

SERFF Tracking Number: UHLC-128445842 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 2012.08.01
Project Name/Number: /

Filing at a Glance

Company: UnitedHealthcare of Arkansas, Inc.
Product Name: AR LG HMO 2012.08.01 SERFF Tr Num: UHLC-128445842 State: Arkansas
TOI: HOrg02G Group Health Organizations - SERFF Status: Closed-Approved- State Tr Num:
Health Maintenance (HMO) Closed
Sub-TOI: HOrg02G.003D Large Group Only - Co Tr Num: State Status: Approved-Closed
Other
Filing Type: Rate Reviewer(s): Rosalind Minor
Authors: Denise Picard, Olivia He, Disposition Date: 06/08/2012
Ben Rupert
Date Submitted: 06/04/2012 Disposition Status: Approved-
Closed
Implementation Date Requested: 08/01/2012 Implementation Date: 08/01/2012
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: 1.78%
Filing Status Changed: 06/08/2012
State Status Changed: 06/08/2012 Deemer Date:
Created By: Denise Picard Submitted By: Denise Picard
Corresponding Filing Tracking Number:
PPACA: Not PPACA-Related
PPACA Notes: null
Healthcare.gov ID:
Filing Description:
AR LG HMO 2012.08.01
State Narrative:

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Company and Contact

Filing Contact Information

Denise Picard, Pricing Consultant
 185 Asylum St
 PO Box 150450
 Hartford, CT 06103

Denise_Picard@uhc.com
 860-702-8274 [Phone]
 860-702-5042 [FAX]

Filing Company Information

UnitedHealthcare of Arkansas, Inc.
 Plaza West Building
 415 North McKinley Street, Suite 300
 Little Rock, AK 72205
 (952) 992-7428 ext. [Phone]

CoCode: 95446
 Group Code:
 Group Name:
 FEIN Number: 63-1036819

State of Domicile: Arkansas
 Company Type: HMO
 State ID Number:

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	06/04/2012	59662873

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/08/2012	06/08/2012

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Disposition

Disposition Date: 06/08/2012
 Implementation Date: 08/01/2012
 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.	1.780%	1.780%	\$88,446	2	\$4,968,853	3.100%	-3.700%
	Percent Change Approved:						
	Minimum:	-3.7%	Maximum:	3.1%	Weighted Average:		1.78%

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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	Yes
Supporting Document	Consumer Disclosure Form	Approved-Closed	Yes

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Rate Information

Rate data applies to filing.

Filing Method: Review and Approve
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: -3.500%
Effective Date of Last Rate Revision: 03/01/2012
Filing Method of Last Filing: SERFF

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.	Increase	1.780%	1.780%	\$88,446	2	\$4,968,853	3.100%	-3.700%
Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	1,146							
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 1.78% is exclusive of the annual pricing trend.

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: POL.H.01AR 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: 13,816
Benefit Change: Increase
Percent Change Requested: Min: -3.7 Max: 3.1 Avg: 1.78

PRIOR RATE:

Total Earned Premium: 4,968,853.00
Total Incurred Claims: 3,303,821.00
Annual \$: Min: 346.34 Max: 370.79 Avg: 366.05

REQUESTED RATE:

Projected Earned Premium: 5,826,369.00
Projected Incurred Claims: 3,806,238.00

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Annual \$: Min: 399.01 Max: 427.18 Avg: 421.71

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	06/08/2012
Comments:		
Attachment: AR LG HMO 2012.08.01.pdf		

	Item Status:	Status Date:
Bypassed - Item: Rate Summary Worksheet	Approved-Closed	06/08/2012
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Consumer Disclosure Form	Approved-Closed	06/08/2012
Bypass Reason: N/A		
Comments:		