UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK

RATE SCHEDULE
FOR
NEW YORK

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

1990 STANDARDIZED PLANS

FORM NUMBERS
MS 1294A - MS 1296A, MS 1297, MS 1298, MS 1299A, MS 1300, MS 1301, MS 1302A, MS 1230, MSA 1858 - MSI 1866, CRA 1665, CRA 1692, MSA 2169 - MSL 2180, MSA 2456 - MSL 2467

Plan	Rate Prior to Application of Area Factors	**Proposed 2015 Monthly Base 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
D	$226.75	$242.50	$195.00	$167.75	$226.75	0.0%	$0.00
E	$226.75	$242.50	$195.00	$167.75	$226.75	0.0%	$0.00
F	$244.00	$261.00	$209.75	$180.50	$244.00	0.0%	$0.00
G	$227.50	$243.50	$195.75	$168.25	$227.50	0.0%	$0.00
H (with drugs)	$313.25	$335.25	$269.50	$231.75	$321.25	-2.5%	-$8.00
H (without drugs)	$237.75	$254.50	$204.50	$176.00	$243.75	-2.5%	-$6.00
I (with drugs)	$315.75	$337.75	$271.50	$233.75	$323.75	-2.5%	-$8.00
I (without drugs)	$240.00	$256.75	$206.50	$177.50	$246.25	-2.5%	-$6.25
J (with drugs)	$398.25	$426.25	$342.50	$294.75	$408.50	-2.5%	-$10.25
J (without drugs)	$246.25	$263.50	$211.75	$182.25	$252.50	-2.5%	-$6.25
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
Area Factor		1.07	0.86	0.74			

** Discounts available for Electronic Funds Transfer and Annual Pay.*
*The Base Rate charged to insureds = Rate Prior to Application of Area Factors * Area Factor*