

SERFF Tracking Number: UHLC-127634627 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 49849
Company Tracking Number: RERATE 2012 - PRE -STD
TOI: MS02G Group Medicare Supplement - Pre- Standardized Sub-TOI: MS02G.000 Medicare Supplement - Pre- Standardized
Product Name: GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS
Project Name/Number: RATE/RERATE 2012 - PRE -STD

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS SERFF Tr Num: UHLC-127634627 State: Arkansas

TOI: MS02G Group Medicare Supplement - Pre-Standardized SERFF Status: Closed-Approved- Closed State Tr Num: 49849

Sub-TOI: MS02G.000 Medicare Supplement - Pre-Standardized Co Tr Num: RERATE 2012 - PRE - STD State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Stephanie Fowler

Authors: Michelle Ambach, Wanda Augustus, Tammy Frederick, Bobbie Walton, Sarah Michener, Celina Schrier, Lauren Mulhern

Disposition Date: 10/13/2011

Date Submitted: 09/22/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2012

Implementation Date: 01/01/2012

State Filing Description:

General Information

Project Name: RATE

Status of Filing in Domicile: Pending

Project Number: RERATE 2012 - PRE -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

Group Market Type: Association

Overall Rate Impact:

Filing Status Changed: 10/13/2011

Deemer Date:

State Status Changed: 10/13/2011

Submitted By: Michelle Ambach

Created By: Michelle Ambach

Corresponding Filing Tracking Number: RERATE 2012 - PRE -STD

Filing Description:

RE: Rate Revision Filing

Rates for Pre-Standardized Medicare Supplement Plans

UnitedHealthcare Insurance Company

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 NAIC #0707-79413

Company and Contact

Filing Contact Information

Susan Cipollo, Director Susan_J_Cipollo@uhc.com
 680 Blair Mill Rd. 215-902-8444 [Phone]
 Horsham, PA 19044 215-902-8813 [FAX]

Filing Company Information

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:
 (860) 702-5000 ext. [Phone] FEIN Number: 36-2739571

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Required fee
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------------------|---------|----------------|---------------|
| UnitedHealthcare Insurance Company | \$50.00 | 09/22/2011 | 52029911 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------------|------------|----------------|
| Approved-Closed | Stephanie Fowler | 10/13/2011 | 10/13/2011 |
| Disapproved | Stephanie Fowler | 10/06/2011 | 10/06/2011 |

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 | 10/05/2011 | 10/05/2011 | Michelle Ambach | 10/05/2011 | 10/05/2011 |

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Disposition

Disposition Date: 10/13/2011

Implementation Date: 01/01/2012

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after January 1, 2012. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

| Company Name: | 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 required): | Minimum % Change (where required): |
|---------------------------------------|-----------------------------------|---------------------------|--|---|---|--|--|
| UnitedHealthcare Insurance Company | 2.600% | 2.600% | \$62,876 | 1,449 | \$3,329,672 | 2.700% | 0.000% |

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| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|------------------------------------|----------------------|---------------|
| Supporting Document | Health - Actuarial Justification | Approved-Closed | No |
| Supporting Document | COVER LETTER | Approved-Closed | Yes |
| Supporting Document | Attachments | Approved-Closed | No |
| Rate (revised) | RATE SCHEDULE AND RATE ATTACHMENTS | Approved-Closed | Yes |
| Rate | RATE SCHEDULE AND RATE ATTACHMENTS | Disapproved | No |

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Disposition

Disposition Date: 10/06/2011

Implementation Date:

Status: Disapproved

Comment: It is the primary mission of the Arkansas Insurance Department to protect consumers. Arkansas is a relatively poor state and most of the individuals who would be affected by your proposed rate increase live on a fixed income. Therefore, given the consistant rate increases already taken on this block, we are not in a position to approve your request at this time.

| Company Name: | 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 required): | Minimum % Change (where required): |
|------------------------------------|-----------------------------|------------------------|--|--|-----------------------------------|------------------------------------|------------------------------------|
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| Supporting Document | Health - Actuarial Justification | Approved-Closed | No |
| Supporting Document | COVER LETTER | Approved-Closed | Yes |
| Supporting Document | Attachments | Approved-Closed | No |
| Rate (revised) | RATE SCHEDULE AND RATE ATTACHMENTS | Approved-Closed | Yes |
| Rate | RATE SCHEDULE AND RATE ATTACHMENTS | Disapproved | No |

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/05/2011
Submitted Date 10/05/2011
Respond By Date 11/07/2011

Dear Susan Cipollo,

This will acknowledge receipt of the captioned filing. Please include all supporting information on the "Supporting Documentation" tab. Only the rates should be on the "Rate/Rule Schedule".

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 10/05/2011
 Submitted Date 10/05/2011

Dear Stephanie Fowler,

Comments:

Please see attached

Response 1

Comments: Please see correction

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Attachments

Comment: Pleasen see attached attachments

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

| Document Name: Affected Form Numbers: | Rate Action: | Rate Action Information: | Attach Document: |
|--|--------------|------------------------------|------------------|
| RATE SCHEDULEG-36000-4 AND RATE ATTACHMENTS | New | Previous State Filing Number | 0 |
| Previous Version RATE SCHEDULEG-36000-4 AND RATE ATTACHMENTS | New | Previous State Filing Number | 0 |

Thank you

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Standardized Standardized
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Sincerely,

Bobbie Walton, Celina Schrier, Lauren Mulhern, Michelle Ambach, Sarah Michener, Tammy Frederick, Wanda Augustus

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 2.600%
Effective Date of Last Rate Revision: 01/01/2011
Filing Method of Last Filing: SERFF

Company Rate Information

| Company Name: | 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 required): | Minimum % Change (where required): |
|---------------------------------------|-----------------------------------|---------------------------|---|---|---|--|--|
| UnitedHealthcare Insurance Company | 2.600% | 2.600% | \$62,876 | 1,449 | \$3,329,672 | 2.700% | 0.000% |

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Rate/Rule Schedule

| Schedule Item Status: | Document Name: | Affected Form Numbers: (Separated with commas) | Rate Action: | Rate Action Information: | Attachments |
|-------------------------------|------------------------------------|---|--------------|--------------------------|----------------------------|
| Approved-Closed 10/13/2011 | RATE SCHEDULE AND RATE ATTACHMENTS | G-36000-4 | New | | AR Rate Schedule (Pre).pdf |

UNITEDHEALTHCARE INSURANCE COMPANY
AARP MEDICARE SUPPLEMENT PORTFOLIO

RATE SCHEDULE

FOR

ARKANSAS

GROUP POLICY NUMBER G-36000-4

| <u>Plan</u> | <u>Proposed 2012 Monthly Rate</u> | <u>2011 Monthly Rate</u> | <u>Diff. (%)</u> |
|----------------------------|---|------------------------------|----------------------|
| M1/J1/P1 | \$118.50 | \$115.50 | 2.6% |
| M2/J2/P2/MC/MH/MM/MS/DA/DB | \$176.50 | \$172.00 | 2.6% |
| M3/J3/P3 (with drugs) | \$271.00 | \$264.25 | 2.6% |
| M3/J3/P3 (without drugs) | \$236.50 | \$230.50 | 2.6% |
| M4 (with drugs) | \$292.75 | \$285.50 | 2.5% |
| M4 (without drugs) | \$258.50 | \$252.00 | 2.6% |
| M5/J5/P5 | \$133.25 | \$130.00 | 2.5% |
| M6/J6/P6/DC/DE/DF | \$197.75 | \$192.75 | 2.6% |
| M7/P7 (with drugs) | \$275.25 | \$268.50 | 2.5% |
| M7/P7 (without drugs) | \$241.25 | \$235.25 | 2.6% |
| MA/PA | \$123.50 | \$120.25 | 2.7% |
| AD/DP | \$4.00 | \$4.00 | 0.0% |

** Discounts available for Multi-Insured, Electronic Funds Transfer, and Annual Pay.*

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Supporting Document Schedules

| | Item Status: | Status Date: |
|--|---------------------|-------------------------|
| <p>Satisfied - Item: Health - Actuarial Justification</p> <p>Comments: SEE ATTACHED ACTUARIAL MEMORANDUM.</p> <p>Attachment: AR_memo_Pre_.pdf</p> | Approved-Closed | 10/13/2011 |
| <p>Satisfied - Item: COVER LETTER</p> <p>Comments: SEE ATTACHED COVER LETTER.</p> <p>Attachment: AR cover letter 2012 _PRE_.pdf</p> | Approved-Closed | 10/13/2011 |
| <p>Satisfied - Item: Attachments</p> <p>Comments: Pleasen see attached attachments</p> <p>Attachment: AR Attachments (Pre).pdf</p> | Approved-Closed | 10/13/2011 |



UnitedHealth Group
P.O. Box 130
Montgomeryville PA 18936

September 22, 2011

Jay Bradford
Commissioner
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Rate Revision Filing
Rates for Pre-Standardized Medicare Supplement Plans
UnitedHealthcare Insurance Company
NAIC #0707-79413

Dear Commissioner:

The attached filing is made to obtain approval for rates effective January 1, 2012 for Pre-Standardized Medicare Supplement Plans, issued to members of AARP.

The proposed rates include an average rate increase of 2.6%. With these increases we project an anticipated loss ratio of 85.1%.

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

The rates are proposed to be effective January 1, 2012 through December 31, 2012. For 2012, we propose to defer the implementation of the January 1, 2012 rate revision until April 1, 2012, and have the rates effective through December 31, 2012. We anticipate that the next rate revision will be effective January 1, 2013 through December 31, 2013.

We would appreciate your acting expeditiously on this request so that we can provide AARP members with adequate notice of their 2012 rates.

If you need any further information regarding this matter, please contact me at (215) 902-8427, or via fax at (215) 902-8802. If you prefer to e-mail me, my address is David_M_Walker@uhc.com.

Sincerely,

A handwritten signature in cursive script that reads 'David M. Walker'.

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

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date: | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|----------------|---------------|------------------------------------|---------------------------|--|
| 09/19/2011 | Rate and Rule | RATE SCHEDULE AND RATE ATTACHMENTS | 10/05/2011 | AR Rate Schedule (Pre).pdf AR Attachments (Pre).pdf (Superseded) |