

SERFF Tracking Number: UHLC-125750894 State: Arkansas  
 Filing Company: United HealthCare Insurance Company State Tracking Number: 39982  
 Company Tracking Number:  
 TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A  
 Plans  
 Product Name: MEDICARE SUPPLEMENT STANDARDIZED PLANS  
 Project Name/Number: RATES/RERATE 2009 - STD

## Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: MEDICARE SUPPLEMENT STANDARIZED PLANS SERFF Tr Num: UHLC-125750894 State: ArkansasLH

TOI: MS05G Group Medicare Supplement - Standard Plans SERFF Status: Closed State Tr Num: 39982

Sub-TOI: MS05G.001 Plan A

Co Tr Num:

State Status: Approved-Closed

Filing Type: Rate

Co Status:

Reviewer(s): Stephanie Fowler

Author: Wanda Augustus

Disposition Date: 09/25/2008

Date Submitted: 08/19/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date: 01/01/2009

State Filing Description:

## General Information

Project Name: RATES

Status of Filing in Domicile: Pending

Project Number: RERATE 2009 - STD

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

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 09/25/2008

Explanation for Other Group Market Type:

State Status Changed: 09/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Rate Revision Filing

Rate for AARP Health Care Options Standardized Medicare Supplement Plans and Medicare Select Plan C

NAIC #0707-79413

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## Company and Contact

### Filing Contact Information

Karyn A. Feeney, Director, Contract and Compliance Karyn\_A\_Feeney@uhc.com  
 601 Office Center Drive (267) 470-1537 [Phone]  
 Ft. Washington, PA 19034 (267) 470-1906[FAX]

### Filing Company Information

United HealthCare Insurance Company CoCode: 79413 State of Domicile: Connecticut  
 450 Columbus Boulevard Group Code: 707 Company Type: Health  
 PO Box 150450  
 Hartford, CT 06115-0450 Group Name: State ID Number:  
 (215) 653-8046 ext. [Phone] FEIN Number: 36-2739571  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$650.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 X 13 RATES +\$650.00  
 Per Company: No

| COMPANY                             | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|----------|----------------|---------------|
| United HealthCare Insurance Company | \$650.00 | 08/19/2008     | 22015170      |

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## Correspondence Summary

### Dispositions

| Status   | Created By       | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Stephanie Fowler | 09/25/2008 | 09/25/2008     |

### Objection Letters and Response Letters

| Objection Letters         |                  |            |                | Response Letters |            |                |
|---------------------------|------------------|------------|----------------|------------------|------------|----------------|
| Status                    | Created By       | Created On | Date Submitted | Responded By     | Created On | Date Submitted |
| Pending Industry Response | Stephanie Fowler | 09/19/2008 | 09/19/2008     | Wanda Augustus   | 09/22/2008 | 09/22/2008     |

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## Disposition

Disposition Date: 09/25/2008

Implementation Date: 01/01/2009

Status: Approved

Comment: We have approved the requested rate increases for Plans A, B, C, D, E, F, G, H, I, J, K, L, and Select C to be implemented on or after January 1, 2009. This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

Rate data does NOT apply to filing.

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| Item Type           | Item Name                                                | Item Status | Public Access |
|---------------------|----------------------------------------------------------|-------------|---------------|
| Supporting Document | Health - Actuarial Justification                         |             | No            |
| Supporting Document | COVER LETTER                                             |             | Yes           |
| Rate (revised)      | ACTUARIAL MEMORANDUM, RATE SCHEDULE AND RATE ATTACHMENTS |             | No            |
| Rate                | ACTUARIAL MEMORANDUM, RATE SCHEDULE AND RATE ATTACHMENTS |             | No            |

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/19/2008  
Submitted Date 09/19/2008  
Respond By Date 10/20/2008

Dear Karyn A. Feeney,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment: It appears that the actuarial memorandum attachments were not included with this submission. Please supply the in force counts, product experience, rate increase history.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/22/2008  
Submitted Date 09/22/2008

Dear Stephanie Fowler,

### Comments:

#### Response 1

Comments: This is in response to your objection below. Attached is the rate attachment for our Standardized rate filing, as requested. Also, please disregard the file name "AR Pre Rate Schedule" attached previously.

Sorry for this inconvenience.

Have a great day!

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**Related Objection 1**

Applies To:  
 - Health - Actuarial Justification (Supporting Document)

Comment:  
 It appears that the actuarial memorandum attachments were not included with this submission. Please supply the in force counts, product experience, rate increase history.

**Changed Items:**

No Supporting Documents changed.  
 No Form Schedule items changed.

**Rate/Rule Schedule Item Changes**

| <b>Document Name:</b> | <b>Affected Form Numbers:</b> | <b>Rate Action:</b> | <b>Rate Action Information:</b>    | <b>Attach Document:</b>             |
|-----------------------|-------------------------------|---------------------|------------------------------------|-------------------------------------|
| ACTUARIAL             | MSA1454-MSJ1463,              | New                 |                                    | <i>Previous State Filing Number</i> |
| MEMORANDUM,           | CRA1664, MSA1959-             |                     |                                    |                                     |
| RATE SCHEDULE         | MSJ1968, MSK1935,             |                     |                                    |                                     |
| AND RATE              | MSL1936, MSC1566,             |                     |                                    |                                     |
| ATTACHMENTS           | MSC1969,MS1209A               |                     |                                    |                                     |
|                       |                               |                     | <i>Percent Rate Change Request</i> |                                     |
|                       |                               |                     | 0                                  |                                     |

**Previous Version**

|               |                   |     |                                    |                                     |
|---------------|-------------------|-----|------------------------------------|-------------------------------------|
| ACTUARIAL     | MS1209A, MSA1454- | New |                                    | <i>Previous State Filing Number</i> |
| MEMORANDUM,   | MSJ1463, CRA1664, |     |                                    |                                     |
| RATE SCHEDULE | MSA1959-MSJ1968,  |     |                                    |                                     |
| AND RATE      | MSK1935, MSL1936, |     |                                    |                                     |
| ATTACHMENTS   | MSC1566, MSC1969  |     |                                    |                                     |
|               |                   |     | <i>Percent Rate Change Request</i> |                                     |
|               |                   |     | 0                                  |                                     |

Sincerely,  
 Wanda Augustus

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** COVER LETTER

08/19/2008

**Comments:**

SEE ATTACHED COVER LETTER.

**Attachment:**

AR COVER LETTER - STD.pdf

August 18, 2008

Julie Benafield Bowman  
Commissioner  
State of Arkansas  
Department of Insurance  
1200 West Third Street  
Little Rock, Arkansas 72201-19044

RE: Rate Revision Filing  
Rate for AARP Health Care Options Standardized Medicare Supplement Plans and  
Medicare Select Plan C  
NAIC #0707-79413

Dear Commissioner:

The attached filing is made to obtain approval for rates effective January 1, 2009 for Standardized Medicare Supplement Plans and Medicare Plan C. These plans are issued to members of AARP through AARP HealthCare Options.

The proposed rates include an average rate increase of 8.8%. With these increases we project a loss ratio of 82.8%.

The enclosed actuarial memorandum provides supporting information. Certification regarding compliance with loss ratio standards for your state is also provided.

We would appreciate your acting expeditiously on this request so that we can provide AARP members with adequate notice of their 2009 rates.

If you need any further information regarding this matter, please contact me at (267) 470-1361, or via fax at (267) 470-1909. If you prefer to e-mail me, my address is David\_M\_Walker@uhc.com.

Sincerely,



David M. Walker, ASA, MAAA, FLMI  
Director, Actuarial Services