	n/a
						St. Lawrence	7	n/a
						Nassau	8	1.000
						Suffolk	8	1.000

UnitedHealthcare of New York, Inc.
 New York Individual
 On-Exchange
 Form # UHCNY_INDXX_COC_2014
 Base Medical and Prescription Drug Rates
 All Counties in the Service Area have identical rates.

Effective Year	Metal	Plan	Single Rate	Parent / Child(ren) Rate	Couple Rate	Family Rate	Child Only Rate
2015	Catastrophic	UnitedHealthcare Catastrophic Compass \$6600	\$ 311.01	\$ 528.72	\$ 622.02	\$ 886.38	n/a
2015	Bronze	UnitedHealthcare Bronze Compass \$3000	\$ 507.50	\$ 862.75	\$1,015.00	\$1,446.38	\$ 209.09
2015	Indian CSR	UnitedHealthcare Compass NY Standard Indian CSR	\$ 507.50	\$ 862.75	\$1,015.00	\$1,446.38	n/a
2015	Silver CSR 100-150% FPL	UnitedHealthcare Silver Compass \$10/20 CSR	\$ 605.69	\$1,029.67	\$1,211.38	\$1,726.22	n/a
2015	Silver CSR 150-200% FPL	UnitedHealthcare Silver Compass \$250 \$15/35 CSR	\$ 605.69	\$1,029.67	\$1,211.38	\$1,726.22	n/a
2015	Silver CSR 200-250% FPL	UnitedHealthcare Silver Compass \$1,200 \$30/50 CSR	\$ 605.69	\$1,029.67	\$1,211.38	\$1,726.22	n/a
2015	Silver	UnitedHealthcare Silver Compass \$2000 \$30/50	\$ 605.69	\$1,029.67	\$1,211.38	\$1,726.22	\$ 249.54
2015	Gold	UnitedHealthcare Gold Compass \$600 \$25/40	\$ 715.89	\$1,217.01	\$1,431.78	\$2,040.29	\$ 294.95
2015	Platinum	UnitedHealthcare Platinum Compass \$15/35	\$ 844.86	\$1,436.26	\$1,689.72	\$2,407.85	\$ 348.08

UnitedHealthcare of New York, Inc.
New York Individual
On-Exchange
Form # UHCNY_IND_X_COC_2014
Ancillary Coverage Rider Rates

Dependent Age Cut-off 29 25.10% load to Med+Rx base rate, for all quarters, tiers, and areas.

UnitedHealthcare of New York, Inc.
 New York Individual
 On-Exchange
 Form # UHCNY_INDX_COC_2014
 Medical and Rx Drug Benefits

INN = In-Network, OON = Out-of-network, Ded = Deductible, Coin = Coinsurance, MOOP = Maximum Out-of-pocket inc. Deductible,
 STD = Subject to Deductible, IP = Inpatient, OP = Outpatient, D&C = Subject to Ded and Coin.
 The key to the Prescription Drug plans is on a following page.

Plan Name	UnitedHealthcare Catastrophic Compass \$6600	UnitedHealthcare Bronze Compass \$3000	UnitedHealthcare Compass NY Standard Indian CSR	UnitedHealthcare Silver Compass \$10/20 CSR	UnitedHealthcare Silver Compass \$250 \$15/35 CSR	UnitedHealthcare Silver Compass \$1,200 \$30/50 CSR	UnitedHealthcare Silver Compass \$2000 \$30/50	UnitedHealthcare Gold Compass \$600 \$25/40	UnitedHealthcare Platinum Compass \$15/35
Metal	Catastrophic	Bronze	Silver	Silver	Silver	Silver	Silver	Gold	Platinum
Preventive	100%	100%	100%	100%	100%	100%	100%	100%	100%
INN Ded	\$6,600	\$3,000	\$0	\$0	\$250	\$1,200	\$2,000	\$600	\$0
INN Coin	0%	50%	100%	5%	10%	25%	30%	20%	10%
INN MOOP	\$6,600	\$6,350	\$0	\$1,000	\$2,000	\$5,200	\$5,500	\$4,000	\$2,000
OON Ded	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
OON Coin	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
OON MOOP	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Family Ded	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single
Family MOOP	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single
PCP Copay	D&C	D&C	\$0	\$10	\$15	\$30	\$30	\$25	\$15
PCP STD?	n/a	n/a	Y	Y	Y	Y	Y	Y	N
Spec Copay	D&C	D&C	\$0	\$20	\$35	\$50	\$50	\$40	\$35
Spec STD?	n/a	n/a	Y	Y	Y	Y	Y	Y	N
ER Copay	D&C	D&C	\$0	\$50	\$75	\$150	\$150	\$150	\$100
ER STD?	n/a	n/a	Y	Y	Y	Y	Y	Y	N
INN OP Surg Copay - ASC	D&C	D&C	\$0	\$25	\$75	\$100	\$100	\$100	\$100
INN OP Surg - ASC STD?	n/a	n/a	Y	Y	Y	Y	Y	Y	N
INN OP Surg Copay - Hospital	D&C	D&C	\$0	\$25	\$75	\$100	\$100	\$100	\$100
INN OP Surg - Hospital STD?	n/a	n/a	Y	Y	Y	Y	Y	Y	N
INN IP Copay	D&C	D&C	\$0	\$100	\$250	\$1,500	\$1,500	\$1,000	\$500
INN IP STD?	n/a	n/a	Y	Y	Y	Y	Y	Y	N
INN IP Copay Max	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
IP Copay per Admit / Day	n/a	n/a	Admit	Admit	Admit	Admit	Admit	Admit	Admit
PCP Gated?	Y	Y	Y	Y	Y	Y	Y	Y	Y
Network	Compass	Compass	Compass	Compass	Compass	Compass	Compass	Compass	Compass
Prescription Drugs	T	N	T	\$6/\$15/\$30	\$9/\$20/\$40	\$10/\$35/\$70	E	E	D

UnitedHealthcare of New York, Inc.
 New York Individual
 On-Exchange
 Form # UHCNY_IND_X_COC_2014
 Prescription Drug Benefit Key

Format is [Generic]/[Brand Formulary]/[Brand Non-Formulary].

Letter Code	Prescription Drug Plan
A	\$10/\$20/\$40
B	\$10/\$20/\$50
C	\$10/\$25/\$50
D	\$10/\$30/\$60
E	\$10/\$35/\$70
F	\$10/\$35/\$75
G	\$10/\$65/50% to \$800
H	\$15/50%/50%
I	\$7/\$20/\$40
J	Ded Med/RX then \$10/\$20/\$50
K	Ded Med/RX then \$10/\$25/\$50
L	Ded Med/RX then \$10/\$30/\$60
M	Ded Med/Rx then \$10/\$35/\$60
N	Ded Med/Rx then \$10/\$35/\$70
O	Ded Med/RX then \$10/\$35/\$75
P	Ded Med/Rx then \$10/30%, max \$150/45%, max \$400
Q	Ded Med/Rx then \$15/\$35/\$75
R	Ded Med/RX then \$15/50%/50%
S	Ded Med/Rx then \$20/\$40/\$80
T	Ded Med/Rx then 0%/0%/0%
U	Non-T1 Ded \$100 then \$10/\$25/\$50
V	Non-T1 Ded \$100 then \$10/\$30/\$60
W	Non-T1 Ded \$100 then \$10/\$35/\$60
X	Non-T1 Ded \$100 then \$10/50%/50%
Y	Non-T1 Ded \$100 then \$15/\$30/\$60
Z	Non-T1 Ded \$100 then \$15/\$35/\$75
AA	Non-T1 Ded \$100 then \$15/50%/50%
AB	Non-T1 Ded \$100 then \$7/\$20/\$40
AC	Non-T1 Ded \$150 then \$10/\$25/\$50
AD	Non-T1 Ded \$150 then \$15/50%/50%
AE	Non-T1 Ded \$250 then \$10/\$25/\$50
AF	Non-T1 Ded \$250 then \$10/\$30/\$60
AG	Non-T1 Ded \$250 then \$15/50%/50%
AH	Non-T1 Ded \$250 then \$5/20%, max \$150/35%, max \$400
AI	Non-T1 Ded \$250 then \$7/\$20/\$40
AJ	Non-T1 Ded \$50 then \$10/\$25/\$50
AK	Non-T1 Ded \$50 then \$15/\$35/\$75
AL	Non-T1 Ded \$50 then \$15/50%/50%
AM	Non-T1 Ded \$50 then \$7/\$20/\$40
AN	Non-T1 Ded \$500 then \$10/\$25/\$50
AO	Non-T1 Ded \$500 then \$10/\$30/\$60
AP	Non-T1 Ded \$500 then \$15/50%/50%
AQ	Non-T1 Ded Med/Rx then \$10/30%, max \$150/45%, max \$400
AR	Non-T1 Ded Med/Rx then \$10/50%, max \$150/50%, max \$400
AS	Non-T1 Ded Med/Rx then \$15/\$35/\$75

UnitedHealthcare of New York, Inc.
 New York Individual
 On-Exchange
 Form # UHCNY_INDXX_COC_2014
 Additional Notes

Estimated Commissions as a percent of premium: 1.5%

Expected Loss Ratio (Claims / Premium): 82.0%

To determine the premium rate for a plan design, first look up the rate for that plan design, demographic tier, and area. Then add the rate for any riders, for the demographic tier and area. The total is the final rate.

Sample Calculation

UnitedHealthcare Silver Compass \$2000 \$30/50
 Dependent Age Cut-off 29 Rider

Tier:	Medical + Rx Rate	Dependent Age Cut-off 29	Total Rate
Single rate	\$ 605.69	\$ 152.03	\$ 757.72
Parent / Child(ren) rate	\$ 1,029.67	\$ 258.45	\$ 1,288.12
Couple rate	\$ 1,211.38	\$ 304.06	\$ 1,515.44
Family rate	\$ 1,726.22	\$ 433.28	\$ 2,159.50

SERFF Tracking #:

UHLC-129581478

State Tracking #:

2014060278

Company Tracking #:

State:

New York

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UnitedHealthcare of New York, Inc.

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

2015 UHC Individual Exchange

Project Name/Number:

2015 UHC Individual Exchange/

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum/Actuarial Certification
Comments:	Cover Letter Actuarial Memo Actuarial Cert
Attachment(s):	2015 UHC IND Exchange Cover.pdf 2015 UHC IND Exchange Certification.pdf 2015 Ind UHC On-Exch Act Memo.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2015 IND UHC On Exchange URRT Part III.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Value Calculations
Comments:	
Attachment(s):	2015 Ind UHC On-Exch AVs.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 11-General Information
Comments:	
Attachment(s):	2015 Ind UHC On-Exch Ex 11.pdf 2015 Ind UHC On-Exch Ex 11.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 13-Narrative Summary and Numerical Summary
Comments:	
Attachment(s):	2015 Ind UHC On-Exch Ex 13.pdf 2015 Ind UHC On-Exch Ex 13.xlsx
Item Status:	
Status Date:	

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HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

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Satisfied - Item:	Exhibit 14A-Indiv Requested Percentage Changes
Comments:	
Attachment(s):	2015 Ind UHC On-Exch Ex 14.pdf 2015 Ind UHC On-Exch Ex 14.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 15A-Indiv Distribution by Rate Adj Percentages
Comments:	
Attachment(s):	2015 Ind UHC On-Exch Ex 15.pdf 2015 Ind UHC On-Exch Ex 15.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Comments:	
Attachment(s):	2015 Ind UHC On-Exch Ex 16.pdf 2015 Ind UHC On-Exch Ex 16.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 17-Claims Experience for 2011-13 (Sm Grps)
Comments:	
Attachment(s):	2015 Ind UHC On-Exch Ex 17.pdf 2015 Ind UHC On-Exch Ex 17.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 18-Index Rate Plan-Design Development
Comments:	
Attachment(s):	2015 Ind UHC On-Exch Ex 18.pdf 2015 Ind UHC On-Exch Ex 18.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 19-Claim Trend, Admin Expenses & Profit
Comments:	
Attachment(s):	2015 Ind UHC On-Exch Ex 19.pdf 2015 Ind UHC On-Exch Ex 19.xlsx

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Product Name: 2015 UHC Individual Exchange
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Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 20-HIOS ID Mapping
Comments:	
Attachment(s):	2015 Ind UHC On-Exch Ex 20.pdf 2015 Ind UHC On-Exch Ex 20.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 23-Requested 2015 Premium Rates
Comments:	
Attachment(s):	2015 Ind UHC On-Exch Ex 23.pdf 2015 Ind UHC On-Exch Ex 23.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	PDF version of the Individual Initial Notice.
Attachment(s):	Rate Review_Initial Notice UHC IND_On-Exchange Individual.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Final Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	DRAFT 2015 Individual Final Notification Letter.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Redacted Documents for Web Posting
Comments:	
Attachment(s):	2015 IND UHC On Exchange URRT Part III_Redacted.pdf 2015 Ind UHC On-Exch Ex 11 - redacted.pdf 2015 UHC IND Exchange Certification - redacted.pdf 2015 UHC IND Exchange Cover - redacted.pdf 2015 Ind OHP Off-Exch Ex 11 - redacted.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

UHLC-129581478

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State:

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HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

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2015 UHC Individual Exchange

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2015 UHC Individual Exchange/

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2015 Ind UHC On-Exch URRT.pdf 2015 Ind UHC On-Exch URRT.xlsm
Item Status:	
Status Date:	

State:	New York	Filing Company:	UnitedHealthcare of New York, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	2015 UHC Individual Exchange		
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Attachment 2015 Ind UHC On-Exch Ex 11.xlsx is not a PDF document and cannot be reproduced here.

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Attachment 2015 Ind UHC On-Exch Ex 14.xlsx is not a PDF document and cannot be reproduced here.

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Attachment 2015 Ind UHC On-Exch Ex 17.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2015 Ind UHC On-Exch Ex 18.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2015 Ind UHC On-Exch Ex 19.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2015 Ind UHC On-Exch Ex 20.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2015 Ind UHC On-Exch Ex 23.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2015 Ind OHP Off-Exch Ex 11 - redacted.xlsx is not a PDF document and cannot be reproduced here.

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June 13, 2014

[Redacted]

New York State Department of Financial Services
Health Bureau
25 Beaver Street
New York, NY 10004

RE: UnitedHealthcare of New York, Inc.
New York Individual Exchange Rate Filing
Effective January 2015 – December 2015

Dear [Redacted]

This rate filing addresses the development of the New York Individual Exchange rates for plans written by UnitedHealthcare of New York, Inc. The rates are effective from January 1, 2015 to December 31, 2015.

Should you have any questions or need any additional information, please contact me at [Redacted]

Sincerely,

[Redacted]

UnitedHealthcare of New York, Inc.

New York Individual Exchange
Rates Effective January 1, 2015 – December 31, 2015

ACTUARIAL CERTIFICATION

I, [REDACTED] 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 submission is in compliance with all applicable laws and regulations of the State of New York;
- (b) The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOP's) including:
 - ASOP No. 5, Incurred Health and Disability Claims
 - ASOP No. 8, Regulatory Filings for Health Plan Entities
 - ASOP No. 12, Risk Clarification
 - ASOP No. 23, Data Quality
 - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/ Casualty Coverages
 - ASOP No. 41, Actuarial Communications
- (c) The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York;
- (d) The benefits are reasonable in relation to the premiums charged; and
- (e) The rates are not unfairly discriminatory.

[REDACTED]
UnitedHealthcare

June 13, 2014



UnitedHealthcare of New York, Inc.
New York Individual Exchange Rates
HIOS ID: 54235
Effective January 2015 – December 2015

ACTUARIAL MEMORANDUM

I. Introduction

This rate filing addresses the rate development for the New York Individual Exchange plans written by UnitedHealthcare of New York, Inc. (“UHC”). We plan to offer the New York state-defined standard plan designs in the Individual Exchange. Rates are effective from January 1, 2015 through December 31, 2015. This rate filing is being submitted under Section 4308(c) of the New York State Insurance Law.

II. Determination of the Index Rate

A. Experience Period Claims

Please refer to Exhibit 18 for the development of the index rate. Because the Individual Exchange product is new, we used Oxford Health Insurance, Inc. (“OHI”) small group claims data with additional adjustments as described in this Actuarial Memorandum to calculate the Individual Exchange rates. Specifically, we used OHI small group claims incurred between January 1, 2013 and December 31, 2013 paid through February 28, 2014 with an adjustment for claims incurred but not reported (“IBNR”). We excluded experience for sole proprietors consistent with the pricing/filing instructions issued by the New York State Department of Financial Services (“DFS”). The experience includes all other groups active in the period. There are no OHI Small Group grandfathered plans so no exclusion was required. Regulation 146 amounts were removed from the experience period claims. The resulting in-network only experience period claim PMPM excluding Regulation 146 is \$416.63.

B. Average AV Pricing Value

We used the UnitedHealthcare proprietary pricing model to determine the pricing actuarial values (“AVs”) for each of the in-force small group plans on the OHI license. We also assigned gatekeeper and network factors to each existing in-force plan using our latest estimated adjustments. The estimated gatekeeper adjustment is -4.0%, and the estimated Liberty network adjustment is -3.0% versus the Freedom network. Both of these adjustments apply to medical in-network rates only. We then calculated the average pricing AVs, gatekeeper, and network factors based upon the membership distribution within the experience period for OHI. These are shown below.

In-Network Pricing Actuarial Value (AV) Excluding Gatekeeper & Network 0.805	
Average Gatekeeper and Network Benefit Adjustment	0.987

C. Average Induced Demand Adjustment

The induced demand adjustments used in the 2015 rate development are shown below.

Bronze 0.7779
Silver 0.8012
Gold 0.8401
Platinum 0.8946

The resulting factors normalized to the bronze metal level are as follows and fall within the maximum values permitted by DFS.

Bronze 1.00
Silver 1.03
Gold 1.08
Platinum 1.15

We assigned the induced demand factors above to each in-force plan design based upon its HHS calculator metal level and calculated the average induced demand factor of 0.844 for the experience period.

D. Trend Assumptions

The projected annual trend factor is 10.9%. This breaks down into the following components: 4.1% unit cost, 5.5% utilization, and 1.0% trend leveraging. Please note that this trend factor excludes any risk margin.

We have trended the small group experience period claim PMPM using the 10.9% annual trend factor and the 25 months between the midpoint of the experience period (July 1, 2013) and the midpoint of the first quarter 2015 rating period (August 1, 2015). Please note that the midpoint of the rating period assumes an average effective date of February 1, 2015 for groups new or renewing in the first quarter of 2015.

The small group trended incurred in-network claim PMPM of \$517.32 was calculated by multiplying the experience period incurred in-network claim PMPM of \$416.63 by the trend factor of 1.242.

E. Projected Average PMPM Claims

We have calculated the experience-period in-network index rate PMPM adjusted for AV, induced demand, and gating and network provisions of \$618.45. The small group trended AV-adjusted experience period in-network index rate PMPM is \$767.93.

F. Market-Wide Index Rate Adjustments

The development of the market wide adjustments is described below.

1. Federal Risk Adjustment: We have assumed a risk transfer factor of 1.000 for the Individual Exchange product since it will be new and the expected cost is based upon an adjustment to the Small Group claims experience which has already been normalized to the statewide average risk level. The projected difference between the Individual and Small Group risk levels is reflected in the morbidity adjustment described below.
2. Federal Transitional Reinsurance Program: We have estimated that we will receive 7.4% of claims through the reinsurance program. We developed this estimate by trending the member level claims for OHP and OHI small group, Healthy NY, and Individual to 2015 and then running the trended claims through the federal reinsurance formula. While the expected Individual cost level is higher than Small Group, we have not adjusted for this due to the potential for a funding shortfall.
3. Exchange User Fees: As instructed by DFS, we have not included an adjustment for exchange user fees in the 2015 premium rates. We understand this instruction is due to the fact that the 2014-2015 Executive Budget does not include any Exchange user fees.
4. Essential Health Benefits: The Essential Health Benefits (“EHB”) adjustments described in this section were applied in the OHI small group claim projection that is being used to calculate the Individual Exchange rates. While the Oxford EPO plan was chosen as the benchmark plan, there are some required modifications to comply with the EHB provision of PPACA. These changes and the estimated claim impacts are as follows.

Removal of \$1,500 DME Maximum	0.8%
Clinical Trials	0.03%
Habilitative Benefits	0.2%
Federal Mental Health Parity	0.6%
Total	1.6%

The claim cost estimates for these services were developed using national UnitedHealthcare data and the proprietary UnitedHealthcare pricing model.

The OHI Small Group EHB line also includes an additional 0.5% adjustment to add pharmacy claims for the groups that did not have pharmacy coverage during the experience period. This adjustment was developed based upon the average pharmacy claim PMPM.

5. Provider Network & Fee Schedule Changes: The Individual Exchange product on the UHC license will utilize the Compass network. We have estimated that the average reimbursement level for the new network will be approximately 13.6% less than the level for the Oxford Liberty network.
6. Utilization Management Changes: This is not applicable since this is a new product.
7. Expected Covered Membership Risk: Consistent with the instructions from DFS, we have developed a morbidity adjustment to apply to the 2015 OHI small group rates. We also applied additional adjustments as described in this memorandum to calculate the proposed Individual Exchange rates.

Based upon the statewide Individual enrollment data distributed by DFS, we determined that the age/sex factor for the 2014 Individual enrollees is 15.6% higher than the factor for statewide 2014 Small Group enrollees. Please note that we used NY OHI Large Group filed age/sex factors in this calculation. In addition to this actual demographic difference, we are estimating that the morbidity of the Individual enrollees is 5% higher than Small Group morbidity. Combining the impacts of demographics and morbidity since we cannot rate by age in New York, we expect the Individual cost level to be 21.4% higher than the Small Group cost level in 2015.

8. Distribution of Membership by Rating Region: This is not applicable since this is a new product.
9. Credibility Adjustment: We used the OHI small group business to price the Individual Exchange rates. We had an average of 432,303 members in OHI small group plans during the experience period. We consider this to be fully credible and therefore have made no adjustments.

III. Determination of the Premium Rates

A. Plan Level Adjustments

1. Pricing Actuarial Values: Consistent with the calculation of the average pricing AV values for the experience period, we also used the UnitedHealthcare proprietary pricing model to determine the AVs for each of the Individual Exchange plans on the UHC license.
2. Induced Demand Adjustments: The development of the induced demand factors is described in Section II(C). We used the same values to calculate the new plan rates as were used to calculate the average induced demand adjustment for the experience period. These values are as follows:

Bronze 0.7779
 Silver 0.8012
 Gold 0.8401
 Platinum 0.8946

3. Provider Network Characteristics: Consistent with the values used to calculate the average experience period network value, we have assumed 1.0 for Freedom and 0.976 for Liberty. Furthermore, we have assumed a factor of .843 for the Individual Exchange network. These factors apply to the total rates.
4. Delivery System Characteristics: Consistent with the values used to calculate the average experience period gatekeeper value, we have assumed 1.0 for non-gatekeeper and 0.96 for gatekeeper. These factors apply to the in-network medical portion of the rates only.
5. Utilization Management Practices: This is not applicable since this is a new product.
6. Benefits in Addition to EHB: We are not adding any benefits in addition to EHB that would require a rate adjustment.
7. Administrative Costs (Excluding Exchange User Fees and Profits): The projected 2015 expense percentage for UHC Individual is 15.2% excluding exchange user fees and profits. This includes administration (6.8%), commissions (1.5%), state premium taxes (3.2%), the PPACA insurer fee (3.2%), and the PPACA reinsurance fee (0.5%). The 1.5% commission percentage reflects \$15 PEPM.
8. Profit: The requested rates reflect an 85.2% target BCR before the application of the PPACA fees and assessments and 82.0% after the application of the PPACA fees and assessments. This reflects projected profit of 2.7% for UHC Individual based upon premium including the PPACA fees and assessments. The projected loss ratio using federally prescribed MLR methodology is 88.2%.
9. Impact of Eligibility Categories (Catastrophic): Individuals are eligible for the catastrophic plan if they are under 30 or if they are exempt from the individual mandate because affordable coverage is not available or they have a hardship exemption. The catastrophic plans will be in their own risk pool. Since NY Individual is community rated (no age adjustment), it is therefore appropriate to reflect the demographic of the potential purchasers in the catastrophic rates. We have estimated that the age factor for adults less than 30 is 0.641. We are proposing a catastrophic plan adjustment factor of 0.641.
10. SMC Rate Credit: On May 14, 2014, DFS instructed United to include a \$16.3M credit in the 2015 Individual rates due to an SMC Pool overage. As discussed with DFS, we believe this has been covered off by past credits and distributions. Therefore, we have not applied a credit for this amount. On May 30, 2014, DFS instructed United to include a \$220K credit in the 2015 Individual rates due to an SMC Pool overage for 1999-2004. After netting out the remaining \$70K credit based upon previous distributions and credits, the net amount to include as a credit to 2015 rates is \$150K. This resulting credit is 0.1% based upon projected plan year 2015 premium.

B. Census Factors

The requested premium rates reflect the state-mandated tier factors as shown in the table below. We calculated the PMPM-to-single conversion factor of 1.241 using the combined OHP and OHI Small Group distribution of members and subscribers for January 2014 as shown in the table below and then adjusted the factor by the ratio of the experience period cost level to the January 2014 cost level. Since there has been a change in contract distribution from 2013 to 2014, we believe this approach most accurately captures this change while still being consistent with the 2013 cost level.

Oxford Small Group Total				
Tier	Members	Subs	Relativity	Conversion Factor
Single	26,019	26,019	1.000	1.262
Parent/Child(ren)	10,005	3,490	1.700	
Couple	10,020	5,010	2.000	
Family	43,040	10,036	2.850	

As described above, we applied a factor of .983 to the 1.262 conversion factor to make the conversion factor consistent with the 2013 cost level. The resulting final conversion factor is 1.241.

C. Area Factors

We propose area factors of 1.0 for all regions.

IV. Supporting Details

A. HHS Actuarial Value Calculator Adjustments

DFS determined the metal levels for the new state-mandated plans.

B. Trend

We develop forward-looking medical expense estimates based on a number of considerations. As a general matter, we review our own recent/emerging claims experience at the state level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Forward looking utilization levels are developed based on emerging state level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

The projected annual trend factor is 10.9%. This breaks down into the following components: 4.1% unit cost, 5.5% utilization, and 1.0% trend leveraging. Please note that this trend factor excludes any risk margin.

C. Administrative Costs

The projected 2015 expense percentage for UHC Individual is 15.2% excluding exchange user fees and profits but including PPACA fees and assessments. The increase in projected expenses is due to the incremental increase in the PPACA Insurer Fee, a decrease in the projected premium PMPMs, and the use of expense projections specific to this segment.

D. Profit Assumptions

The requested rates reflect an 85.2% target loss ratio before PPACA fees and assessments. The target loss ratio is 82.0% after PPACA fees and assessments consistent with guidance from DFS. The resulting projected profit percentage is 2.7% relative to premium including PPACA fees. We have not included a projection of return on equity since this is a new product.

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For UnitedHealthcare of New York, Inc.

State of New York Rate Review

General Information

Purpose: The purpose of this actuarial memorandum is to provide information relevant to the Part I Uniform Rate Review Template (URRT).

Company Identifying Information:

- **Company Legal Name:** UnitedHealthcare of New York, Inc.
- **State:** New York
- **HIOS Issuer ID:** 54235
- **Market:** Individual
- **Effective Date:** 1/1/2015 – 12/31/2015

Company Contact Information:

- **Primary Contact Name:** [REDACTED]
- **Primary Contact Telephone Number:** [REDACTED]
- **Primary Contact Email Address:** [REDACTED]

Proposed Rate Change

UnitedHealthcare of New York, Inc. ("UHC") is filing rates for benefit plans written under existing policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA). The average requested annual rate change is -5.8%.

Reasons For Rate Change

The rate filing we have made is seeking a decrease mainly related to a decrease in the projected Individual market cost level. However, medical expenses continue to increase. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. There are many different medical, or health care, cost trends that contribute to increases in the overall U.S. health care spending each year. These trend factors affect health insurance premiums, which will typically mean a premium increase to cover costs.

Experience Period Premiums and Claims

- **Experience Period:** There is no experience period data to report because this is a new product.
- **Premiums (net of MLR Rebate) in Experience Period:** There is no experience period data to report because this is a new product.
- **Allowed and Incurred Claims Incurred During the Experience Period:** There is no experience period data to report because this is a new product.

Benefit Categories

There is no experience period data to report because this is a new product.

Projection Factors

Projection factors were not used since there are no experience period claims to project for this new product.

Credibility

Because the Individual Exchange product is new, we have no claims experience to project forward in the development of the rates. At the direction of the New York State Department of Financial Services ("DFS"), we adjusted the index rate for Oxford Health Insurance, Inc. ("OHI") small group by a morbidity adjustment to calculate the Individual rates. The development of the OHI small group index PMPM is described in the Part III Actuarial Memorandum for the OHI Small Group Filing (HIOS ID 85629). Based upon the statewide Individual enrollment data distributed by DFS, we determined that the age/sex factor for the 2014 Individual enrollees is 15.6% higher than the factor for statewide 2014 Small Group enrollees. Please note that we used NY OHI Large Group filed age/sex factors in this calculation. In addition to this actual demographic difference, we are estimating that the morbidity of the Individual enrollees is 5% higher than Small Group morbidity. Combining the impacts of demographics and morbidity since we cannot rate by age in New York, we expect the Individual cost level to be 21.4% higher than the Small Group cost level in 2015.

Paid to Allowed Ratio

We have developed the average paid to allowed factor for the projection period based upon an estimated distribution of Individual business in 2015 by metal level and the pricing actuarial values for those new plans.

Risk Adjustment and Reinsurance

- **Projected Risk Adjustments:** We have assumed a risk transfer factor of 1.000 for the Individual Exchange product since it will be new and the expected cost is based upon an adjustment to the Small Group claims experience which has already been normalized to the statewide average risk level. The projected difference between the Individual and Small Group risk levels is reflected in the morbidity adjustment described above.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** We have assumed a payment of \$3.32 PMPM for the reinsurance fee. We have estimated that we will receive 7.4% of claims through the reinsurance program. We developed this estimate by trending the member level claims for OHP and OHI small group, Healthy NY, and Individual to 2015 and then running the trended claims through the federal reinsurance formula.

Non-Benefit Expenses and Risk Margin

Proprietary & Confidential

The 8.3% administrative expense load includes general administration (6.8%) and broker commissions (1.5%). We have estimated the expenses included in the development of the proposed rates based upon financial projections.

Projected Profit & Risk Margin

The projected profit and risk margin is 2.9% before state and federal income taxes and 1.7% after.

Taxes and Fees

The 7.9% includes state premium tax and assessments (3.2%), PPACA Insurer fee (3.2%), and state and federal income taxes (1.4%). This excludes the \$3.32 PMPM reinsurance fee.

Projected Loss Ratio

The projected loss ratio using federally prescribed MLR methodology is 88.2%.

Index Rate

There is no index rate for the experience period because this is a new product. The projected index rate of \$636.53 was calculated by applying the Individual morbidity adjustment to the 1st quarter 2015 OHI index rate.

AV Metal Values

AV metal values were calculated by DFS.

AV Pricing Values

The AV pricing values in Worksheet 2 reflect the product of plan relativities from the proprietary UnitedHealthcare pricing model, utilization adjustments, gatekeeper adjustments, and network adjustments. The relativities from the UnitedHealthcare model reflect the cost sharing differences between plans and do not include any adjustments for health status or utilization. The utilization adjustments were also determined by the proprietary UnitedHealthcare pricing model and only reflect utilization differences due to the levels of cost sharing. For the gatekeeper adjustment, we have assumed factors of 1.0 for non-gatekeeper and 0.96 for gatekeeper. For the network differences, we have assumed factors of 1.0 for Freedom, 0.976 for Liberty, and 0.917 for the Individual Exchange network. These adjustments do not reflect any differences in anticipated risk status. Please note that the gatekeeper factors apply to in-network medical claims only.

Membership Projections

Proprietary & Confidential

We are projecting 114,510 Individual Exchange member months in 2015 which reflects an average of 9,542 members per month. These were estimated in collaboration with our finance and sales teams.

Terminated Products

Not applicable.

Plan Type

Not applicable.

Warning Alerts

Not applicable

Reliance

Not applicable.

Actuarial Certification

I, [REDACTED] am an Associate of the Society of Actuaries and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is

Proprietary & Confidential

described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,

A large black rectangular redaction box covering the signature area.A black rectangular redaction box covering the name of the sender.

UnitedHealthcare
48 Monroe Turnpike
Trumbull, CT 06611

A black rectangular redaction box covering the contact information of the sender.

UnitedHealthcare Platinum Compass \$15/35

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$2,000.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.28%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93.75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

88.12%

Platinum

UnitedHealthcare Gold Compass \$600 \$25/40

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$600.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	96.12%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93.22%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

79.05%

Metal Tier:

Gold

UnitedHealthcare Silver Compass \$2000 \$30/50

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$5,500.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92.34%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.69%

Silver

UnitedHealthcare Silver Compass \$1,200 \$30/50 CSR

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,200.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$5,200.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92.34%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.99%

Silver

UnitedHealthcare Silver Compass \$250 \$15/35 CSR

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$250.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.83%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	94.60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$9.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.

86.66%

Gold

UnitedHealthcare Silver Compass \$10/20 CSR

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$1,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	98.48%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	97.76%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$6.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.43%

Platinum

UnitedHealthcare Bronze Compass \$3000

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,000.00
Coinsurance (%; Insurer's Cost Share)		50.00%
OOP Maximum (\$)		\$6,350.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

61.99%

Metal Tier:

Bronze

EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE APPLICATION

Company Name: UnitedHealthcare of New York, Inc.
NAIC Code: 95085
SERFF Tracking #: UHLC-129581478
Market Segment: Individuals On Exchange

A. Insurer Information: UnitedHealthcare of New York, Inc. HMO - 44 For Profit 95085
Company submitting the rate adjustment request Company Type Org. Type Company NAIC Code
48 Monroe Turnpike, Trumbull, CT 06611
Company mailing address

B. Contact Person: [REDACTED] [REDACTED] [REDACTED]
Rate filing contact person name, title Contact phone number Contact Email address

C. Actuarial Contact (If different from above): _____
Actuary name, title Actuary phone number Actuary Email address

D. New Rate Information: February 15, 2015 through November 14, 2016 1/1/2015 UHLC-129581478
New rate applicability period New rate effective date SERFF Tracking Number

E. Market segment included in filing (e.g., Small Group (including Healthy NY Small Group), Individual - only one market segment per rate adjustment filing): Individual

Provide responses for the following questions:	Response
1. Does this filing include any revision to contract language that is not yet approved? See note (1). If yes, provide a brief description of the contract language changes included in this filing.	<u>Yes, This filing contains revised Certificate of Coverage, Rider and Schedule of Benefit documents that will be used for plans effective on or after 1/1/15. The revised forms utilize the model language provided by NY DFS. That model language was updated for use in 2015 so all forms will be updated accordingly.</u>
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing? If yes, mention these filings on Exhibit 18.	<u>No</u>
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 (2).	<u>No, they will be mailed June 18th, 2014 per John Powell's approval</u>
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?	<u>Yes, all the required exhibits have been submitted with this rate application</u>
5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the prefilling.	<u>Yes, UHLC-129574930</u>

Notes:

- (1) As mentioned in the checklist, this combined non-grandfathered product rate adjustment and form/rate filing can only include minor contract revisions, such as due to changes in the model language, changes to the catastrophic plan due to change in out of pocket maximum, changes to the standard plan designs. Substantial changes need to be submitted as a separate form and rate filing (e.g., a new plan design not replacing an existing plan design, contract language changes not just due to changes in the model language).
- (2) §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 Department of Financial Services.

EXHIBIT 13: NUMERICAL SUMMARY

Company Name: UnitedHealthcare of New York, Inc.
NAIC Code: 95085
SERFF Tracking #: UHLC-129581478
Market Segment: Individuals On Exchange

A. Average 2014 and 2015 Premium Rates:

Premium Rates are based on the following criteria:

- 1) The average monthly premium rates for Individual Only.
- 2) The average arithmetic premium rates for all plans combined and for all regions combined.
- 3) Rates include Through Age 29, Domestic Partner and Family Planning Coverages.

	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	\$1,121.38	\$950.36	\$803.68	\$685.49	\$418.93
2015 Premium Rates	\$1,056.92	\$895.58	\$757.72	\$634.88	\$389.07

B. Weighted Average Annual Percentage Requested Adjustments*:

	2014 to 2015
Requested Rate Adjustment	-5.8%

C. Weighted Average Annual Percentage Requested Adjustments for each of the Past Three Years [If Applicable]*:

	2011 to 2012	2012 to 2013	2013 to 2014
Average Rate Adjustment	N/A	N/A	N/A

D. Average Medical Loss Ratios [MLR] for All Policies Impacted [Ratios of Incurred Claims to Earned Premiums] [If Applicable]*:

	2011	2012	2013
MLR	N/A	N/A	N/A

E. Claim Trend Rates and Average Ratios to Earned Premiums [If Applicable]*:

	2013	2014	2015
Annual Claim Trend Rates	N/A	10.5%	10.9%
Expense Ratios	N/A	11.3%	15.2%
Pre Tax Profit Ratios	N/A	7.4%	2.7%

* If product was not offered in a particular year, indicate "N/A" in the applicable box.

EXHIBIT 14A

EXHIBIT 14 - PART A: SUMMARY OF REQUESTED PERCENTAGE CHANGES TO EXISTING RATES

-- for Individual Medical Plans

Company Name: UnitedHealthcare of New York, Inc.
 NAIC Code: 95085
 SERFF Tracking #: UHLC-129581478
 Market Segment: Individuals On Exchange

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	1/1/2015	Catastrophic	99 - All Regions	EPO	EPO	-7.13%	-7.13%	-7.13%
Individual	1/1/2015	Bronze	99 - All Regions	EPO	EPO	-7.38%	-7.38%	-7.38%
Individual	1/1/2015	Silver	99 - All Regions	EPO	EPO	-5.72%	-5.72%	-5.72%
Individual	1/1/2015	Gold	99 - All Regions	EPO	EPO	-5.76%	-5.76%	-5.76%
Individual	1/1/2015	Platinum	99 - All Regions	EPO	EPO	-5.75%	-5.75%	-5.75%

EXHIBIT 15 - PART A: DISTRIBUTION OF CONTRACTS BY REQUESTED PERCENT ADJUSTMENTS FOR INDIVIDUAL PRODUCTS

Company Name: UnitedHealthcare of New York, Inc.
 NAIC Code: 95085
 SERFF Tracking #: UHL C-129581478
 Market Segment: Individuals On Exchange

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level (or Catastrophic)	Rating Region	Weighted Avg Change %	Annualized Premiums as of	Total # of Members as of	Total # of Contracts as of	Number of (*) with Requested Percentage Rate Change at Renewal													
								3/31/2014	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		
Individual	1/1/2015	Catastrophic	99 - All Regions	-7.1%	\$ 148,964	46	n/a	46	-	-	-	-	-	-	-	-	-	-	-	-	-
Individual	1/1/2015	Bronze	99 - All Regions	-7.4%	\$ 2,469,235	466	n/a	466	-	-	-	-	-	-	-	-	-	-	-	-	-
Individual	1/1/2015	Silver	99 - All Regions	-5.7%	\$ 18,544,097	2,985	n/a	2,985	-	-	-	-	-	-	-	-	-	-	-	-	-
Individual	1/1/2015	Gold	99 - All Regions	-5.8%	\$ 6,450,015	878	n/a	878	-	-	-	-	-	-	-	-	-	-	-	-	-
Individual	1/1/2015	Platinum	99 - All Regions	-5.7%	\$ 10,722,653	1,237	n/a	1,237	-	-	-	-	-	-	-	-	-	-	-	-	-
Market Segment Total:				-5.8%	\$ 38,334,963	5,612	n/a	5,612	-	-	-	-	-	-	-	-	-	-	-	-	-

EXHIBIT 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

Company Name: UnitedHealthCare of New York, Inc.
 NAIC Code: 95085
 SERFF Number: UHLC-129581478
 Market Segment: Individuals On Exchange

- 1) Complete a separate ROW for each base medical policy form included in the rate adjustment filing.
 - Information requested applies to New York State business only and for all rating regions combined.
 - Include riders that may be available with that policy form in each policy form response. Discontinued policy forms and products are to be included in the Exhibit.
 - Insert additional rows as needed to include all base medical policy forms included in a particular market segment for Small Groups, Small Group Sole Proprietors and Small Group HNY Business.
 - Add a row with the aggregate values for that entire market segment (including any Small Group Healthy NY and enter an appropriate identifier in column 1b (such as TOTAL).
- 2) In Column 4, market segment refers to Small Group, Small Group Sole Proprietors and Small Group Healthy NY Business.
- 3) Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, and Consumer Health Plans. Indicate appropriate designation for policy form, etc.
- 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 DFS.
- 5) Paid claims in Columns 14.6, 15.6 and 16.6 are all claims paid during experience period regardless of incurred dates.
- 6) Note that many cells include a drop down list. Use the drop down list for entries.
- 7) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- 8) This exhibit must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form										Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)														
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identification	3. Effective date of rate change (mm/dd/yy)	4. Market Segment [drop down menu]	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change	14.1 Beginning Date of the experience period (mm/dd/yy)	14.2 Ending Date of the experience period (mm/dd/yy)	14.3 Member months for experience period	14.4 Earned premiums for experience period (\$)	14.5 Standardized earned premiums for experience period (\$)	14.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from payments to the Regulation 146 pool or federal risk sharing pool (\$)	14.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from payments to the Regulation 146 pool or federal risk sharing pool (\$)	14.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools as a negative value (\$)	14.9 Adjustment to the incurred claims for the period due to payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts from the pool as a positive value) (\$)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)				
OHINY EPO	EPO	EPO	EPO	01/01/2015	SG-All Others	EPO	Yes	Closed	53,732	332,511	XX	01/01/13	12/31/13	3,745,489	1,772,935,789	1,909,671,531	1,476,531,409	1,481,412,423	0	10,820,431	193,080,468	XX		
OHINY SB	Direct	Direct	PPO	01/01/2015	SG-All Others	PPO	Yes	Closed	12,858	74,218	XX	01/01/13	12/31/13	885,655	472,563,248	502,910,647	409,395,949	405,411,667	0	2,558,590	51,464,206	XX		
OHINY SB	Metro	Metro	PPO	01/01/2015	SG-All Others	PPO	Yes	Closed	7,755	42,241	XX	01/01/13	12/31/13	556,496	398,079,317	434,171,814	331,700,882	317,252,383	0	1,607,674	43,352,580	XX		
OHINY EPO	EPO	EPO	EPO	01/01/2015	SG-Sole P	EPO	Yes	Closed	6,462	11,149	XX	01/01/13	12/31/13	133,631	70,842,034	76,289,020	61,203,122	63,568,001	0	386,050	7,715,008	XX		
OHINY SB	Direct	Direct	PPO	01/01/2015	SG-Sole P	PPO	Yes	Closed	3,521	6,536	XX	01/01/13	12/31/13	79,612	46,288,538	49,393,528	35,967,188	39,043,048	0	229,993	5,041,024	XX		
OHINY SB	Metro	Metro	PPO	01/01/2015	SG-Sole P	PPO	Yes	Closed	22	759	XX	01/01/13	12/31/13	9,966	7,336,191	8,021,064	6,195,614	9,137,171	0	28,791	798,943	XX		
Total									84,350	467,414	XX	01/01/13	12/31/13	5,410,849	2,768,045,117	2,980,457,604	2,320,994,165	2,315,824,693	0	15,631,529	301,452,230	XX		
											XX												XX	
											XX													XX
											XX													XX
											XX													XX
											XX													XX
											XX													XX
											XX													XX

EXHIBIT 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)										Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)												
15.1 Beginning date of the experience period (mm/dd/yy)	15.2 Ending Date of the experience period (mm/dd/yy)	15.3 Member months for experience period	15.4 Earned premiums for experience period (\$)	15.5 Standardized earned premiums for experience period (\$)	15.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	15.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	15.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) (\$)	15.9 Adjustment to the incurred claims for the period due to payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts from the pool as a positive value) (\$)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	16.1 Beginning date of the experience period (mm/dd/yy)	16.2 Ending Date of the experience period (mm/dd/yy)	16.3 Member months for experience period	16.4 Earned premiums for experience period (\$)	16.5 Standardized earned premiums for experience period (\$)	16.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	16.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	16.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) (\$)	16.9 Adjustment to the incurred claims for the period due to payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts from the pool as a positive value) (\$)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)			
XX	01/01/12	12/31/12	3,054,665	1,392,990,493	1,601,732,065	1,064,092,114	1,116,789,405	0	3,738,375	156,792,263	XX	01/01/11	12/31/11	2,154,929	982,390,359	1,204,307,744	762,841,003	777,784,450	0	4,252,051	126,844,931	XX
XX	01/01/12	12/31/12	901,125	454,414,656	513,905,980	357,314,451	360,052,189	0	1,102,819	49,301,000	XX	01/01/11	12/31/11	954,933	455,540,704	561,057,381	372,830,601	365,116,540	0	1,884,249	57,915,180	XX
XX	01/01/12	12/31/12	648,075	424,843,742	502,072,033	339,287,659	342,046,948	0	793,130	43,287,162	XX	01/01/11	12/31/11	728,326,000	447,887,270	566,132,319	367,607,084	361,602,895	0	1,437,114	53,171,827	XX
XX	01/01/12	12/31/12	126,407	62,312,171	71,709,739	47,004,322	49,401,284	0	154,700	7,013,735	XX	01/01/11	12/31/11	112,458,000	53,128,806	64,484,202	41,123,383	43,975,253	0	221,899	6,859,921	XX
XX	01/01/12	12/31/12	81,746	44,398,585	50,234,903	32,593,261	34,699,651	0	100,043	4,816,954	XX	01/01/11	12/31/11	75,360,000	36,406,499	44,628,418	25,968,607	27,959,902	0	148,698	4,628,541	XX
XX	01/01/12	12/31/12	12,096	8,174,736	9,752,676	6,087,944	9,321,115	0	14,803	832,921	XX	01/01/11	12/31/11	18,601,000	11,828,531	14,906,110	8,612,498	11,230,008	0	36,703	1,404,248	XX
XX	01/01/12	12/31/12	4,824,114	2,387,134,383	2,749,407,397	1,846,379,750	1,912,310,592	0	5,903,870	262,044,036	XX	01/01/11	12/31/11	4,044,607	1,987,182,170	2,455,516,174	1,578,983,176	1,587,669,048	0	7,980,715	250,824,647	XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX

Exhibit 18 - Index Rate/Plan-Design Level Adjustment Worksheet

Company Name: UnitedHealthcare of New York, Inc.
 NAIC Code: 95085
 SERFF Number: UHLC-129581478
 Market Segment : Individuals On Exchange

Separate column for each plan design (on or off Exchange)

Line #	General					
1	Product*	EPO	EPO	EPO	EPO	EPO
2	Product ID*	54235NY001	54235NY001	54235NY001	54235NY001	54235NY001
3	Metal Level (or catastrophic)*	Catastrophic	Bronze	Silver	Gold	Platinum
4	AV Metal Value (HHS Calculator)*	57.8%	62.0%	70.7%	79.0%	88.1%
5	AV Pricing Value (total, risk pool experience based)*	59.4%	62.6%	72.7%	82.0%	91.0%
6	Plan Type*	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	UnitedHealthcare Catastrophic Compass \$6600	UnitedHealthcare Bronze Compass \$3000	UnitedHealthcare Silver Compass \$2000 \$30/50	UnitedHealthcare Gold Compass \$600 \$25/40	UnitedHealthcare Platinum Compass \$15/35
8	HIOS Plan ID*	54235NY0010015	54235NY0010013	54235NY0010005	54235NY0010003	54235NY0010001
9	Exchange Plan?*	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

Experience Period Index Rate

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period	\$ 2,161,348,155				
10B	Member-Months for Latest Experience Period	5,187,640				
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	416.63				
11	Average Pricing Actuarial Value reflected in experience period	0.674				
12	AV Adjusted Experience Period Index Rate PMPM (L10C / L11)	618.46	618.46	618.46	618.46	618.46

7	Plan Name*	UnitedHealthcare Catastrophic Compass \$6600	UnitedHealthcare Bronze Compass \$3000	UnitedHealthcare Silver Compass \$2000 \$30/50	UnitedHealthcare Gold Compass \$600 \$25/40	UnitedHealthcare Platinum Compass \$15/35
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**Market Wide Adjustments to the AV
Adjusted Experience Period Index Rate**

13	Impact of adjusting experience period data to EHB benefit level	1.021				
14	Market wide adjustment for changes in provider network **	1.000				
15	Market wide adjustment for fee schedule changes **	1.000				
16	Market wide adjustment for utilization management changes **	1.000				
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **	1.000				
18	Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **	1.000				
19	Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]	1.214				
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1.000				
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)	0.949				
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	0.926				
23	Impact of adjustments due to experience period claim data not being sufficiently credible	1.000				
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	1.242				
25	Indiv Reg 146 Payback	0.999				
26	Other 2 (specify)	1.000				
27	Other 3 (specify)	1.000				
28	Impact of Market Wide Adjustments (product L13 through L27)	1.351	1.351	1.351	1.351	1.351

** Not Included in Claim Trend Adjustment

7	Plan Name*	UnitedHealthcare Catastrophic Compass \$6600	UnitedHealthcare Bronze Compass \$3000	UnitedHealthcare Silver Compass \$2000 \$30/50	UnitedHealthcare Gold Compass \$600 \$25/40	UnitedHealthcare Platinum Compass \$15/35
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Plan Level Adjustments

29	Pricing actuarial value (without induced demand factor) #	0.594	0.626	0.727	0.820	0.910
30	Pricing actuarial value (only the induced demand factor) #	0.778	0.778	0.801	0.840	0.895
31	Impact of provider network characteristics ##	0.843	0.843	0.843	0.843	0.843
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices ##	0.968	0.968	0.968	0.968	0.968
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.185	1.185	1.185	1.185	1.185
37	Profit/Contribution to surplus margins	1.028	1.028	1.028	1.028	1.028
38	Impact of eligibility categories (catastrophic plans only)	0.641	1.000	1.000	1.000	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000
41	Pediatric Dental and Vision	1.018	1.011	1.009	1.008	1.006
42	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000
43	Impact of Plan Level Adjustments (product L29 through L42)	0.300	0.489	0.584	0.690	0.815

Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

44	TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)	250.63	408.97	488.10	576.90	680.83
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EXHIBIT 19 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN

Company Name: UnitedHealthCare of New York, Inc.
 NAIC Code: 95085
 SERFF Number: UHLG-129581478
 Market Segment: Individuals On Exchange

- 1) Complete a separate ROW for Metal Level/Product
 - Information should be for all the benefits included in that plan design including any riders (medical, drugs, etc).
 - Enter in column 1 the Metal Tier level. Use the drop down menu.
 - Enter in column 2 the plan designation as to On/Off Plan and Std/Non Standard Plan. Use the drop down menu.
 - Enter in column 3 the Estimated Membership as of a recent date mm/dd/yyyy; enter the date in column heading.
 - Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.
- 2) The average claim trend is the average annualized claim trend that is used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).
- 3) Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components and profit margin included in the requested rates and the average annual claim trend assumed.
- 4) Enter the corresponding information requested for the immediately prior rate and form filing. This refers to the various expense components in the requested rates submitted for the immediately prior rate and form filing and the average claim trend assumed. If there is no immediately prior rate and form filing, enter the data from the initial rate and form filing.
- 5) **ACA Fees** are to be entered in columns 6.5 and 16.5.
- 6) This exhibit must be submitted as an Excel file and as a PDF file.

		For the rate period included in this rate adjustment filing											For the rate period included in this rate adjustment filing							
1. Metal Level [drop down menu]	2. On/Off Exchange Designation and Standard/Non Std [drop down menu]	3. Estimated Membership as of 05/31/2014	4.1 Period assumed beginning date (mm/dd/yy)	4.2 Period assumed ending date (mm/dd/yy)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contribu- tion to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10	
Platinum	On Std	1,277	XX 01/01/15	12/31/15	10.95%	1.33%	0.00%	1.49%	2.80%	2.82%	6.78%	15.22%	1.69%	0.16%	5.81%	0.89%	32.54%	0.00%	17.96%	XX
Gold	On Std	915	XX 01/01/15	12/31/15	10.95%	1.33%	0.00%	1.49%	2.80%	2.82%	6.78%	15.22%	1.69%	0.16%	5.81%	0.89%	32.54%	0.00%	17.96%	XX
Silver	On Std	3,186	XX 01/01/15	12/31/15	10.95%	1.33%	0.00%	1.49%	2.80%	2.82%	6.78%	15.22%	1.69%	0.16%	5.81%	0.89%	32.54%	0.00%	17.96%	XX
Bronze	On Std	485	XX 01/01/15	12/31/15	10.95%	1.33%	0.00%	1.49%	2.80%	2.82%	6.78%	15.22%	1.69%	0.16%	5.81%	0.89%	32.54%	0.00%	17.96%	XX
Catastrophic	On Std	56	XX 01/01/15	12/31/15	10.95%	1.33%	0.00%	1.49%	2.80%	2.82%	6.78%	15.22%	1.69%	0.16%	5.81%	0.89%	32.54%	0.00%	17.96%	XX

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

1. Metal Level [drop down menu]	2. On/Off Exchange Designation and Standard/Non Std [drop down menu]	3. Estimated Membership as of 05/31/2014	XX	For the rate period included in the prior rate and form filing										For the rate period included in the prior rate and form filing						
				14.1 Period assumed - beginning date (mm/dd/yy)	14.2 Period assumed - ending date - (mm/dd/yy)	15. Average annual claim trend assumed	16.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	16.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	16.3 Commissions and broker fees - as a % of gross premium	16.4 Premium Taxes - as a % of gross premium	16.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	16.6 Other administrative expenses - as a % of gross premium	16.7 Subtotal columns 20.1 through 20.6	17 After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	18 State income tax component - as a % of gross premium	18.1 State income tax rate assumed (eg 3%)	19 Federal income tax component - as a % of gross premium	19.1 Federal income tax rate assumed (eg 30%)	20 Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	21 Subtotal columns 16.7 + 17 + 18 + 19 +20
Platinum	On Std	1,277	XX	01/01/14	12/31/14	10.53%	0.90%	0.00%	0.55%	2.03%	3.18%	4.65%	11.31%	4.76%	0.03%	0.34%	2.58%	35.00%	0.00%	18.67%
Gold	On Std	915	XX	01/01/14	12/31/14	10.53%	0.90%	0.00%	0.55%	2.03%	3.18%	4.65%	11.31%	4.76%	0.03%	0.34%	2.58%	35.00%	0.00%	18.67%
Silver	On Std	3,186	XX	01/01/14	12/31/14	10.53%	0.90%	0.00%	0.55%	2.03%	3.18%	4.65%	11.31%	4.76%	0.03%	0.34%	2.58%	35.00%	0.00%	18.67%
Bronze	On Std	485	XX	01/01/14	12/31/14	10.53%	0.90%	0.00%	0.55%	2.03%	3.18%	4.65%	11.31%	4.76%	0.03%	0.34%	2.58%	35.00%	0.00%	18.67%
Catastrophic	On Std	56	XX	01/01/14	12/31/14	10.53%	0.90%	0.00%	0.55%	2.03%	3.18%	4.65%	11.31%	4.76%	0.03%	0.34%	2.58%	35.00%	0.00%	18.67%

EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: UnitedHealthcare of New York, Inc.
 NAIC Code: 95085
 SERFFF Number: UHLC-129581478
 Market Segment: Individuals On Exchange

- 1) This exhibit is to help DFS reconcile the 14 digit HIOS IDs used to the different plan designs and to reconcile the rate manual to the binder rate template.
- 2) The HIOS IDs should be without the variants after the hyphen.
- 3) Column 3: Enter Metal Level. Use drop down menu.
- 4) Column 4: Enter On/Off Plan Designation. Use drop down menu.
- 5) Column 5: Enter Standard/Non Standard Plan Designation. Use drop down menu.
- 6) Column 6: Enter coverage of children to 26th birthday (26) or to 30th birthday. Use drop down menu.
- 7) Column 7: Enter Yes/No for coverage of Domestic Partner. Use drop down menu.
- 8) Column 8: Enter Yes/No for coverage of Family Planning. Use drop down menu.
- 9) Column 9: Enter Yes/No for coverage of Embedded Pediatric Dental. Use drop down menu.
- 10) Column 10: Enter Yes/No for coverage of Out of Network Benefits [PPO or POS]. Use drop down menu.
- 11) Column 11: Indicate if the plan design includes benefits in addition to the EHB benefits (yes) or (no). Use drop down menu.
- 12) This exhibit must be submitted as an Excel and as PDF file.

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
54235NY0010001	UnitedHealthcare Platinum Compass \$15/35	Platinum	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010001	UnitedHealthcare Platinum Compass \$15/35	Platinum	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010002	UnitedHealthcare Platinum Compass \$15/35	Platinum	ON	YES	29	NO	INCLUDED	YES	NO	NO
54235NY0010002	UnitedHealthcare Platinum Compass \$15/35	Platinum	ON	YES	29	NO	INCLUDED	YES	NO	NO
54235NY0010019	UnitedHealthcare Platinum Compass \$15/35	Platinum	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010019	UnitedHealthcare Platinum Compass \$15/35	Platinum	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010003	UnitedHealthcare Gold Compass \$600 \$25/40	Gold	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010003	UnitedHealthcare Gold Compass \$600 \$25/40	Gold	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010004	UnitedHealthcare Gold Compass \$600 \$25/40	Gold	ON	YES	29	NO	INCLUDED	YES	NO	NO
54235NY0010004	UnitedHealthcare Gold Compass \$600 \$25/40	Gold	ON	YES	29	NO	INCLUDED	YES	NO	NO
54235NY0010021	UnitedHealthcare Gold Compass \$600 \$25/40	Gold	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010021	UnitedHealthcare Gold Compass \$600 \$25/40	Gold	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010005	UnitedHealthcare Silver Compass \$2000 \$30/50	Silver	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010005	UnitedHealthcare Silver Compass \$2000 \$30/50	Silver	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010005	UnitedHealthcare Silver Compass \$2000 \$30/50	Silver	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010005	UnitedHealthcare Silver Compass \$2000 \$30/50	Silver	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010005	UnitedHealthcare Silver Compass \$2000 \$30/50	Silver	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010006	UnitedHealthcare Silver Compass \$2000 \$30/50	Silver	ON	YES	29	NO	INCLUDED	YES	NO	NO
54235NY0010006	UnitedHealthcare Silver Compass \$2000 \$30/50	Silver	ON	YES	29	NO	INCLUDED	YES	NO	NO
54235NY0010006	UnitedHealthcare Silver Compass \$2000 \$30/50	Silver	ON	YES	29	NO	INCLUDED	YES	NO	NO
54235NY0010006	UnitedHealthcare Silver Compass \$2000 \$30/50	Silver	ON	YES	29	NO	INCLUDED	YES	NO	NO
54235NY0010006	UnitedHealthcare Silver Compass \$2000 \$30/50	Silver	ON	YES	29	NO	INCLUDED	YES	NO	NO
54235NY0010023	UnitedHealthcare Silver Compass \$2000 \$30/50	Silver	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010023	UnitedHealthcare Silver Compass \$2000 \$30/50	Silver	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010013	UnitedHealthcare Bronze Compass \$3000	Bronze	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010013	UnitedHealthcare Bronze Compass \$3000	Bronze	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010013	UnitedHealthcare Bronze Compass \$3000	Bronze	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010014	UnitedHealthcare Bronze Compass \$3000	Bronze	ON	YES	29	NO	INCLUDED	YES	NO	NO
54235NY0010014	UnitedHealthcare Bronze Compass \$3000	Bronze	ON	YES	29	NO	INCLUDED	YES	NO	NO
54235NY0010014	UnitedHealthcare Bronze Compass \$3000	Bronze	ON	YES	29	NO	INCLUDED	YES	NO	NO
54235NY0010025	UnitedHealthcare Bronze Compass \$3000	Bronze	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010025	UnitedHealthcare Bronze Compass \$3000	Bronze	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010025	UnitedHealthcare Bronze Compass \$3000	Bronze	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010015	UnitedHealthcare Catastrophic Compass \$6600	Catastrophic	ON	YES	26	NO	INCLUDED	YES	NO	NO
54235NY0010016	UnitedHealthcare Catastrophic Compass \$6600	Catastrophic	ON	YES	29	NO	INCLUDED	YES	NO	NO

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: UnitedHealthcare of New York, Inc.
 NAIC Code: 95085
 SERFF Number: UHLC-129581478
 Market Segment: Individuals On Exchange

- 1) Purpose of this Exhibit is to summarize all Premium Rates for all Metal Levels and for all Regions.
- 2) Premium rates are Calendar Year 2015 premium rates for Individual Only on Individual Plans and First Quarter 2015 premium rates for Employee Only on Small Group Plans.
- 3) Premium rates are only for plans with the following benefit provisions:
 - (a) Through Age 29; **and**
 - (b) With Domestic Partner; **and**
 - (c) With Family Planning.
- 4) This exhibit must be submitted as an Excel and as a PDF file.

SUMMARY OF REQUESTED 2015 PREMIUM RATES													
1. HIOS ID PLAN (14 Digits)	2. Metal Level or Catastrophic	3. Exchange [Ind/Sml Grp]	4. On/Off Exchange	5. Plan Type [Std or Non Std]	6. Pediatric Dental [Yes/No]	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
						Albany	Buffalo	Mid-Hudson	New York	Rochester	Syracuse	Utica	Long Island
54235NY0010016	Catastrophic	Individual	On	Standard	Yes	n/a	n/a	389	389	n/a	n/a	n/a	389
54235NY0010014	Bronze	Individual	On	Standard	Yes	n/a	n/a	635	635	n/a	n/a	n/a	635
54235NY0010006	Silver	Individual	On	Standard	Yes	n/a	n/a	758	758	n/a	n/a	n/a	758
54235NY0010004	Gold	Individual	On	Standard	Yes	n/a	n/a	896	896	n/a	n/a	n/a	896
54235NY0010002	Platinum	Individual	On	Standard	Yes	n/a	n/a	1,057	1,057	n/a	n/a	n/a	1,057



<Date>

<Subscriber First Name> <Subscriber Last Name>

<Address 1>

<Address 2>

<City>, <State> <Zip>

Re: Notice of Proposed Premium Rate Change
<Product Name>, <HIOS ID>

Dear <Subscriber First Name> <Subscriber Last Name>:

UnitedHealthcare of New York, Inc. (UHCNY) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

Proposed Premium Rate Change

The requested percentage change to your premium is <Increase>%.

If you enrolled through the NY State of Health, the state's health plan marketplace, and you qualified for financial assistance, called an Advanced Premium Tax Credit, your current premium is less than the amount shown above and your 2015 premium will be less than shown above if you qualify for the APTC again next year. NY State of Health will calculate your eligibility for financial assistance each year.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features you select on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

The main reason for the requested rate reduction is due to a decrease in the projected Individual market cost level. However, medical expenses continue to increase. A number of factors contribute to these rising costs, including increases in the cost of medical services and increases in the amount of services used. We have prepared a narrative summary that provides a more detailed explanation of the reasons why we are seeking a premium rate adjustment. This summary will be posted both on our website and DFS's website for at least 30 days from the date of our rate filing. Our rate application will be posted on DFS's website and additional information will be available on companyprofiles.healthcare.gov.

30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact UHCNY for additional information at:

UnitedHealthcare
NY Prior Approval
P.O. Box 862
Monroe, CT 06468
877-856-2429
www.myuhc.com

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY, 10004
Email: premiumrateincreases@dfs.ny.gov
DFS Website: www.dfs.ny.gov/healthinsurancepremiums

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer
2. The name of your plan
3. Whether you have individual or group coverage
4. Your HIOS identification number, which is <HIOS ID>

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

UnitedHealthcare website: http://www.uhc.com/legal/required_state_notices/new_york.htm

DFS website: www.dfs.ny.gov/healthinsurancepremiums

Notice of Approved Premium Rate

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

Sincerely,



Howard C. Margolies
Vice President Small Business, New York

SYS_DateCurrent

SYS_Name

SYS_Add2

SYS_Add3 SYS_Add4

SYS_Add5, SYS_Add6 SYS_Zip

RE: Member_ID

Dear SYS_Name,

Renewal_Date marks your anniversary with Oxford as well as the time to renew your coverage. Simply remit your payment, as usual, upon receipt of your bill, but please be aware that **your annual renewal is the only opportunity you have to switch to a different Oxford plan.** You will notice that your bill has been updated to reflect the Renewal_Date New York renewal rates that are filed with the New York State Department of Financial Services.

	Current	Renewal
Individual	<u>CURRENT IN</u>	<u>Individual Rate</u>
Parent/Child	<u>CURRENT P</u>	<u>Parent Child Rat</u>
Husband/Wife	<u>CURRENT H</u>	<u>Husband Wife</u>
Family	<u>CURRENT F</u>	<u>Family Rate</u>

The new rates reflect the significant increase in healthcare costs in our area. If you have any questions about renewing your coverage with Oxford, please contact a Service Associate 1-800-767-3840. We will be happy to assist you.

Sincerely,

Oxford Health Plans®

New York

Group_ID CSP_Cd

Renewal_Date

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For UnitedHealthcare of New York, Inc.

State of New York Rate Review

General Information

Purpose: The purpose of this actuarial memorandum is to provide information relevant to the Part I Uniform Rate Review Template (URRT).

Company Identifying Information:

- **Company Legal Name:** UnitedHealthcare of New York, Inc.
- **State:** New York
- **HIOS Issuer ID:** 54235
- **Market:** Individual
- **Effective Date:** 1/1/2015 – 12/31/2015

Company Contact Information:

- **Primary Contact Name:** [REDACTED]
- **Primary Contact Telephone Number:** [REDACTED]
- **Primary Contact Email Address:** [REDACTED]

Proposed Rate Change

UnitedHealthcare of New York, Inc. ("UHC") is filing rates for benefit plans written under existing policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA). The average requested annual rate change is -5.8%.

Reasons For Rate Change

The rate filing we have made is seeking a decrease mainly related to a decrease in the projected Individual market cost level. However, medical expenses continue to increase. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. There are many different medical, or health care, cost trends that contribute to increases in the overall U.S. health care spending each year. These trend factors affect health insurance premiums, which will typically mean a premium increase to cover costs.

Experience Period Premiums and Claims

- **Experience Period:** There is no experience period data to report because this is a new product.
- **Premiums (net of MLR Rebate) in Experience Period:** There is no experience period data to report because this is a new product.
- **Allowed and Incurred Claims Incurred During the Experience Period:** There is no experience period data to report because this is a new product.

Benefit Categories

There is no experience period data to report because this is a new product.

Projection Factors

Projection factors were not used since there are no experience period claims to project for this new product.

Credibility

Because the Individual Exchange product is new, we have no claims experience to project forward in the development of the rates. At the direction of the New York State Department of Financial Services ("DFS"), we adjusted the index rate for Oxford Health Insurance, Inc. ("OHI") small group by a morbidity adjustment to calculate the Individual rates. The development of the OHI small group index PMPM is described in the Part III Actuarial Memorandum for the OHI Small Group Filing (HIOS ID 85629). Based upon the statewide Individual enrollment data distributed by DFS, we determined that the age/sex factor for the 2014 Individual enrollees is 15.6% higher than the factor for statewide 2014 Small Group enrollees. Please note that we used NY OHI Large Group filed age/sex factors in this calculation. In addition to this actual demographic difference, we are estimating that the morbidity of the Individual enrollees is 5% higher than Small Group morbidity. Combining the impacts of demographics and morbidity since we cannot rate by age in New York, we expect the Individual cost level to be 21.4% higher than the Small Group cost level in 2015.

Paid to Allowed Ratio

We have developed the average paid to allowed factor for the projection period based upon an estimated distribution of Individual business in 2015 by metal level and the pricing actuarial values for those new plans.

Risk Adjustment and Reinsurance

- **Projected Risk Adjustments:** We have assumed a risk transfer factor of 1.000 for the Individual Exchange product since it will be new and the expected cost is based upon an adjustment to the Small Group claims experience which has already been normalized to the statewide average risk level. The projected difference between the Individual and Small Group risk levels is reflected in the morbidity adjustment described above.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** We have assumed a payment of \$3.32 PMPM for the reinsurance fee. We have estimated that we will receive 7.4% of claims through the reinsurance program. We developed this estimate by trending the member level claims for OHP and OHI small group, Healthy NY, and Individual to 2015 and then running the trended claims through the federal reinsurance formula.

Non-Benefit Expenses and Risk Margin

Proprietary & Confidential

The 8.3% administrative expense load includes general administration (6.8%) and broker commissions (1.5%). We have estimated the expenses included in the development of the proposed rates based upon financial projections.

Projected Profit & Risk Margin

The projected profit and risk margin is 2.9% before state and federal income taxes and 1.7% after.

Taxes and Fees

The 7.9% includes state premium tax and assessments (3.2%), PPACA Insurer fee (3.2%), and state and federal income taxes (1.4%). This excludes the \$3.32 PMPM reinsurance fee.

Projected Loss Ratio

The projected loss ratio using federally prescribed MLR methodology is 88.2%.

Index Rate

There is no index rate for the experience period because this is a new product. The projected index rate of \$636.53 was calculated by applying the Individual morbidity adjustment to the 1st quarter 2015 OHI index rate.

AV Metal Values

AV metal values were calculated by DFS.

AV Pricing Values

The AV pricing values in Worksheet 2 reflect the product of plan relativities from the proprietary UnitedHealthcare pricing model, utilization adjustments, gatekeeper adjustments, and network adjustments. The relativities from the UnitedHealthcare model reflect the cost sharing differences between plans and do not include any adjustments for health status or utilization. The utilization adjustments were also determined by the proprietary UnitedHealthcare pricing model and only reflect utilization differences due to the levels of cost sharing. For the gatekeeper adjustment, we have assumed factors of 1.0 for non-gatekeeper and 0.96 for gatekeeper. For the network differences, we have assumed factors of 1.0 for Freedom, 0.976 for Liberty, and 0.917 for the Individual Exchange network. These adjustments do not reflect any differences in anticipated risk status. Please note that the gatekeeper factors apply to in-network medical claims only.

Membership Projections

Proprietary & Confidential

We are projecting 114,510 Individual Exchange member months in 2015 which reflects an average of 9,542 members per month. These were estimated in collaboration with our finance and sales teams.

Terminated Products

Not applicable.

Plan Type

Not applicable.

Warning Alerts

Not applicable

Reliance

Not applicable.

Actuarial Certification

I, [REDACTED], am an Associate of the Society of Actuaries and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is

Proprietary & Confidential

described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,

[Redacted signature block]

UnitedHealthcare of New York, Inc.

New York Individual Exchange
Rates Effective January 1, 2015 – December 31, 2015

ACTUARIAL CERTIFICATION

I, [REDACTED], 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 submission is in compliance with all applicable laws and regulations of the State of New York;
- (b) The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOP's) including:
 - ASOP No. 5, Incurred Health and Disability Claims
 - ASOP No. 8, Regulatory Filings for Health Plan Entities
 - ASOP No. 12, Risk Clarification
 - ASOP No. 23, Data Quality
 - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/ Casualty Coverages
 - ASOP No. 41, Actuarial Communications
- (c) The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York;
- (d) The benefits are reasonable in relation to the premiums charged; and
- (e) The rates are not unfairly discriminatory.

[REDACTED]
UnitedHealthcare

June 13, 2014



June 13, 2014

[Redacted]

New York State Department of Financial Services
Health Bureau
25 Beaver Street
New York, NY 10004

RE: UnitedHealthcare of New York, Inc.
New York Individual Exchange Rate Filing
Effective January 2015 – December 2015

Dear [Redacted]

This rate filing addresses the development of the New York Individual Exchange rates for plans written by UnitedHealthcare of New York, Inc. The rates are effective from January 1, 2015 to December 31, 2015.

Should you have any questions or need any additional information, please contact me at [Redacted]

Sincerely,

[Redacted]

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y								
1	Unified Rate Review v2.0.2																															
2																																
3	Company Legal Name:		UnitedHealthcare of New York State:												NY																	
4	HIOS Issuer ID:		54235												Market:		Individual															
5	Effective Date of Rate Change(s):																															
6																																
7																																
8	Market Level Calculations (Same for all Plans)																															
9																																
10																																
11	Section I: Experience period data																															
12	Experience Period:		1/1/2013		to		12/31/2013																									
13			<u>Experience Period</u>																													
14			<u>Aggregate Amount</u>		<u>PMPM</u>		<u>% of Prem</u>																									
15	Premiums (net of MLR Rebate) in Experience Period:		\$1		\$1.00		100.00%																									
16	Incurred Claims in Experience Period		\$1		1.00		100.00%																									
17	Allowed Claims:		\$1		1.00		100.00%																									
18	Index Rate of Experience Period				\$1.00																											
19	Experience Period Member Months		1																													
20	Section II: Allowed Claims, PMPM basis																															
21																																
22																																
23																																
24			<u>on Actual Experience Allowed</u>						<u>Adj't. from Experience to</u>		<u>Annualized Trend</u>		<u>Projections, before credibility Adjustment</u>				<u>Credibility Manual</u>															
25			<u>Utilization per</u>		<u>Average</u>				<u>Projection Period</u>		<u>Factors</u>																					
26			<u>Description</u>		<u>1,000</u>		<u>Cost/Service</u>		<u>PMPM</u>		<u>Pop'l risk</u>		<u>Morbidity</u>		<u>Other</u>		<u>Cost</u>		<u>Util</u>		<u>Utilization per</u>		<u>Average</u>		<u>Utilization</u>		<u>Average</u>		<u>PMPM</u>			
27	Benefit Category																															
28	Inpatient Hospital		Days		12,000.00		\$1.00		\$1.00		1.000		1.000		1.000		1.000		1.000		12,000.00		\$1.00		\$1.00		327.00		\$4,921.17		\$134.10	
29	Outpatient Hospital		Services		0.00		0.00		0.00		1.000		1.000		1.000		1.000		1.000		0.00		0.00		0.00		6742.55		181.43		101.94	
30	Professional		Services		0.00		0.00		0.00		1.000		1.000		1.000		1.000		1.000		0.00		0.00		0.00		22242.73		108.72		201.53	
31	Other Medical		Services		0.00		0.00		0.00		1.000		1.000		1.000		1.000		1.000		0.00		0.00		0.00		6680.62		139.94		77.91	
32	Capitation		Services		0.00		0.00		0.00		1.000		1.000		1.000		1.000		1.000		0.00		0.00		0.00		734.19		153.86		9.41	
33	Prescription Drug		Prescriptions		0.00		0.00		0.00		1.000		1.000		1.000		1.000		1.000		0.00		0.00		0.00		10596.54		126.43		111.64	
34	Total								\$1.00												0.00		\$1.00								\$636.53	
35																																
36	Section III: Projected Experience:																															
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Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name:
 HIOS Issuer ID:
 Effective Date of Rate Change(s):

UnitedHealthcare of New York, Inc.
54235

State: **NY**
 Market: **Individual**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	HMO				
Product ID:	54235NY001				
Metal:	Catastrophic	Bronze	Silver	Gold	Platinum
AV Metal Value	0.578	0.620	0.707	0.790	0.881
AV Pricing Value	0.594	0.626	0.727	0.820	0.910
Plan Type:	HMO	HMO	HMO	HMO	HMO
Plan Name	UnitedHealthcare Catastrophic Compass \$6600	UnitedHealthcare Bronze Compass \$3000	UnitedHealthcare Silver Compass \$2000 \$30/50	UnitedHealthcare Gold Compass \$600 \$25/40	UnitedHealthcare Platinum Compass \$15/35
Plan ID (Standard Component ID):	54235NY0010015	54235NY0010013	54235NY0010005	54235NY0010003	54235NY0010001
Exchange Plan?	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%				
Historical Rate Increase - Calendar Year - 1	0.00%				
Historical Rate Increase - Calendar Year 0	0.00%				
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	-7.13%	-7.38%	-5.72%	-5.76%	-5.75%
Cum'l'tive Rate Change % (over 12 mos prior)	0.00%	0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %	0.00%				

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	54235NY0010015	54235NY0010013	54235NY0010005	54235NY0010003	54235NY0010001
Inpatient	#DIV/0!	-\$3.92	-\$6.64	-\$6.03	-\$7.19	-\$8.46
Outpatient	#DIV/0!	-\$2.98	-\$5.05	-\$4.58	-\$5.46	-\$6.43
Professional	#DIV/0!	-\$5.89	-\$9.97	-\$9.06	-\$10.80	-\$12.71
Prescription Drug	#DIV/0!	-\$3.26	-\$5.53	-\$5.02	-\$5.98	-\$7.04
Other	#DIV/0!	-\$2.28	-\$3.86	-\$3.50	-\$4.17	-\$4.91
Capitation	#DIV/0!	-\$0.27	-\$0.47	-\$0.42	-\$0.50	-\$0.59
Administration	#DIV/0!	-\$0.64	-\$1.09	-\$0.99	-\$1.18	-\$1.39
Taxes & Fees	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	#DIV/0!	-\$19.24	-\$32.60	-\$29.61	-\$35.29	-\$41.53
Member Cost Share Increase	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$512.74	\$269.86	\$441.57	\$517.70	\$612.19	\$722.36
Projected Member Months	114,510	22,902	22,902	22,902	22,902	22,902

Product-Plan Data Collection

Company Legal Name:
 HIOS Issuer ID:
 Effective Date of Rate Change(s):

UnitedHealthcare of New York, Inc.
54235

State: **NY**
 Market: **Individual**

Product/Plan Level Calculations

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	54235NY0010015	54235NY0010013	54235NY0010005	54235NY0010003	54235NY0010001
Average Rate PMPM	#DIV/0!					
Member Months	0					
Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	#DIV/0!					
state mandated benefits portion of TP that are other than EHB	#DIV/0!					
Other benefits portion of TP	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$0					
EHB Percent of TAC, [see instructions]	#DIV/0!					
state mandated benefits portion of TAC that are other than EHB	#DIV/0!					
Other benefits portion of TAC	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:	\$0					
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Rein	\$0.00					
Net Amt of Risk Adj	\$0.00					
Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	54235NY0010015	54235NY0010013	54235NY0010005	54235NY0010003	54235NY0010001
Plan Adjusted Index Rate	\$481.08	\$250.63	\$408.97	\$488.10	\$576.90	\$680.83
Member Months	114,510	22,902	22,902	22,902	22,902	22,902
Total Premium (TP)	\$55,088,983	\$5,739,870	\$9,366,207	\$11,178,360	\$13,212,165	\$15,592,381
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$13,117,515	\$1,729,414	\$2,679,648	\$2,755,179	\$2,884,919	\$3,068,355
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$3,250,228	\$701,315	\$1,002,015	\$752,962	\$518,417	\$275,518
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$9,867,287	\$1,028,099	\$1,677,632	\$2,002,217	\$2,366,503	\$2,792,836
Net Amt of Rein	\$0					
Net Amt of Risk Adj	\$0					
Incurred Claims PMPM	\$86.17	\$44.89	\$73.25	\$87.43	\$103.33	\$121.95
Allowed Claims PMPM	\$114.55	\$75.51	\$117.00	\$120.30	\$125.97	\$133.98
EHB portion of Allowed Claims, PMPM	\$114.55	\$75.51	\$117.00	\$120.30	\$125.97	\$133.98