

State: Rhode Island **First Filing Company:** UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.002 Large Group Only

Product Name: 2014 RI Large Group Rate Filing

Project Name/Number: /

Filing at a Glance

Companies: UnitedHealthcare of New England, Inc. (Rhode Island)
 UnitedHealthcare Insurance Company

Product Name: 2014 RI Large Group Rate Filing

State: Rhode Island

TOI: H15G Group Health - Hospital/Surgical/Medical Expense

Sub-TOI: H15G.002 Large Group Only

Filing Type: Rate

Date Submitted: 05/15/2013

SERFF Tr Num: UHLC-129031160

SERFF Status: Assigned

State Tr Num:

State Status: Open-Pending Actuary Review

Co Tr Num:

Implementation: On Approval

Date Requested:

Author(s): Elvira Tananykin

Reviewer(s): Patrick Tigue (primary), Charles DeWeese, Herbert Olson, Maria Casale, Bela Gorman

Disposition Date:

Disposition Status:

Implementation Date:

State: Rhode Island

First Filing Company: UnitedHealthcare of New England, Inc. (Rhode Island), ...

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General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 05/15/2013

Deemer Date:

State Status Changed: 05/15/2013

Submitted By: Elvira Tananykin

Created By: Elvira Tananykin

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

2014 RI Large Group Rate Filing

Company and Contact

Filing Contact Information

Elvira Tananykin, Assistant Pricing Director Elvira_Tananykin@uhc.com

48 Monroe Turnpike

203-459-6424 [Phone]

Trumbull, CT 06611

203-459-3242 [FAX]

Filing Company Information

UnitedHealthcare of New England,
Inc. (Rhode Island)

CoCode: 94149

State of Domicile: Rhode
Island

475 Kilvert St., Suite 310

Group Code: -99

Company Type: HMO

Warwick, RI 02886-1392

Group Name:

State ID Number:

(952) 992-4793 ext. [Phone]

FEIN Number: 05-0413469

UnitedHealthcare Insurance
Company

CoCode: 79413

State of Domicile: Connecticut

185 Asylum Street

Group Code: 707

Company Type: Life and
Health

Hartford, CT 06103

Group Name:

State ID Number: 79413

(860) 702-5000 ext. [Phone]

FEIN Number: 36-2739571

Filing Fees

Fee Required?

Yes

Fee Amount:

\$100.00

Retaliatory?

No

State: Rhode Island

First Filing Company: UnitedHealthcare of New England, Inc. (Rhode Island), ...

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Product Name: 2014 RI Large Group Rate Filing

Project Name/Number: /

Fee Explanation: UnitedHealthcare of New England, Inc. (Rhode Island) \$40.00
 UnitedHealthcare Insurance Company \$60.00

Per Company: Yes

Company	Amount	Date Processed	Transaction #
UnitedHealthcare of New England, Inc. (Rhode Island)	\$40.00	05/15/2013	70318884
UnitedHealthcare Insurance Company	\$60.00	05/15/2013	70318885

SERFF Tracking #:

UHLC-129031160

State Tracking #:

Company Tracking #:

State: Rhode Island

First Filing Company:

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Product Name: 2014 RI Large Group Rate Filing

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# 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 England, Inc. (Rhode Island)	New Product	13.000%	13.000%	\$1,037,323	501	\$9,016,729	13.000%	13.000%
UnitedHealthcare Insurance Company	New Product	13.000%	13.000%	\$16,251,391	11,677	\$141,262,088	13.000%	13.000%

State: Rhode Island First Filing Company: UnitedHealthcare of New England, Inc. (Rhode Island), ...
 TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.002 Large Group Only
 Product Name: 2014 RI Large Group Rate Filing
 Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: UnitedHealthcare of New England, Inc. (Rhode Island)
 HHS Issuer Id: 79881
 Product Names: RI LG
 Trend Factors: 7.7% Medical/12% RX/9.7% total

FORMS:

New Policy Forms: RI LG
 Affected Forms:
 Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 14,981
 Benefit Change: Increase
 Percent Change Requested: Min: 13.0 Max: 13.0 Avg: 13.0

PRIOR RATE:

Total Earned Premium: 7,979,406.00
 Total Incurred Claims: 6,922,546.00
 Annual \$: Min: 533.00 Max: 533.00 Avg: 533.00

REQUESTED RATE:

Projected Earned Premium: 9,016,729.00
 Projected Incurred Claims: 7,822,477.00
 Annual \$: Min: 602.00 Max: 602.00 Avg: 602.00

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TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.002 Large Group Only

Product Name: 2014 RI Large Group Rate Filing

Project Name/Number: /

COMPANY:

Company Name: UnitedHealthcare Insurance Company

HHS Issuer Id: 90117

Product Names: RI Large Group

Trend Factors: 7.7% Medical/12% RX/9.7% total

FORMS:

New Policy Forms: RI Large Group

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual

Member Months: 234,695

Benefit Change: Increase

Percent Change Requested: Min: 13.0 Max: 13.0 Avg: 13.0

PRIOR RATE:

Total Earned Premium: 125,010,697.00

Total Incurred Claims: 108,453,227.00

Annual \$: Min: 533.00 Max: 533.00 Avg: 533.00

REQUESTED RATE:

Projected Earned Premium: 141,262,088.00

Projected Incurred Claims: 122,552,147.00

Annual \$: Min: 602.00 Max: 602.00 Avg: 602.00

SERFF Tracking #:

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Company Tracking #:

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Project Name/Number: /

Supporting Document Schedules

Bypassed - Item:	A&H Experience
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Certification - Life & A&H
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum - A&H Rate Revision Filing
Comments:	
Attachment(s):	2014 RI 51+ Actuarial Memorandum - 5-15-2013.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Premium Rate Sheets - Life & A&H
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Health Insurance Checklist
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
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Product Name: 2014 RI Large Group Rate Filing

Project Name/Number: /

Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	2013 Rate Review Process Issuer and Plan Compliance Attestation
Bypass Reason:	NA
Attachment(s):	
Item Status:	

SERFF Tracking #:

UHLC-129031160

State Tracking #:**Company Tracking #:****State:** Rhode Island**First Filing Company:**

UnitedHealthcare of New England, Inc. (Rhode Island), ...

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.002 Large Group Only**Product Name:** 2014 RI Large Group Rate Filing**Project Name/Number:** /

Status Date:	
Satisfied - Item:	2013 Rate Review Process OHIC Template
Comments:	
Attachment(s):	2013 Rate Review Process OHIC Template-United LG-5-15-13.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Cover Letter and Rate Manual
Comments:	
Attachment(s):	1-1-2014 RI LG Rate Manual-5-15-13.pdf RI Cover Letter - 2014 LG RF.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Annual Health Statement Supplement
Comments:	
Attachment(s):	2012 RI Annual Health Statement UHC-5-15-13.pdf 2013 RI Annual Health Statement UHIC-5-15-13.pdf
Item Status:	
Status Date:	

**UnitedHealthcare of New England, Inc. and United HealthCare Insurance Company
Revised Large (51+) Group Filing – January 1, 2014**

This Actuarial Memorandum relates to analysis completed in support of the large employer rates to be charged effective January 1, 2014. This Actuarial Memorandum will address the following related topics:

- ◆ Development of Manual Rates
- ◆ Forecasted overall increases necessary for 2014

Development of Manual Rates:

We have used United's standard Large Group Base Rate Review process. This process compares current manual premium rates to the needed revenue. It is an automated and standardized process used across all legacy UHC markets to test the adequacy of the current manual rates and to determine if a pricing adjustment to manual rates is required.

Utilizing this process, we determined that the January 1, 2014 manual rates for large group need to be decreased by approximately 8.0% (Attachment 1). With the inclusion of PPACA fees of 4.48% the rate reduction necessary is 4.0%. The combination of our 9.7% annual trend assumption (7.7% Medical / 12.0% Rx) with the base rate reduction of 4.0% will produce an average year-over-year manual rate increase of approximately 4.7%.

Forecasted overall increases necessary for 2014

For large groups, group-specific rates are based on both the manual rate and their own experience. Therefore the manual rate increase is not the only indicator of the overall increase necessary for each group or the entire block.

The forecasted overall increase necessary for 2014 is 13.0% (Attachment 3), which includes an increase of 4.48% for PPACA fees and can be found on Attachment 2. This estimated overall increase was based on a claims trend projection utilizing the previously approved trend of 8.65% for 2013 and 9.7% for 2014. To the extent actual experience and overall group attributes significantly deviate from these projections, the result will be reflected in our overall estimated increase and will be updated with an amended filing.

**UnitedHealthcare of New England, Inc. and United HealthCare Insurance Company
RI Large Group Rate Filing Template**

Part 1. Historical Information

Experience Period for Developing Rates
From 1/1/2011 To 12/31/2012

Utilization/Experience Data by Quarter (Experience Period only)

A.

Quarter	End Date	IP Days	Member Months	Earned Premium*	Incurred Claims Total**	Incurred Claims IP	Incurred Claims OP	Incurred Claims Primary Care	Incurred Claims Other M/S	Incurred Claims Rx	Capitation	Loss Ratio
1 (Oldest)	3/31/2011	265	103,514	\$36,707,009	\$29,935,615	\$7,248,566	\$9,384,424	\$1,569,490	\$5,137,989	\$4,321,074	\$2,274,073	82%
2	6/30/2011	259	100,839	\$36,311,541	\$31,636,576	\$7,715,867	\$10,003,464	\$1,574,030	\$5,560,688	\$4,580,433	\$2,202,094	87%
3	9/30/2011	238	95,789	\$35,162,344	\$30,944,283	\$7,540,800	\$9,769,966	\$1,572,379	\$5,388,742	\$4,551,860	\$2,120,536	88%
4	12/31/2011	308	92,641	\$34,206,019	\$30,385,729	\$7,167,998	\$10,065,676	\$1,674,272	\$5,025,619	\$4,566,383	\$1,885,781	89%
5	3/31/2012	258	85,470	\$32,682,940	\$27,463,097	\$6,655,787	\$9,111,347	\$1,469,078	\$4,414,146	\$3,975,603	\$1,837,136	84%
6	6/30/2012	233	83,002	\$32,248,731	\$28,103,732	\$6,558,762	\$9,712,922	\$1,447,683	\$4,509,790	\$4,090,489	\$1,784,087	87%
7	9/30/2012	268	78,509	\$30,890,748	\$26,961,820	\$7,525,050	\$8,444,927	\$1,330,889	\$4,222,205	\$3,751,237	\$1,687,512	87%
8	12/31/2012	238	77,066	\$30,234,550	\$26,832,273	\$6,770,571	\$9,235,537	\$1,424,119	\$4,321,968	\$3,423,582	\$1,656,496	89%

Quarter	End Date	Quality Improvement	Other Cost Containment	Other Claim Adjustment	Other Operating Expense	Investment Income Credit	Commissions	Contribution to Reserves	Taxes
		Expense*	Expense*	Expense	Expense				
1 (Oldest)	3/31/2011	390,254	167,013	393,650	837,618	-\$624,019	\$1,174,624	\$367,070	\$917,675
2	6/30/2011	386,050	165,214	389,409	828,594	-\$617,296	\$1,161,969	\$363,115	\$907,789
3	9/30/2011	373,832	159,985	377,085	802,370	-\$597,760	\$1,125,195	\$351,623	\$879,059
4	12/31/2011	363,665	155,634	366,829	780,548	-\$581,502	\$1,094,593	\$342,060	\$855,150
5	3/31/2012	409,902	203,952	518,992	1,270,003		\$1,045,854	\$212,439	\$768,049
6	6/30/2012	404,456	201,243	512,097	1,253,130		\$1,031,959	\$209,617	\$757,845
7	9/30/2012	387,425	192,769	490,533	1,200,361		\$988,504	\$200,790	\$725,933
8	12/31/2012	379,195	188,674	480,113	1,174,863		\$967,506	\$196,525	\$710,512

*The premium is based on the final renewal premium summed for each group for the period being reported

**Claims include – paid claims for policies issued in RI for the incurred period with claim reserves (IBNR), capitation payments for capitated arrangements, and other costs associated with affiliated agreements i.e.

OPTIMUM SERVICES

**UnitedHealthcare of New England, Inc. and United HealthCare Insurance Company
RI Large Group Rate Filing Template**

B. Allowed Data

<u>Quarter</u>	<u>End Date</u>	<u>Allowed</u>									
		<u>Claims Total</u>	<u>Claims IP</u>	<u>Allowed Claims OP</u>	<u>Allowed Claims Primary Care</u>	<u>Claims Other M/S</u>	<u>Allowed Claims Rx</u>	<u>Capitation</u>			
1 (Oldest)		\$37,036,301	\$7,898,217	\$11,657,399	\$2,110,946	\$6,987,494	\$6,108,173	\$2,274,073			
2		\$38,551,783	\$8,359,252	\$12,177,347	\$2,076,073	\$7,417,369	\$6,319,648	\$2,202,094			
3		\$37,040,046	\$8,160,794	\$11,651,819	\$1,981,162	\$6,972,166	\$6,153,570	\$2,120,536			
4		\$39,036,966	\$8,411,031	\$12,855,140	\$2,266,009	\$6,978,082	\$6,640,923	\$1,885,781			
5		\$34,000,702	\$7,250,318	\$11,191,281	\$1,909,240	\$6,102,648	\$5,710,080	\$1,837,136			
6		\$33,170,073	\$6,922,108	\$11,274,340	\$1,814,393	\$5,840,134	\$5,535,010	\$1,784,087			
7		\$31,392,931	\$7,856,587	\$9,856,647	\$1,644,870	\$5,352,214	\$4,995,101	\$1,687,512			
8		\$30,332,799	\$6,929,160	\$10,289,385	\$1,754,373	\$5,264,879	\$4,438,506	\$1,656,496			

Part 2. Prospective Information

A. Trend Factors for Projection Purposes (Annualized)

	Notes:	<u>Inpatient</u>	<u>Outpatient</u>	<u>Primary Care</u>	<u>Other M/S</u>	<u>Capitation</u>	<u>Total Medical</u>	<u>Retail Pharmacy</u>	<u>Weighted Aggregate</u>
Proposed Pricing Trend	[6]	6.7%	12.9%	8.0%	8.8%	3.5%	7.7%	12.0%	9.7%
Unit Cost	[1]	5.3%	5.3%	1.6%	2.4%	1.8%	3.3%	4.8%	4.1%
Utilization / Service Mix	[2] , [3]	-0.6%	4.0%	3.4%	3.0%	0.0%	2.0%	3.2%	2.6%
Demographic Change	[4]	1.0%	1.0%	1.0%	1.0%	1.0%	0.8%	1.0%	1.0%
Benefit Leveraging	[5]	0.4%	1.6%	1.3%	1.6%	0.2%	0.9%	2.0%	1.3%
Benefit Slope	[7]	0.5%	0.5%	0.5%	0.5%	0.5%	0.4%	0.5%	0.5%
Weights		22.4%	27.8%	25.7%	5.3%	2.4%	83.6%	16.4%	100.0%

Notes:

- [1] Represents core unit pricing increases, exclusive of service mix / intensity of services impact;
- [2] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [3] Represents expected changes in intensity of services provided.
- [4] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
- [5] Impact of member cost-share leveraging on net claims cost trend.
- [6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.
- [7] Benefit Slope

UnitedHealthcare of New England, Inc. and United HealthCare Insurance Company
RI Large Group Rate Filing Template

B. The following items for the period to which the rate filing applies, by quarter:

	<u>Average %</u> <u>Rate</u> <u>Increase</u>	<u>Expected Pure</u> <u>Medical Cost</u> <u>Ratio</u>	<u>Expected</u> <u>Contribution to</u> <u>Reserves %</u>	<u>Quality</u> <u>Improvement</u> <u>Expense %*</u>	<u>Other Cost</u> <u>Containment</u> <u>Expense %*</u>	<u>Other Claim</u> <u>Adjustment</u> <u>Expense %*</u>	<u>Other Operating</u> <u>Expense %*</u>	<u>Average</u> <u>Commission</u> <u>s%*</u>	<u>PPACA</u>	<u>Premium</u> <u>Tax %</u>	<u>Federal Tax</u> <u>%</u>
Total	13.0%	83.9%	2.0%	1.0%	1.4%	1.2%	2.6%	1.2%	3.8%	2.0%	1.0%

C. Average Rate Increase Components

The following items should reconcile to the Weighted Average Percent Rate Increase for the year:

	<u>Price</u>	<u>Utilization, Mix</u>	<u>Total</u>
Hospital Inpatient Price	5.3%	1.3%	6.7%
Hospital Outpatient	5.3%	7.3%	12.9%
Primary Care	1.6%	6.3%	8.0%
Med/Surg Other Than Primary Care	2.4%	6.2%	8.8%
Pharmacy	4.8%	6.9%	12.0%
Capitation	1.8%	1.7%	3.5%
Weighted	4.1%	5.5%	9.7%
Administrative Expense (Aggregated)			-1.0%
Contribution to Reserves			0.7%
Taxes/Assessments/Fees			3.3%
Prior Period Adjustment (+/-)			0.3%
Total			13.0%

**United Health Care
Requested Large Group Administrative Costs**

	2012 Actual (from Filed Financial Statements)			2014 Proposed ***			% Change		
	Individual	Small Group	Large Group	Individual	Small Group	Large Group	Individual	Small Group	Large Group
Total Estimated Member Months			318,875			217,890			-32%
Total Estimated Premiums (\$PMPM)			386.32			453.74			17%
Total General Administrative Expense (Excludes CCE/CAE) (\$PMPM)			30.45			41.75			37%
Total Cost Containment Expense			5.07			6.29			24%
Total Other Claim Adjustment Expense			4.38			5.44			24%
Breakdown of General Administrative Expense (Excludes CCE/CAE) (\$PMPM)									
Payroll and Benefits			7.62			9.57			26%
Outsourced Services (EDP, claims, etc.)			1.38			1.74			26%
Auditing and Consulting			0.04			0.04			26%
Commissions			9.46			5.58			-41%
Marketing and Advertising			0.66			0.83			26%
Legal Expenses			0.13			0.16			26%
Taxes, Licenses, and Fees			8.86			20.00			126%
Reimbursements by Uninsured Plans			0.01			-			-100%
Other Administrative Expenses			2.30			3.84			67%

* 2007	2008	2009	2010	2011	2012	
Total Premiums	218,459,198	181,049,532	120,002,265	62,345,524	203,243,997	123,187,002
Total General Administrative Expense (Exclude CCE/CAE)	31,171,890	25,694,191	17,411,554	10,459,197	18,567,401	9,710,897
General Administrative Expense (Exclude CCE/CAE) Premium Ratio**	0.00%	0.00%	0.00%	0.00%	9.14%	7.88%
Total Fully Insured Member Months	677,015	532,154	344,330	177,265	575,995	318,875
General Administrative Expense (Exclude CCE/CAE) (\$PMPM) **	-	-	-	-	32.24	30.45
Breakdown of General Administrative Expenses (\$PMPM)						
Payroll and benefits	18.91	19.96	12.14	23.56	7.45	12.36
Outsourced Services (EDP, claims etc.)	0.15	0.02	10.99	5.34	2.79	2.24
Auditing and consulting	2.08	3.09	1.99	2.64	0.04	0.06
Commissions	8.17	8.92	8.56	7.98	9.60	17.61
Marketing and Advertising	3.78	1.33	0.99	1.71	0.64	1.07
Legal Expenses	0.21	0.13	0.12	0.31	0.12	0.20
Taxes, Licenses, and Fees	5.58	5.74	7.76	9.21	7.65	14.90
Reimbursements by Uninsured Plans	-	-	-	-	0.00	0.00
Other Administrative Expenses	7.18	9.1	8.04	8.25	3.95	(17.98)
Other Costs						
Cost Containment Expense	0.98	0.43	1.84	3.06	4.96	8.35
Other Claim Adjustment Expense	6.55	6.94	7.09	3.84	4.01	7.59
Self-insured						
Total Self-insured Member Months for All Affiliated Companies Doing Business in Rhode Island	1,065,197	1,061,701	970,917	950,426	953,993	985,725

Note:

* 2007 through 2010 Data as reported for UHC-NE while 2011 going forward data reflects UHIC - RI activity

** Recalculated some historical numbers to be consistent and provide metrics as of General and Admin Expenses (Excluding CCE/CAE) as a function of total premium

*** Includes UHIC RI activity and estimated UHC NE Exchange activity

**UnitedHealthcare of New England, Inc
and UnitedHealthcare Insurance Company**

**Rhode Island
Large Group Rating Manual**

**UnitedHealthcare of New England, Inc.
UnitedHealthcare Insurance Company
Rhode Island Large Group Rating Manual - Fully Insured Products Only**

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- Table C: Tier Size/Load Factors
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- Table E: Retention
- Table F: Age/Sex Factors
- Table G: Medical Benefit Adjustment Table
- Table H: Drug Benefit Adjustment Table
- Table I: Industry Factors

**UnitedHealthcare of New England and United HealthCare Insurance Company
Rhode Island
Attachment 1**

**Large Group Business 51+
2012Q4 Rate Review
Actuarial analysis-Manual Rate Development**

Experience 2012Q1 - 2012Q4	
HCTA Medical Member Months	250,333
Avg Members	20,861
HCTA Medical Net PMPM	\$281.18
HCTA Pharmacy Net PMPM	<u>\$40.05</u>
Total Claim Cost	\$321.23
- Site Specific Cat Claim Level	(\$34.24)
+ Expected Cat Claim Level	\$26.50
<u>Subtotal</u>	<u>\$313.49</u>
X Annual Trend Forecast (for 24 months)	9.7%
Adjusted Claims PMPM 7/1/2014eff	\$395.13
Current Manual Rate	
Medical IN-FULL Rate	\$384.53
X Average Med Plan Rel	0.7707
X Annual Med Pricing, Trended to 7/1/2014	8.65%
<u>Subtotal: Medical</u>	<u>\$335.65</u>
Pharmacy IN-FULL Rate	\$93.89
X Average Rx Plan Rel	0.4939
X Annual Rx Pricing, Trended to 7/1/2014	8.65%
<u>Subtotal: Pharmacy</u>	<u>\$52.51</u>
<u>Subtotal = Medical + Pharmacy</u>	<u>\$388.16</u>
X Age/Sex Factors	1.110
X Area Factors	1.000
X Industry Factors	1.018
X Single Option Rate Discount	0.980
Undisc. Manual Claim PMPM 7/1/2014 eff	\$430.14
Supportable Pricing Adjustment	-8.14%
ACA Fees*	4.48%
Re-Sloping **	4.47%
Total	0.27%

*From Att 2

**Revenue neutral Adjustment due to the re-pricing of plan relativities using new National Experience

UnitedHealthcare Insurance Company & UnitedHealthcare of New England

2014 ACA Liability Estimation

Attachment 2

2013 Forecasted Information	
Member Months	202,920
Premium PMPM	\$394.87
Expected Revenue	\$80,127,020

Estimated Insurer Fee	2.3%
Estimated Reinsurance Liability	\$5.25

2014 Estimated Total Liability \$2,908,251

Estimated 2014 Revenue Increase 7.8%
Not including the ACA Liability

Projected 2014 Revenue \$ 86,376,928

2014 Premium Month	Contract Effective Month											
	January	February	March	April	May	June	July	August	September	October	November	December
January	\$3,103,944											
February	\$3,103,944	\$852,997										
March	\$3,103,944	\$852,997	\$310,729									
April	\$3,103,944	\$852,997	\$310,729	\$279,319								
May	\$3,103,944	\$852,997	\$310,729	\$279,319	\$0							
June	\$3,103,944	\$852,997	\$310,729	\$279,319	\$0	\$332,908						
July	\$3,103,944	\$852,997	\$310,729	\$279,319	\$0	\$332,908	\$1,254,554					
August	\$3,103,944	\$852,997	\$310,729	\$279,319	\$0	\$332,908	\$1,254,554	\$153,253				
September	\$3,103,944	\$852,997	\$310,729	\$279,319	\$0	\$332,908	\$1,254,554	\$153,253	\$107,884			
October	\$3,103,944	\$852,997	\$310,729	\$279,319	\$0	\$332,908	\$1,254,554	\$153,253	\$107,884	\$180,255		
November	\$3,103,944	\$852,997	\$310,729	\$279,319	\$0	\$332,908	\$1,254,554	\$153,253	\$107,884	\$180,255	\$392,414	
December	\$3,103,944	\$852,997	\$310,729	\$279,319	\$0	\$332,908	\$1,254,554	\$153,253	\$107,884	\$180,255	\$392,414	\$229,819

2014 Total Premium Before ACA	\$64,862,364
Estimated \$ Liability	\$2,908,251
Total Revenue Needed	\$67,770,616

Additional % Increase for ACA 4.48%

**UnitedHealthcare of New England and United HealthCare Insurance Company
Rhode Island
Attachment 3**

2014 Rhode Island 51+ Policy Year Projections								
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Segment	Current Members	12/11 - 11/12 Claims PMPM	2013 Projected Experience PMPM	2013 Projected Premium PMPM	2014 Projected Experience PMPM	2014 Projected Premium PMPM	2014 Projected Renewal Increase	Projected BCR
Total	17,349	\$325.46	\$361.85	\$419.79	\$398.03	\$454.01	8.7%	87.67%

ACA Fees* 4.48%

Total Adjusted	17,349	\$325.46	\$361.85	\$419.79	\$398.03	\$474.37	13.0%	83.9%
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ACA Fees expressed as a gross load 3.8%

*From Att 2

Table A: Base Rates

Date	Product	Effective 1/1/2013	Adjustment from Att 1	Previously Approved Trend	Effective 1/1/2014
Medical	HMO	\$372.66	0.27%	8.65%	\$405.99
HMO-Select	HMO	\$372.66	0.27%	8.65%	\$405.99
HMO-Choice	HMO	\$372.66	0.27%	8.65%	\$405.99
HMO-Select +	HMP	\$379.28	0.27%	8.65%	\$413.20
HMO-Choice +	HMP	\$379.28	0.27%	8.65%	\$413.20
INS-Select	EPO	\$378.26	0.27%	8.65%	\$412.09
INS-Choice	EPO	\$378.26	0.27%	8.65%	\$412.09
INS-Select +	POS	\$384.85	0.27%	8.65%	\$419.27
INS-Choice +	POS	\$384.85	0.27%	8.65%	\$419.27
INS-PPO	PPO	\$425.98	0.27%	8.65%	\$464.08
INS-ND PPO	PPO	\$639.54	0.27%	8.65%	\$696.74
Pharmacy		\$97.08	0.27%	8.65%	\$105.76
Medical Trend		8.65%			9.70%
Pharmacy Trend		8.65%			9.70%

Table B: Intramarket Area Factors

Factors for all Rhode Island zip codes default to 1.0

Table C: Tier Size/Load Factors

Tier	Tier Structure		Tier Load		
	Type	Market Code	State Code	Factor	Contract Size
1	3	110	38	1.93	0.36
2	3	110	38	2.84	0.64
C	4	110	38	1.66	0.11
E	2	110	38	1.00	1.00
E	3	110	38	1.00	1.00
E	4	110	38	1.00	1.00
F	2	110	38	2.51	1.00
F	4	110	38	2.90	0.60
S	4	110	38	2.04	0.29
1	3	564	38	1.93	0.36
2	3	564	38	2.84	0.64
C	4	564	38	1.66	0.11
E	2	564	38	1.00	1.00
E	3	564	38	1.00	1.00
E	4	564	38	1.00	1.00
F	2	564	38	2.51	1.00
F	4	564	38	2.90	0.60
S	4	564	38	2.04	0.29

Table D: Spouse/Child Assumptions

State Code	Market Code	Tier Structure	Tier	Spouse Factor	Child Factor
38	110	2	F	0.89	1.36
38	110	3	1	0.81	0.19
38	110	3	2	0.94	2.01
38	110	4	C	0.00	1.53
38	110	4	F	1.00	1.99
38	110	4	S	1.00	0.00
38	564	2	F	0.89	1.36
38	564	3	1	0.81	0.19
38	564	3	2	0.94	2.01
38	564	4	C	0.00	1.53
38	564	4	F	1.00	1.99
38	564	4	S	1.00	0.00

Table E: Retention

Large group	2014 %
Admin	6.1%
Comm	1.2%
Prem tax & assessments	2.0%
PPACA	3.8%
Profit	<u>3.0%</u>
Total retention	16.1%
Target BCR	83.9%

Table F: Age/Sex Factors

eff_dt	chg_dt	cens_sts_cd	age_sex_fct
07/01/2006	03/31/2006	AF	0.752
07/01/2006	03/31/2006	AF	0.752
07/01/2006	03/31/2006	AF	0.983
07/01/2006	03/31/2006	AF	1.143
07/01/2006	03/31/2006	AF	1.139
07/01/2006	03/31/2006	AF	1.170
07/01/2006	03/31/2006	AF	1.378
07/01/2006	03/31/2006	AF	1.665
07/01/2006	03/31/2006	AF	1.966
07/01/2006	03/31/2006	AF	2.335
07/01/2006	03/31/2006	AF	2.784
07/01/2006	03/31/2006	AM	0.328
07/01/2006	03/31/2006	AM	0.328
07/01/2006	03/31/2006	AM	0.409
07/01/2006	03/31/2006	AM	0.521
07/01/2006	03/31/2006	AM	0.668
07/01/2006	03/31/2006	AM	0.828
07/01/2006	03/31/2006	AM	1.059
07/01/2006	03/31/2006	AM	1.452
07/01/2006	03/31/2006	AM	1.890
07/01/2006	03/31/2006	AM	2.559
07/01/2006	03/31/2006	AM	3.451
07/01/2006	03/31/2006	C	0.524
07/01/2006	03/31/2006	MC	1.251

Table G: Medical Benefit Adjustment Table

Size Segment	2014 Plan Name	Product	Plan Description												RX Subject to Med Ded	2014 Medical Relativity	
			Medical In-Network									Medical Out-of-Network					
			PCP	SPEC	URG CARE Copay	ER Copay	OP	IP	INN Indiv Ded	UHC INN Coins	INN Indiv OOPM	OON Ded	OON Coins	OON OOP Max			
51-99	Q4-8	POS								\$2,000	0.0%	\$4,000	\$4,000	20.0%	\$8,000	Standard: 10/35/60	0.759
51-99	RO-J	POS								\$2,000	0.0%	\$3,000	\$5,000	20.0%	\$10,000	N	0.621
51-99	RO-K	POS	\$15	\$15	\$50	\$150				\$250	10.0%	\$3,000	\$3,000	30.0%	\$8,500	N	0.783
51-99	RO-L	POS	\$20	\$30	\$50	\$100					0.0%	\$3,000	\$500	20.0%	\$3,000	N	0.9
51-99	RO-M	POS	\$20	\$30	\$50	\$100	\$250	\$500			0.0%	\$3,000	\$500	20.0%	\$3,000	N	0.869
51-99	RO-N	POS	\$20	\$30	\$50	\$100				\$250	0.0%	\$3,000	\$500	20.0%	\$3,000	N	0.854
51-99	RO-O	POS	\$20	\$30	\$50	\$100				\$500	0.0%	\$3,000	\$1,000	20.0%	\$5,000	N	0.816
51-99	RO-P	POS	\$20	\$30	\$50	\$100	\$250	\$500		\$500	0.0%	\$3,000	\$1,000	30.0%	\$10,000	N	0.785
51-99	RO-Q	POS	\$20	\$30	\$50	\$100				\$500	20.0%	\$3,000	\$2,000	40.0%	\$10,000	N	0.721
51-99	RO-R	POS	\$20	\$30	\$50	\$100				\$1,000	0.0%	\$3,000	\$2,000	20.0%	\$10,000	N	0.754
51-99	RO-S	POS	\$20	\$30	\$50	\$100				\$1,500	0.0%	\$4,000	\$2,000	20.0%	\$10,000	N	0.723
51-99	RO-T	POS	\$20	\$30	\$50	\$100				\$2,000	0.0%	\$4,000	\$2,000	20.0%	\$10,000	N	0.7
51-99	RO-U	POS	\$20	\$30	\$50	\$100				\$3,000	0.0%	\$5,000	\$2,000	20.0%	\$10,000	N	0.66
51-99	RO-V	POS	\$20	\$30	\$50	\$100				\$1,000	20.0%	\$4,000	\$2,000	40.0%	\$10,000	N	0.687
51-99	RO-W	POS	\$20	\$30	\$50	\$100				\$1,000	10.0%	\$4,000	\$2,000	30.0%	\$10,000	N	0.728
51-99	RO-X	POS	\$20	\$30	\$50	\$100				\$2,000	20.0%	\$4,000	\$2,000	40.0%	\$10,000	N	0.663
51-99	RO-Y	POS	\$20	\$30	\$50	\$100				\$3,000	20.0%	\$5,000	\$2,000	40.0%	\$10,000	N	0.629
51-99	RO-Z	POS	\$20	\$30	\$50	\$100				\$500	0.0%	\$3,000	\$1,000	20.0%	\$10,000	N	0.815
51-99	RO-1	POS								\$3,000	0.0%	\$4,000	\$6,000	20.0%	\$12,000	N	0.557
51-99	RO-2	POS								\$2,000	20.0%	\$4,000	\$4,000	40.0%	\$10,000	N	0.558
51-99	RO-3	POS	\$20	\$30	\$50	\$100				\$2,000	0.0%	\$4,000	\$2,000	20.0%	\$10,000	N	0.7
51-99	RO-4	POS	\$20	\$30	\$50	\$150				\$2,000	0.0%	\$4,000	\$2,000	20.0%	\$10,000	N	0.697
51-99	Q4-3	POS								\$1,500	0.0%	\$3,000	\$2,000	20.0%	\$10,000	Standard: 10/35/60	0.821
51-99	Q4-4	POS								\$3,000	0.0%	\$5,000	\$2,000	20.0%	\$10,000	Standard: 10/35/60	0.672
51-99	Q4-5	POS								\$2,000	20.0%	\$4,000	\$2,000	40.0%	\$10,000	Standard: 10/35/60	0.628
51-99	Q4-6	POS								\$2,000	0.0%	\$2,000	\$2,000	20.0%	\$10,000	Standard: Coinsurance	0.815
51-99	Q4-7	POS	\$20	\$30	\$50	\$100				\$2,000	0.0%	\$4,000	\$4,000	20.0%	\$8,000	Standard: 10/35/60	0.681
51-99	No 2014 Plan Code	EPO	\$20	\$30	\$75	\$150				\$250	0.0%	\$3,000				N	0.805
51-99	No 2014 Plan Code	EPO	\$20	\$30	\$75	\$150				\$500	0.0%	\$3,000				N	0.77
51-99	No 2014 Plan Code	EPO	\$20	\$30	\$75	\$150				\$500	20.0%	\$3,000				N	0.686
51-99	No 2014 Plan Code	EPO	\$25	\$35	\$75	\$150				\$1,000	0.0%	\$4,000				N	0.703
51-99	No 2014 Plan Code	EPO	\$25	\$35	\$75	\$150				\$1,500	0.0%	\$4,000				N	0.677
51-99	No 2014 Plan Code	EPO	\$25	\$35	\$75	\$150				\$1,500	20.0%	\$4,000				N	0.631
51-99	No 2014 Plan Code	EPO	\$30	\$45	\$75	\$150				\$2,000	0.0%	\$4,000				N	0.643
51-99	R2-8	EPO	\$30	\$60	\$100	\$250	\$250	\$500		\$1,500	0.0%	\$3,000				Standard: 10/35/60	0.656
51-99	R2-9	EPO								\$3,000	0.0%	\$5,000				Standard: 10/35/60	0.628
51-99	R3-1	EPO		\$60	\$100	\$250	\$250	\$500		\$3,000	10.0%	\$5,000				Standard: 10/35/60	0.547
51-99	R3-2	EPO	\$30							\$4,000	20.0%	\$6,000				Standard: 10/35/60	0.508
51-99	R3-3	EPO	\$30	\$45	\$75	\$150				\$2,000	0.0%	\$4,000				N	0.643
51-99	R3-4	EPO								\$2,000	0.0%	\$4,000				Standard: 10/35/60	0.72
100+	R3-5	EPO	\$25	\$25	\$75	\$200				\$1,500	0%	\$5,000				N	0.653

Table G: Medical Benefit Adjustment Table

Size Segment	2014 Plan Name	Product	Plan Description													2014 Medical Relativity	
			Medical In-Network									Medical Out-of-Network					RX Subject to Med Ded
			PCP	SPEC	URG CARE Copay	ER Copay	OP	IP	INN Indiv Ded	UHC INN Coins	INN Indiv OOPM	OON Ded	OON Coins	OON OOP Max			
100+	R3-6	EPO	\$25	\$25	\$75	\$200				\$2,000	0%	\$5,000				N	0.629
100+	R3-7	EPO	\$30	\$30	\$75	\$250				\$1,500	10%	\$5,000				N	0.594
100+	R3-8	EPO	\$30	\$30	\$75	\$250				\$2,000	10%	\$5,000				N	0.577
100+	R3-9	EPO	\$35	\$35	\$75	\$300				\$1,500	20%	\$5,000				N	0.573
100+	Q4-8	POS								\$2,000	0.0%	\$4,000	\$4,000	20.0%	\$8,000	Standard: 10/35/60	0.759
100+	RO-J	POS								\$2,000	0.0%	\$3,000	\$5,000	20.0%	\$10,000	N	0.621
100+	RO-K	POS	\$15	\$15	\$50	\$150				\$250	10.0%	\$3,000	\$3,000	30.0%	\$8,500	N	0.783
100+	RO-L	POS	\$20	\$30	\$50	\$100					0.0%	\$3,000	\$500	20.0%	\$3,000	N	0.9
100+	RO-M	POS	\$20	\$30	\$50	\$100	\$250	\$500			0.0%	\$3,000	\$500	20.0%	\$3,000	N	0.869
100+	RO-N	POS	\$20	\$30	\$50	\$100				\$250	0.0%	\$3,000	\$500	20.0%	\$3,000	N	0.854
100+	RO-O	POS	\$20	\$30	\$50	\$100				\$500	0.0%	\$3,000	\$1,000	20.0%	\$5,000	N	0.816
100+	RO-P	POS	\$20	\$30	\$50	\$100	\$250	\$500		\$500	0.0%	\$3,000	\$1,000	30.0%	\$10,000	N	0.785
100+	RO-Q	POS	\$20	\$30	\$50	\$100				\$500	20.0%	\$3,000	\$2,000	40.0%	\$10,000	N	0.721
100+	RO-R	POS	\$20	\$30	\$50	\$100				\$1,000	0.0%	\$3,000	\$2,000	20.0%	\$10,000	N	0.754
100+	RO-S	POS	\$20	\$30	\$50	\$100				\$1,500	0.0%	\$4,000	\$2,000	20.0%	\$10,000	N	0.723
100+	RO-T	POS	\$20	\$30	\$50	\$100				\$2,000	0.0%	\$4,000	\$2,000	20.0%	\$10,000	N	0.7
100+	RO-U	POS	\$20	\$30	\$50	\$100				\$3,000	0.0%	\$5,000	\$2,000	20.0%	\$10,000	N	0.66
100+	RO-V	POS	\$20	\$30	\$50	\$100				\$1,000	20.0%	\$4,000	\$2,000	40.0%	\$10,000	N	0.687
100+	RO-W	POS	\$20	\$30	\$50	\$100				\$1,000	10.0%	\$4,000	\$2,000	30.0%	\$10,000	N	0.728
100+	RO-X	POS	\$20	\$30	\$50	\$100				\$2,000	20.0%	\$4,000	\$2,000	40.0%	\$10,000	N	0.663
100+	RO-Y	POS	\$20	\$30	\$50	\$100				\$3,000	20.0%	\$5,000	\$2,000	40.0%	\$10,000	N	0.629
100+	RO-Z	POS	\$20	\$30	\$50	\$100				\$500	0.0%	\$3,000	\$1,000	20.0%	\$10,000	N	0.815
100+	RO-1	POS								\$3,000	0.0%	\$4,000	\$6,000	20.0%	\$12,000	N	0.557
100+	RO-2	POS								\$2,000	20.0%	\$4,000	\$4,000	40.0%	\$10,000	N	0.558
100+	RO-3	POS	\$20	\$30	\$50	\$100				\$2,000	0.0%	\$4,000	\$2,000	20.0%	\$10,000	N	0.7
100+	RO-4	POS	\$20	\$30	\$50	\$150				\$2,000	0.0%	\$4,000	\$2,000	20.0%	\$10,000	N	0.697
100+	Q4-3	POS								\$1,500	0.0%	\$3,000	\$2,000	20.0%	\$10,000	Standard: 10/35/60	0.821
100+	Q4-4	POS								\$3,000	0.0%	\$5,000	\$2,000	20.0%	\$10,000	Standard: 10/35/60	0.672
100+	Q4-5	POS								\$2,000	20.0%	\$4,000	\$2,000	40.0%	\$10,000	Standard: 10/35/60	0.628
100+	Q4-6	POS								\$2,000	0.0%	\$2,000	\$2,000	20.0%	\$10,000	Standard: Coinsurance	0.815
100+	Q4-7	POS	\$20	\$30	\$50	\$100				\$2,000	0.0%	\$4,000	\$4,000	20.0%	\$8,000	Standard: 10/35/60	0.681
100+	RO-5	EPO	\$20	\$30	\$75	\$150				\$250	0.0%	\$3,000				N	0.805
100+	RO-6	EPO	\$20	\$30	\$75	\$150				\$500	0.0%	\$3,000				N	0.77
100+	RO-7	EPO	\$20	\$30	\$75	\$150				\$500	20.0%	\$3,000				N	0.686
100+	RO-8	EPO	\$25	\$35	\$75	\$150				\$1,000	0.0%	\$4,000				N	0.703
100+	RO-9	EPO	\$25	\$35	\$75	\$150				\$1,500	0.0%	\$4,000				N	0.677
100+	RP-B	EPO	\$25	\$35	\$75	\$150				\$1,500	20.0%	\$4,000				N	0.631
100+	RP-C	EPO	\$30	\$45	\$75	\$150				\$2,000	0.0%	\$4,000				N	0.643
100+	RP-D	EPO		\$60	\$100	\$250	\$250	\$500		\$1,500	0.0%	\$3,000				Standard: 10/35/60	0.669
100+	RP-E	EPO	\$30							\$3,000	0.0%	\$5,000				Standard: 10/35/60	0.591
100+	RP-F	EPO		\$60	\$100	\$250	\$250	\$500		\$3,000	10.0%	\$5,000				Standard: 10/35/60	0.547

Table G: Medical Benefit Adjustment Table

			Plan Description													
			Medical In-Network						Medical Out-of-Network							
Size Segment	2014 Plan Name	Product	PCP	SPEC	URG CARE Copay	ER Copay	OP	IP	INN Indiv Ded	UHC INN Coins	INN Indiv OOPM	OON Ded	OON Coins	OON OOP Max	RX Subject to Med Ded	2014 Medical Relativity
100+	RP-G	EPO	\$30						\$4,000	20.0%	\$6,000				Standard: 10/35/60	0.508
100+	RP-H	EPO		\$45	\$75	\$150			\$2,000	0.0%	\$4,000				N	0.567
100+	RP-I	EPO							\$2,000	0.0%	\$4,000				Standard: 10/35/60	0.72
100+	RP-J	EPO	\$25	\$25	\$75	\$200			\$1,500	0%	\$5,000				N	0.653
100+	RP-K	EPO	\$25	\$25	\$75	\$200			\$2,000	0%	\$5,000				N	0.629
100+	RP-L	EPO	\$30	\$30	\$75	\$250			\$1,500	10%	\$5,000				N	0.594
100+	RP-M	EPO	\$30	\$30	\$75	\$250			\$2,000	10%	\$5,000				N	0.577
100+	RP-N	EPO	\$35	\$35	\$75	\$300			\$1,500	20%	\$5,000				N	0.573

Table H: Drug Benefit Adjustment Table

RI RX Plans/Factors

Preferred Generic (Y/N)	COC Series	Group Size Segment	Plan Name	Ded Applies to Tier 1? Y/N	Ded	Tier 1	Tier 1 Specialty copay	Tier 2	Tier 2 Specialty copay	Tier 3	Tier 3 Specialty copay	Tier 4	Tier 4 Specialty copay	Mail	2014 Rx Rel
N	2011	100+	New Rx 1	Y	\$100	\$10		\$35		\$60		\$0		2.5	0.512
N	2011	100+	New Rx 2	N		\$10		\$35		\$60		\$100		2.5	0.512
N	2011	100+	New Rx 3	N		\$15		\$45		\$85		\$200		3.0	0.426
N	2011	100+	New Rx 4	Y	\$100	\$15		\$45		\$85		\$200		3.0	0.389
N	2011	100+	New Rx 5	Y	\$100	\$10		\$30		\$50		\$100		2.5	0.541
N	2011	100+	New Rx 6	N		\$10		\$35		\$70				2.5	0.501
N	2011	100+	New Rx 7	Y	\$100	\$10		\$35		\$70				2.5	0.455
N	2011	100+	New Rx 8	N		\$7		\$30		\$50				2.5	0.52
N	2011	100+	New Rx 9	Y	\$100	\$7		\$30		\$50				2.5	0.575
N	2011	100+	New Rx 10	N		\$10	\$10	\$35	\$50	\$60	\$250			2.5	0.463
N	2011	100+	New Rx 11	N	\$100	\$10	\$10	\$35	\$50	\$60	\$250			2.5	0.51
N	2011	100+	New Rx 12	N		\$10	\$10	\$35	\$50	\$60	\$250	\$100	\$450	2.5	0.462
N	2011	100+	New Rx 13	N	\$100	\$10	\$10	\$35	\$50	\$60	\$250	\$100	\$450	2.5	0.508
N	2011	100+	New Rx 14	N		\$15	\$15	\$45	\$50	\$85	\$250	\$200	\$450	3	0.4
N	2011	100+	New Rx 15	N	\$100	\$15	\$15	\$45	\$50	\$85	\$250	\$200	\$450	3	0.423
Y	2011	100+	New Rx 16	N		\$10		\$45		\$85				3	0.44
Y	2007	100+	New Rx 17	N		\$10		\$30		\$60				3	0.518
Y	2011	100+	New Rx 18	N		\$10		\$30		\$50				3	0.503
Y	2011	51-99	New Rx 1	Y	Same as Medical	\$10		\$35		\$60				2.5	0
Y	2011	51-99	New Rx 2	Y	Same as Medical	No Copay		No Copay		No Copay				No Copay	0
Y	2011	51-99	New Rx 3	Y	Same as Medical	\$10		\$30		\$50				2.5	0.013
Y	2011	51-99	New Rx 4	Y	\$100	\$10		\$35		\$60				2.5	0.465
Y	2011	51-99	New Rx 5	N		\$10		\$35		\$60		\$100		2.5	0.512
Y	2011	51-99	New Rx 6	Y	\$100	\$10		\$35		\$60		\$100		2.5	0.464
Y	2011	51-99	New Rx 7	N		\$15		\$45		\$85		\$200		3	0.426
Y	2011	51-99	New Rx 8	Y	\$100	\$15		\$45		\$85		\$200		3	0.389
Y	2011	51-99	New Rx 9	Y	\$250	\$10		\$35		\$70				2.5	0.404
Y	2011	51-99	New Rx 10	Y	\$250	\$10		\$35		\$60		\$100		2.5	0.412
Y	2011	51-99	New Rx 11	Y	\$250	\$15		\$45		\$80		\$160		3	0.35
Y	2011	51-99	New Rx 12	N		\$10		\$30		\$50		\$100		2.5	0.541
Y	2011	51-99	New Rx 13	Y	\$100	\$10		\$30		\$50		\$100		2.5	0.49
Y	2011	51-99	New Rx 14	Y	\$250	\$10		\$30		\$50		\$100		2.5	0.434
Y	2011	51-99	New Rx 15	N		\$10		\$30		\$70				2.5	0.509
Y	2011	51-99	New Rx 16	Y	\$100	\$10		\$30		\$70				2.5	0.463
Y	2011	51-99	New Rx 17	Y	\$250	\$10		\$30		\$70				2.5	0.41
Y	2011	51-99	New Rx 18	Y	\$100	\$10		\$35		\$60				2.5	0.465
Y	2011	51-99	New Rx 19	Y	\$250	\$10		\$35		\$60				2.5	0.413
Y	2011	51-99	New Rx 20	N		\$10		\$30		\$60				2.5	0.521
Y	2011	51-99	New Rx 21	Y	\$100	\$10		\$30		\$60				2.5	0.473
Y	2011	51-99	New Rx 22	Y	\$250	\$10		\$30		\$60				2.5	0.419
Y	2011	51-99	New Rx 23	N		\$10		\$35		\$70				2.5	0.501
Y	2011	51-99	New Rx 24	Y	\$100	\$10		\$35		\$70				2.5	0.455
Y	2011	51-99	New Rx 25	Y	\$100	\$10		\$30		\$50				2.5	0.491
Y	2011	51-99	New Rx 26	N		\$10		\$30		\$50				2.5	0.541

Table H: Drug Benefit Adjustment Table

RI RX Plans/Factors

Preferred Generic (Y/N)	COC Series	Group Size Segment	Plan Name	Ded Applies to Tier 1? Y/N	Ded	Tier 1	Tier 1 Specialty copay	Tier 2	Tier 2 Specialty copay	Tier 3	Tier 3 Specialty copay	Tier 4	Tier 4 Specialty copay	Mail	2014 Rx Rel
Y	2011	51-99	New rx 27	Y	\$250	\$10		\$30		\$50				2.5	0.435
Y	2011	51-99	Knew Rx 2	N		\$10		\$25		\$50				2.5	0.551
Y	2011	51-99	New Rx 29	Y	\$100	\$10		\$25		\$50				2.5	0.499
Y	2011	51-99	New Rx 30	Y	\$250	\$10		\$25		\$50				2.5	0.442
Y	2011	51-99	New Rx 31	N		\$7		\$35		\$50				2.5	0.565
Y	2011	51-99	New Rx 32	Y	\$100	\$7		\$35		\$50				2.5	0.512
Y	2011	51-99	New Rx 33	Y	\$250	\$7		\$35		\$50				2.5	0.452
Y	2011	51-99	New Rx 34	N		\$8		\$25		\$50				2.5	0.571
Y	2011	51-99	New Rx 35	Y	\$100	\$8		\$25		\$50				2.5	0.517
Y	2011	51-99	New Rx 36	Y	\$250	\$8		\$25		\$50				2.5	0.457
Y	2011	51-99	New Rx 37	N		\$7		\$25		\$50				2.5	0.584
Y	2011	51-99	New Rx 38	Y	\$100	\$7		\$25		\$50				2.5	0.529
Y	2011	51-99	New Rx 39	Y	\$250	\$7		\$25		\$50				2.5	0.467
Y	2011	51-99	New Rx 40	N		\$10		\$30		\$45				2.5	0.563
Y	2011	51-99	New Rx 41	Y	\$100	\$10		\$30		\$45				2.5	0.511
Y	2011	51-99	New Rx 42	Y	\$250	\$10		\$30		\$45				2.5	0.452
Y	2011	51-99	New Rx 43	N		\$7		\$30		\$50				2.5	0.575
Y	2011	51-99	New Rx 44	Y	\$100	\$7		\$30		\$50				2.5	0.52
Y	2011	51-99	New Rx 45	Y	\$250	\$7		\$30		\$50				2.5	0.46
Y	2011	51-99	New Rx 46	N		\$10		\$25		\$45				2.5	0.572
Y	2011	51-99	New Rx 47	Y	\$100	\$10		\$25		\$45				2.5	0.519
Y	2011	51-99	New Rx 48	Y	\$250	\$10		\$25		\$45				2.5	0.459
Y	2011	51-99	New Rx 49	N		\$15		\$30		\$50				2.5	0.517
Y	2011	51-99	New Rx 50	Y	\$100	\$15		\$30		\$50				2.5	0.471
Y	2011	51-99	New Rx 51	Y	\$250	\$15		\$30		\$50				2.5	0.419
Y	2011	51-99	New Rx 50	N		\$10	\$10	\$35	\$50	\$60	\$250			2.5	0.51
Y	2011	51-99	New Rx 51	N	\$100	\$10	\$10	\$35	\$50	\$60	\$250			2.5	0.479
Y	2011	51-99	New Rx 52	N		\$10	\$10	\$35	\$50	\$60	\$250	\$100	\$450	2.5	0.508
Y	2011	51-99	New Rx 53	N	\$100	\$10	\$10	\$35	\$50	\$60	\$250	\$100	\$450	2.5	0.478
Y	2011	51-99	New Rx 54	N		\$15	\$15	\$45	\$50	\$85	\$250	\$200	\$450	3	0.423
Y	2011	51-99	New Rx 55	N	\$100	\$15	\$15	\$45	\$50	\$85	\$250	\$200	\$450	3	0.4

Table I: Industry Factors

<u>SIC Code Ranges</u>		<u>Industry Description</u>	<u>Industry Factor</u>
0	110	Unknown	1.000
111	191	Agricultural Production - Crops	1.000
211	291	Agricultural Production - Livestock	1.000
711	724	Agricultural Services	1.000
741	742	Veterinary Services	1.000
751	783	Agricultural Services	1.000
811	851	Forestry	1.000
912	971	Fishing, Hunting, & Trapping	1.000
1011	1099	Mining - Metal Mining	1.000
1221	1241	Mining - Coal Mining	1.000
1311	1389	Mining - Oil & Gas Extraction	1.000
1411	1499	Mining - Nonmetallic Minerals, Except Fuels	1.000
1521	1542	General Building Contractors	1.000
1611	1629	Heavy Construction, Ex. Building	1.000
1711	1799	Special Trade Contractors	1.000
2011	2099	Mfg - Food & Kindred Products	1.000
2111	2141	Mfg - Tobacco Products	1.000
2211	2299	Mfg - Textile Mill Products	1.000
2311	2399	Mfg - Apparel & Other Textile Products	1.000
2411	2499	Mfg - Lumber & Wood Products	1.000
2511	2599	Mfg - Furniture & Fixtures	1.000
2611	2679	Mfg - Paper & Allied Products	1.000
2711	2796	Mfg - Printing & Publishing	1.000
2812	2899	Mfg - Chemicals & Allied Products	1.000
2911	2999	Mfg - Petroleum & Coal Products	1.000
3011	3089	Mfg - Rubber & Misc. Plastics Products	1.000
3111	3199	Mfg - Leather & Leather Products	1.000
3211	3299	Mfg - Stone, Clay, & Glass Products	1.000
3312	3399	Mfg - Primary Metal Industries	1.000
3411	3499	Mfg - Fabricated Metal Products	1.000
3511	3599	Mfg - Industrial Machinery & Equipment	1.000
3612	3699	Mfg - Electronic & Other Electric Equipment	1.000
3711	3799	Mfg - Transportation Equipment	1.000
3812	3873	Mfg - Instruments & Related Products	1.000

Table I: Industry Factors

<u>SIC Code Ranges</u>		<u>Industry Description</u>	<u>Industry Factor</u>
3911	3999	Mfg - Misc. Manufacturing Industries	1.000
4011	4013	Railroad Transportation	1.000
4111	4173	Local & Interurban Passenger Transit	1.000
4212	4231	Trucking & Warehousing	1.000
4311	4311	U.S. Postal Service	1.000
4412	4499	Water Transportation	1.000
4512	4581	Transportation by Air	1.000
4612	4619	Pipelines, Except Natural Gas	1.000
4724	4789	Transportation Services	1.000
4812	4822	Telephone, Telegraph, & Other Communications	1.000
4832	4833	Radio/Television Broadcasting Stations	1.000
4841	4841	Cable & Other Pay TV Services	1.000
4899	4899	Communication Services, (not elsewhere classified)	1.000
4911	4971	Electric, Gas, & Sanitary Services	1.000
5012	5012	<i>Automobiles & Other Motor Vehicles</i>	1.075
5013	5099	Wholesale Trade - Durable Goods	1.000
5111	5199	Wholesale Trade - Non-durable Goods	1.000
5211	5271	Building Materials & Garden Supplies	1.000
5311	5399	General Merchandise Stores	1.000
5411	5499	Food Stores	1.000
5511	5599	<i>Automotive Dealers & Service Stations</i>	1.075
5611	5699	Apparel & Accessory Stores	1.000
5712	5736	Furniture & Home Furnishings Stores	1.000
5812	5813	<i>Eating & Drinking Places</i>	1.075
5912	5999	Misc. Retail	1.000
6011	6099	Depository Institutions	1.000
6111	6163	Nondepository Institutions	1.000
6211	6289	Security & Commodity Brokers	1.000
6311	6399	Insurance Carriers	1.000
6411	6411	Insurance Agents, Brokers, & Service	1.000
6512	6553	Real Estate	1.000
6712	6799	Holding & Other Investment Offices	1.000
7011	7041	<i>Hotels & Other Lodging Places</i>	1.075
7211	7299	Personal Services	1.000

Table I: Industry Factors

<u>SIC Code Ranges</u>		<u>Industry Description</u>	<u>Industry Factor</u>
7311	7359	Business Services	1.000
7363	7363	Employee Leasing Firms (P.E.O.)	Ineligible
7371	7379	Computer & Data Processing Services	1.000
7381	7389	Misc. Business Services	1.000
7513	7549	<i>Auto Repair, Services, & Parking</i>	1.075
7622	7699	Miscellaneous Repair Services	1.000
7812	7841	Motion Pictures	1.000
7911	7999	Amusement & Recreation Services	1.000
8011	8059	<i>Health Services</i>	1.150
8062	8069	<i>Hospitals</i>	1.150
8071	8099	<i>Health Services</i>	1.150
8111	8111	Legal Services	1.000
8211	8299	<i>Educational Services</i>	1.075
8322	8399	Social Services	1.000
8412	8422	Museums, Botanical, Zoological Gardens	1.000
8611	8699	Membership Organizations	Ineligible
8711	8748	Engineering & Management Services	1.000
8811	8811	Private Households	Ineligible
8999	8999	Services, (not elsewhere classified)	1.000
9111	9199	<i>Executive, Legislative, & General</i>	1.075
9211	9229	<i>Justice, Public Order, & Safety</i>	1.075
9311	9311	<i>Finance, Taxation, & Monetary Policy</i>	1.075
9411	9451	<i>Administration of Human Resources</i>	1.075
9511	9532	<i>Environmental Quality & Housing</i>	1.075
9611	9661	<i>Administration of Economic Programs</i>	1.075
9711	9721	<i>National Security & International Affairs</i>	1.075
9999	9999	Nonclassifiable Establishments	1.000



May 15, 2013

Mr. Christopher F. Koller
Health Insurance Commissioner
Office of Health Insurance Commissioner
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

Re: Rating Factors Applicable to Large Group Rates for New and
Renewal Business Effective January 1, 2014 through December 1, 2014 for
UnitedHealthcare of New England, Inc. and United HealthCare Insurance Company

Dear Commissioner Koller:

The purpose of this letter and attached supporting documents is to provide you with a Large Group Rate Filing for the Rhode Island New and Renewal Business Effective January 1, 2014 through December 1, 2014 by UnitedHealthcare of New England, Inc. and United HealthCare Insurance Company.

The following supporting exhibits and attachments are included in the filing:

- OHIC Large Group Rate Filing Template-Part I and Part IV
- 2014 Actuarial Memorandum
- 2014 Large Group Rate Manual
- Annual Health Statement Supplement

A filing fee of \$100 will be submitted by an electronic funds transfer transaction via SERFF.

Should you have any questions or need additional information, please contact me at (203) 459-6424.

Sincerely,

A handwritten signature in cursive script that reads "Elvira Tananykin".

Elvira Tananykin
Assistant Pricing Director

cc: David H. Hoesly, ASA, MAAA
Charles C. DeWeese, FSA, MAAA

Rhode Island Health Statement Supplement

Cover Sheet

Company Name

UnitedHealthcare of New England, Inc. (Rhode Island)

Enter NAIC#

79881

Reporting Year

2012

Enter DBR registration #
(TPAs)



Office of the Health Insurance Commissioner
1511 Pontiac Ave, Building #69 first floor
Cranston, RI 02920
(401) 462-9517
(401) 462-9645 (fax)
HealthInsInquiry@ohic.ri.gov

Field	Line of Business Exhibit	1			11		
		Comprehensive/Major medical			Total (Across all lines of business)		
		RI	Non-RI	All	RI	Non-RI	All
1	Membership Data						
	Number of Policies or Certificates	1,224	1	1,225	1,224	1	1,225
	Number of Covered Lives	2,366	1	2,367	2,366	1	2,367
	Member Months	33,555	4,093	37,648	33,555	4,093	37,648
	Number of Policies or Certificates (Plans with PD benefits)			-	-	-	-
	Number of Covered Lives (Plans with PD benefits)			-	-	-	-
	Member Months (Plans with PD benefits)			-	-	-	-
2	Premiums/Claims						
	Premium	14,104,936	2,261,699	16,366,635	14,104,936	2,261,699	16,366,635
	Claims/Medical Expenses	10,866,855	2,199,027	13,065,882	10,866,855	2,199,027	13,065,882
3	Inpatient Facility						
	Hospital						
	1 In-state	1,922,436	-	1,922,436	1,922,436	-	1,922,436
	2 Out-of-state	446,360	206,958	653,318	446,360	206,958	653,318
	3 Total (Lines 1 + 2)	2,368,796	206,958	2,575,754	2,368,796	206,958	2,575,754
	SNF						
	4 In-state	15,564	-	15,564	15,564	-	15,564
	5 Out-of-state	5,680	-	5,680	5,680	-	5,680
	6 Total (Lines 4 + 5)	21,244	-	21,244	21,244	-	21,244
	Other						
7 In-state	6,046	-	6,046	6,046	-	6,046	
8 Out-of-state	26,177	-	26,177	26,177	-	26,177	
9 Total (Lines 7 + 8)	32,223	-	32,223	32,223	-	32,223	
10 Total Inpatient Facility (Lines 3 + 6 + 9)	2,422,262	206,958	2,629,221	2,422,262	206,958	2,629,221	
4	Outpatient Facility						
	Hospital						
	11 In-state	2,202,348	31,559	2,233,907	2,202,348	31,559	2,233,907
	12 Out-of-state	495,134	252,357	747,491	495,134	252,357	747,491
	13 Total (Lines 11 + 12)	2,697,481	283,916	2,981,398	2,697,481	283,916	2,981,398
	SNF						
	14 In-state	556	-	556	556	-	556
	15 Out-of-state	-	-	-	-	-	-
	16 Total (Lines 14 + 15)	556	-	556	556	-	556
	Freestanding Ambulatory Care Facility						
	17 In-state	34,245	1,228	35,473	34,245	1,228	35,473
	18 Out-of-state	1,352	8,519	9,871	1,352	8,519	9,871
	19 Total (Lines 17 + 18)	35,597	9,747	45,344	35,597	9,747	45,344
Other							
20 In-state	12,035	453	12,488	12,035	453	12,488	
21 Out-of-state	52,778	3,193	55,971	52,778	3,193	55,971	
22 Total (Lines 20 + 21)	64,812	3,646	68,458	64,812	3,646	68,458	
23 Total Outpatient Facility (Lines 13 + 16 + 19 + 22)	2,798,447	297,309	3,095,756	2,798,447	297,309	3,095,756	
5	Primary Care						
	24 Total Primary Care	2,405	1,695	4,101	2,405	1,695	4,101
6	Pharmacy						
	25 Total Pharmacy	1,972,509	157,397	2,129,907	1,972,509	157,397	2,129,907
7	Medical/Surgical other than primary care						
	26 In-state	4,626	-	4,626	4,626	-	4,626
	27 Out-of-state	-	8,368	8,368	-	8,368	8,368
28 Total Other Medical/Surgical (Lines 26 + 27)	4,626	8,368	12,994	4,626	8,368	12,994	
8	All other payments to medical providers						
	29 Total			-	-	-	-

Field	Market Exhibit (For Comprehensive/Major Medical Line of Business)	Individual			Small Group			Large Group			Total (Across all markets)			
		RI	Non-RI	All	RI	Non-RI	All	RI	Non-RI	All	RI	Non-RI	All	
1	Membership Data													
		Number of Polices or Certificates	127	3	130	679	(2)	677	418		418	1,224	1	1,225
		Number of Covered Lives	189	1	190	1,214		1,214	963		963	2,366	1	2,367
		Member Months	2,318	92	2,410	16,090	2,817	18,907	15,147	1,184	16,331	33,555	4,093	37,648
		Number of Polices or Certificates (Plans with PD benefits)			-			-			-	-	-	-
		Number of Covered Lives (Plans with PD benefits)			-			-			-	-	-	-
	Member Months (Plans with PD benefits)			-			-			-	-	-	-	
2	Premiums/Claims													
		Premium	841,819	69,989	911,808	6,794,594	1,407,694	8,202,288	6,468,523	784,016	7,252,539	14,104,936	2,261,699	16,366,635
	Claims/Medical Expenses	791,579	110,862	902,441	5,859,281	664,382	6,523,663	4,215,995	1,423,783	5,639,778	10,866,855	2,199,027	13,065,882	
3	Inpatient Facility													
	Hospital													
	1	In-state			-	1,566,295	-	1,566,295	356,141	-	356,141	1,922,436	-	1,922,436
	2	Out-of-state			-	371,593	206,958	578,551	74,767	-	74,767	446,360	206,958	653,318
	3	Total (Lines 1 + 2)	-	-	-	1,937,888	206,958	2,144,847	430,908	-	430,908	2,368,796	206,958	2,575,754
	SNF													
	4	In-state			-	7,040	-	7,040	8,524	-	8,524	15,564	-	15,564
	5	Out-of-state			-	5,680	-	5,680	-	-	-	5,680	-	5,680
	6	Total (Lines 4 + 5)	-	-	-	12,720	-	12,720	8,524	-	8,524	21,244	-	21,244
	Other													
7	In-state			-	6,046	-	6,046	-	-	-	6,046	-	6,046	
8	Out-of-state			-	26,177	-	26,177	-	-	-	26,177	-	26,177	
9	Total (Lines 7 + 8)	-	-	-	32,223	-	32,223	-	-	-	32,223	-	32,223	
10	Total Inpatient Facility (Lines 3 + 6 + 9)	-	-	-	1,982,831	206,958	2,189,789	439,431	-	439,431	2,422,262	206,958	2,629,221	
4	Outpatient Facility													
	Hospital													
	11	In-state			-	1,874,129	26,855	1,900,984	328,219	4,704	332,923	2,202,348	31,559	2,233,907
	12	Out-of-state			-	398,021	217,650	615,672	97,112	34,707	131,819	495,134	252,357	747,491
	13	Total (Lines 11 + 12)	-	-	-	2,272,150	244,505	2,516,655	425,331	39,411	464,742	2,697,481	283,916	2,981,398
	SNF													
	14	In-state			-	26	-	26	530	-	530	556	-	556
	15	Out-of-state			-	-	-	-	-	-	-	-	-	-
	16	Total (Lines 14 + 15)	-	-	-	26	-	26	530	-	530	556	-	556
	Freestanding Ambulatory Care Facility													
	17	In-state			-	28,107	1,228	29,335	6,138	-	6,138	34,245	1,228	35,473
	18	Out-of-state			-	1,352	8,519	9,871	-	-	-	1,352	8,519	9,871
	19	Total (Lines 17 + 18)	-	-	-	29,459	9,747	39,206	6,138	-	6,138	35,597	9,747	45,344
Other														
20	In-state			-	11,462	453	11,915	572	-	572	12,035	453	12,488	
21	Out-of-state			-	10,941	2,553	13,494	41,836	640	42,476	52,778	3,193	55,971	
22	Total (Lines 20 + 21)	-	-	-	22,404	3,006	25,410	42,409	640	43,049	64,812	3,646	68,458	
23	Total Outpatient Facility (Lines 13 + 16 + 19 + 22)	-	-	-	2,324,039	257,258	2,581,297	474,408	40,051	514,459	2,798,447	297,309	3,095,756	
5	Primary Care													
	24	Total Primary Care			-	1,848	1,695	3,543	558	-	558	2,405	1,695	4,101
6	Pharmacy													
	25	Total Pharmacy	-	-	-	1,638,809	122,225	1,761,034	333,700	35,172	368,872	1,972,509	157,397	2,129,907
7	Medical/Surgical other than primary care													
	26	In-state			-	2,411	-	2,411	2,215	-	2,215	4,626	-	4,626
	27	Out-of-state			-	-	8,368	8,368	-	-	-	-	8,368	8,368
28	Total Other Medical/Surgical (Lines 26 + 27)	-	-	-	2,411	8,368	10,779	2,215	-	2,215	4,626	8,368	12,994	
8	All other payments to medical providers													
	29	Total			-			-			-			-

Rhode Island Health Statement Supplement

Cover Sheet

Company Name

UnitedHealthcare Insurance Company

Enter NAIC#

90117

Reporting Year

2012

Enter DBR registration #
(TPAs)



Office of the Health Insurance Commissioner
1511 Pontiac Ave, Building #69 first floor
Cranston, RI 02920
(401) 462-9517
(401) 462-9645 (fax)
HealthInsInquiry@ohic.ri.gov

Field	Line of Business Exhibit	Comprehensive/Major medical			ASO/TPA			Total (Across all lines of business)		
		RI	Non-RI	All	RI	Non-RI	All	RI	Non-RI	All
		Membership Data								
1	Number of Policies or Certificates	20,201	2,240	22,441	3,821	4,222	8,043			
	Number of Covered Lives	41,413	4,951	46,364	87,902	97,119	185,021			
	Member Months	496,956	59,412	556,368	1,054,824	1,165,428	2,220,252			
	Number of Policies or Certificates (Plans with PD benefits)	7,070	784	7,854	680	751	1,431			
	Number of Covered Lives (Plans with PD benefits)	14,494	1,733	16,227	15,646	17,287	32,933			
	Member Months (Plans with PD benefits)	173,935	20,794	194,729	187,758	207,446	395,204	361,693	228,240	589,933
Premiums/Claims										
2	Premium	155,971,537	18,493,269	174,464,806	N/A	N/A	N/A			
	Claims/Medical Expenses	108,490,805	12,863,563	121,354,360	37,922,541	41,898,924	79,821,465			
Inpatient Facility										
Hospital										
1	In-state	25,180,248	1,345,671	26,525,919	20,803,677	249,404	21,053,081	45,983,925	1,595,075	47,579,000
	Out-of-state	8,276,745	7,384,233	15,660,978	8,853,516	23,127,534	31,981,050	17,130,261	30,511,767	47,642,028
	Total (Lines 1 + 2)	33,456,993	8,729,904	42,186,897	29,657,193	23,376,939	53,034,131	63,114,186	32,106,843	95,221,028
SNF										
3	In-state	270,168	2,005	272,173	840,719	32,213	872,932	1,110,887	34,218	1,145,105
	Out-of-state	46,675	104,324	150,999	248,784	1,733,714	1,982,497	295,459	1,838,038	2,133,496
	Total (Lines 4 + 5)	316,843	106,329	423,172	1,089,503	1,765,926	2,855,429	1,406,346	1,872,256	3,278,601
Other										
7	In-state	123,260	2,183	125,443	117,087	2,467	119,554	240,347	4,650	244,997
	Out-of-state	27,273	8,199	35,472	115,797	226,243	342,040	143,071	234,442	377,513
	Total (Lines 7 + 8)	150,533	10,382	160,915	232,885	228,710	461,595	383,418	239,092	622,510
10	Total Inpatient Facility (Lines 3 + 6 + 9)	33,924,369	8,846,615	42,770,984	30,979,580	25,371,575	56,351,156	64,903,949	34,218,190	99,122,140
Outpatient Facility										
Hospital										
11	In-state	25,828,184	1,121,720	26,949,904	22,466,710	385,323	22,852,034	48,294,894	1,507,043	49,801,938
	Out-of-state	10,518,696	10,982,110	21,500,806	8,747,817	19,476,669	28,224,486	19,266,513	30,458,779	49,725,292
	Total (Lines 11 + 12)	36,346,880	12,103,830	48,450,710	31,214,527	19,861,992	51,076,519	67,561,407	31,965,822	99,527,229
SNF										
14	In-state	5,561	123	5,684	2,865	14	2,879	8,425	138	8,563
	Out-of-state	-	-	-	-	5,120	5,120	-	5,120	5,120
	Total (Lines 14 + 15)	5,561	123	5,684	2,865	5,134	7,999	8,425	5,258	13,683
Freestanding Ambulatory Care Facility										
17	In-state	642,142	29,334	671,476	625,857	16,796	642,654	1,267,999	46,130	1,314,130
	Out-of-state	567,480	259,242	826,722	888,260	1,737,105	2,625,365	1,455,739	1,996,348	3,452,087
	Total (Lines 17 + 18)	1,209,622	288,576	1,498,198	1,514,117	1,753,902	3,268,019	2,723,739	2,042,478	4,766,217
Other										
20	In-state	434,503	7,578	442,081	492,920	75,180	568,100	927,423	82,758	1,010,181
	Out-of-state	458,564	264,181	722,745	1,303,498	2,582,617	3,886,115	1,762,062	2,846,798	4,608,860
	Total (Lines 20 + 21)	893,067	271,759	1,164,826	1,796,418	2,657,797	4,454,215	2,689,485	2,929,556	5,619,041
23	Total Outpatient Facility (Lines 13 + 16 + 19 + 22)	38,455,130	12,664,289	51,119,419	34,527,926	24,278,825	58,806,752	72,983,056	36,943,114	109,926,170
Primary Care										
5	24 Total Primary Care	49,403	17,026	66,429	66,596	81,413	148,009	115,999	98,439	214,438
Pharmacy										
6	25 Total Pharmacy	21,401,555	5,905,726	27,307,281	14,218,600	3,778,692	17,997,292	35,620,156	9,684,417	45,304,573
Medical/Surgical other than primary care										
7	In-state	26,910	-	26,910	23,560	-	23,560	50,470	-	50,470
	Out-of-state	8,669	54,676	63,345	5,203	96,581	101,784	13,872	151,257	165,129
	28 Total Other Medical/Surgical (Lines 26 + 27)	35,579	54,676	90,255	28,763	96,581	125,343	64,342	151,257	215,598
All other payments to medical providers										
8	29 Total			-			-	-	-	-

Field	Market Exhibit (For Comprehensive/Major Medical Line of Business)	2			3			8		
		Small Group			Large Group			Total (Across all markets)		
		RI	Non-RI	All	RI	Non-RI	All	RI	Non-RI	All
1	Membership Data									
	Number of Policies or Certificates							-	-	-
	Number of Covered Lives							-	-	-
	Member Months							-	-	-
	Number of Policies or Certificates (Plans with PD benefits)							-	-	-
	Number of Covered Lives (Plans with PD benefits)							-	-	-
	Member Months (Plans with PD benefits)							-	-	-
2	Premiums/Claims									
	Premium							-	-	-
	Claims/Medical Expenses							-	-	-
3	Inpatient Facility									
	Hospital									
	1 In-state	14,197,176	913,886	15,111,062	31,786,748	681,190	32,467,938	45,983,924	1,595,076	47,579,000
	2 Out-of-state	4,492,712	2,248,992	6,741,704	12,637,549	28,262,776	40,900,325	17,130,261	30,511,768	47,642,029
	3 Total (Lines 1 + 2)	18,689,888	3,162,879	21,852,766	44,424,297	28,943,965	73,368,263	63,114,185	32,106,844	95,221,029
	SNF									
	4 In-state	82,704	1,700	84,404	1,028,183	32,518	1,060,701	1,110,887	34,218	1,145,105
	5 Out-of-state	32,930	2,480	35,410	262,529	1,835,557	2,098,086	295,459	1,838,037	2,133,496
	6 Total (Lines 4 + 5)	115,635	4,180	119,815	1,290,711	1,868,075	3,158,787	1,406,346	1,872,255	3,278,601
	Other									
7 In-state	58,762	-	58,762	181,585	4,650	186,235	240,347	4,650	244,997	
8 Out-of-state	3,953	2,032	5,984	139,118	232,410	371,528	143,071	234,442	377,513	
9 Total (Lines 7 + 8)	62,715	2,032	64,746	320,703	237,060	557,763	383,418	239,092	622,510	
10 Total Inpatient Facility (Lines 3 + 6 + 9)	18,868,237	3,169,090	22,037,328	46,035,712	31,049,101	77,084,813	64,903,949	34,218,191	99,122,140	
4	Outpatient Facility									
	Hospital									
	11 In-state	13,720,190	632,506	14,352,696	34,574,704	874,537	35,449,241	48,294,894	1,507,044	49,801,938
	12 Out-of-state	6,776,287	4,446,646	11,222,933	12,490,226	26,012,132	38,502,358	19,266,513	30,458,778	49,725,292
	13 Total (Lines 11 + 12)	20,496,478	5,079,152	25,575,630	47,064,930	26,886,670	73,951,599	67,561,407	31,965,822	99,527,229
	SNF									
	14 In-state	2,422	123	2,546	6,003	14	6,017	8,425	138	8,563
	15 Out-of-state	-	-	-	-	5,120	5,120	-	5,120	5,120
	16 Total (Lines 14 + 15)	2,422	123	2,546	6,003	5,134	11,137	8,425	5,258	13,683
	Freestanding Ambulatory Care Facility									
	17 In-state	358,982	17,473	376,455	909,018	28,657	937,675	1,268,000	46,130	1,314,130
	18 Out-of-state	232,888	56,520	289,408	1,222,852	1,939,828	3,162,680	1,455,739	1,996,348	3,452,087
	19 Total (Lines 17 + 18)	591,870	73,993	665,863	2,131,869	1,968,485	4,100,354	2,723,739	2,042,478	4,766,217
Other										
20 In-state	81,429	3,372	84,801	845,994	79,386	925,380	927,423	82,758	1,010,181	
21 Out-of-state	142,542	93,758	236,301	1,619,519	2,753,040	4,372,560	1,762,062	2,846,798	4,608,860	
22 Total (Lines 20 + 21)	223,971	97,130	321,101	2,465,513	2,832,426	5,297,940	2,689,484	2,929,557	5,619,041	
23 Total Outpatient Facility (Lines 13 + 16 + 19 + 22)	21,314,741	5,250,399	26,565,140	51,668,315	31,692,715	83,361,030	72,983,056	36,943,114	109,926,170	
5	Primary Care									
	24 Total Primary Care	14,504	5,101	19,605	101,495	93,338	194,833	115,999	98,439	214,438
6	Pharmacy									
	25 Total Pharmacy	11,822,557	2,562,573	14,385,130	23,797,598	7,121,845	30,919,443	35,620,156	9,684,417	45,304,573
7	Medical/Surgical other than primary care									
	26 In-state	11,858	-	11,858	38,612	-	38,612	50,470	-	50,470
	27 Out-of-state	3,751	10,271	14,023	10,121	140,986	151,106	13,872	151,257	165,129
28 Total Other Medical/Surgical (Lines 26 + 27)	15,609	10,271	25,881	48,733	140,986	189,718	64,342	151,257	215,599	
8	All other payments to medical providers									
	29 Total			-			-	-	-	-