

SERFF Tracking Number: UHLC-128003702 State: Arkansas
Filing Company: UnitedHealthcare of Arkansas, Inc. State Tracking Number:
Company Tracking Number:
TOI: HOrg02G Group Health Organizations - Health Sub-TOI: HOrg02G.003D Large Group Only - Other
Maintenance (HMO)
Product Name: AR LG HMO 2012.03.01
Project Name/Number: /

Filing at a Glance

Company: UnitedHealthcare of Arkansas, Inc.
Product Name: AR LG HMO 2012.03.01 SERFF Tr Num: UHLC-128003702 State: Arkansas
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO) SERFF Status: Closed-Approved- Closed State Tr Num:
Sub-TOI: HOrg02G.003D Large Group Only - Other Co Tr Num: State Status: FEES PAID
Filing Type: Rate Reviewer(s): Rosalind Minor
Authors: Denise Picard, Melissa Wilson, Olivia He Disposition Date: 01/20/2012
Date Submitted: 01/20/2012 Disposition Status: Approved-Closed
Implementation Date Requested: 03/01/2012 Implementation Date: 03/01/2012
State Filing Description:

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: -3.5%
Filing Status Changed: 01/20/2012
State Status Changed: 01/20/2012 Deemer Date:
Created By: Denise Picard Submitted By: Denise Picard
Corresponding Filing Tracking Number:
PPACA: Not PPACA-Related
PPACA Notes: null
Filing Description:
AR LG HMO 2012.03.01

Company and Contact

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Filing Contact Information

Denise Picard, Pricing Consultant Denise_Picard@uhc.com
 185 Asylum St 860-702-8274 [Phone]
 PO Box 150450 860-702-5042 [FAX]
 Hartford, CT 06103

Filing Company Information

UnitedHealthcare of Arkansas, Inc. CoCode: 95446 State of Domicile: Arkansas
 Plaza West Building Group Code: Company Type: HMO
 415 North McKinley Street, Suite 300 Group Name: State ID Number:
 Little Rock, AK 72205 FEIN Number: 63-1036819
 (952) 992-7428 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Fee for one rate filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare of Arkansas, Inc.	\$50.00	01/20/2012	55640642

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/20/2012	01/20/2012

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Disposition

Disposition Date: 01/20/2012
 Implementation Date: 03/01/2012
 Status: Approved-Closed
 HHS Status: HHS Approved
 State Review: Reviewed by Actuary
 Comment:

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 of Arkansas, Inc.	-3.500%	-3.500%	\$-172,954	1	\$4,941,546	-3.500%	-3.500%
	Percent Change Approved:						
	Minimum:	-3.5%	Maximum:	-3.5%	Weighted Average:		-3.5%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Rate Summary Worksheet	Approved-Closed	No
Supporting Document	Consumer Disclosure Form	Approved-Closed	No

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Rate Information

Rate data applies to filing.

Filing Method: Review and Approve
Rate Change Type: Decrease
Overall Percentage of Last Rate Revision: -4.100%
Effective Date of Last Rate Revision: 09/01/2011
Filing Method of Last Filing: Review and Approve

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 required):	Minimum % Change (where required):
UnitedHealthcare of Arkansas, Inc.	Decrease	-3.500%	-3.500%	\$-172,954	1	\$4,941,546	-3.500%	-3.500%
Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	1,144							
Policy Holders:	2							

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Rate Review Details

COMPANY:

Company Name: UnitedHealthcare of Arkansas, Inc.
HHS Issuer Id: 00000
Product Names: HMO, HMP
Trend Factors: The annual pricing trend is 10.5%. The rate change of -3.5% is exclusive of the annual pricing trend.

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: POL.H.01.AR et al; POL.H.07.AR et al; POL.H.09.AR et al; POL.H.11.AR et al.

REQUESTED RATE CHANGE

INFORMATION:

Change Period: Other
Member Months: 12,569
Benefit Change: Decrease
Percent Change Requested: Min: -3.5 Max: -3.5 Avg: -3.5

PRIOR RATE:

Total Earned Premium: 4,941,546.00
Total Incurred Claims: 3,275,461.00
Annual \$: Min: 379.39 Max: 379.39 Avg: 379.39

REQUESTED RATE:

Projected Earned Premium: 5,493,758.00
Projected Incurred Claims: 3,773,565.00

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Annual \$: Min: 437.09 Max: 437.09 Avg: 437.09

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification Comments: Attachment: AR LG HMO 2012.03.01.pdf	Approved-Closed	01/20/2012

	Item Status:	Status Date:
Bypassed - Item: Rate Summary Worksheet Bypass Reason: N/A Comments:	Approved-Closed	01/20/2012

	Item Status:	Status Date:
Bypassed - Item: Consumer Disclosure Form Bypass Reason: N/A Comments:	Approved-Closed	01/20/2012