

UnitedHealthcare of New York, Inc.

New York Individual

On-Exchange

Form # UHCNY_INDXX_COC_2014

Rate Manual

Rates Effective January 1, 2015

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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

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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	\$ 279.72	\$ 475.53	\$ 559.44	\$ 797.21	n/a
2015	Bronze	UnitedHealthcare Bronze Compass \$3000	\$ 456.45	\$ 775.96	\$ 912.89	\$1,300.87	\$ 188.06
2015	Indian CSR	UnitedHealthcare Compass NY Standard Indian CSR	\$ 456.45	\$ 775.96	\$ 912.89	\$1,300.87	n/a
2015	Silver CSR 100-150% FPL	UnitedHealthcare Silver Compass \$10/20 CSR	\$ 544.76	\$ 926.09	\$1,089.52	\$1,552.56	n/a
2015	Silver CSR 150-200% FPL	UnitedHealthcare Silver Compass \$250 \$15/35 CSR	\$ 544.76	\$ 926.09	\$1,089.52	\$1,552.56	n/a
2015	Silver CSR 200-250% FPL	UnitedHealthcare Silver Compass \$1,200 \$30/50 CSR	\$ 544.76	\$ 926.09	\$1,089.52	\$1,552.56	n/a
2015	Silver	UnitedHealthcare Silver Compass \$2000 \$30/50	\$ 544.76	\$ 926.09	\$1,089.52	\$1,552.56	\$ 224.44
2015	Gold	UnitedHealthcare Gold Compass \$600 \$25/40	\$ 643.87	\$1,094.58	\$1,287.74	\$1,835.04	\$ 265.28
2015	Platinum	UnitedHealthcare Platinum Compass \$15/35	\$ 759.87	\$1,291.77	\$1,519.73	\$2,165.62	\$ 313.06

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Ancillary Coverage Rider Rates

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

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 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

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 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

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 Additional Notes

Estimated Commissions as a percent of premium: 1.5%

Expected Loss Ratio based on Requested Rates (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	\$ 544.76	\$ 136.73	\$ 681.49
Parent / Child(ren) rate	\$ 926.09	\$ 232.45	\$ 1,158.54
Couple rate	\$ 1,089.52	\$ 273.47	\$ 1,362.99
Family rate	\$ 1,552.56	\$ 389.69	\$ 1,942.25