UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK

RATE SCHEDULE
FOR
NEW YORK

AARP MEDICARE SUPPLEMENT PORTFOLIO
GROUP POLICY NUMBER G-36000-4

2010 STANDARDIZED PLANS

FORM NUMBERS
MDA 0066, MDB 0067, MDC 0068, MDF 0069, MDK 0070, MDL 0071, MDN 0072, MDA 0748, MDB 0749, MDC 0750, MDF 0751, MDK 0752, MDL 0753, MDN 0754

Plan	Rate Prior to Application of Area Factors	**Proposed 2015 Monthly Rates** Area 1	Area 2	Area 3	2014 Monthly Base Rate	Diff. (%)	Diff. (PMPM)
A	$146.25	$156.50	$125.75	$108.25	$146.25	0.0%	$0.00
B	$208.00	$222.50	$179.00	$154.00	$208.00	0.0%	$0.00
C	$243.00	$260.00	$209.00	$179.75	$243.00	0.0%	$0.00
F	$244.00	$261.00	$209.75	$180.50	$244.00	0.0%	$0.00
K	$77.25	$82.75	$66.50	$57.25	$85.75	-9.9%	-$8.50
L	$142.25	$152.25	$122.25	$105.25	$142.25	0.0%	$0.00
N	$167.00	$178.75	$143.50	$123.50	$167.00	0.0%	$0.00
Area Factor		1.07	0.86	0.74			

** Discounts available for Electronic Funds Transfer and Annual Pay.*