

**State:** Arkansas **Filing Company:** UnitedHealthcare of Arkansas, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003D Large Group Only  
 - Other  
**Product Name:** AR LG HMO 2012.09.01  
**Project Name/Number:** /

### Filing at a Glance

Company: UnitedHealthcare of Arkansas, Inc.  
 Product Name: AR LG HMO 2012.09.01  
 State: Arkansas  
 TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)  
 Sub-TOI: HOrg02G.003D Large Group Only - Other  
 Filing Type: Rate  
 Date Submitted: 08/08/2012  
 SERFF Tr Num: UHLC-128618568  
 SERFF Status: Closed-Approved-Closed  
 State Tr Num:  
 State Status: Approved-Closed  
 Co Tr Num:  
  
 Implementation: 09/01/2012  
 Date Requested:  
 Author(s): Denise Picard, Olivia He, Ben Rupert  
 Reviewer(s): Rosalind Minor (primary)  
 Disposition Date: 08/16/2012  
 Disposition Status: Approved-Closed  
 Implementation Date: 09/01/2012

State Filing Description:

**State:** Arkansas **Filing Company:** UnitedHealthcare of Arkansas, Inc.  
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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: Small  
 Group Market Type: Employer Overall Rate Impact: -7.9%  
 Filing Status Changed: 08/16/2012  
 State Status Changed: 08/16/2012 Deemer Date:  
 Created By: Ben Rupert Submitted By: Denise Picard  
 Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:  
 AR LG HMO 2012.09.01

### Company and Contact

#### Filing Contact Information

Ben Rupert, Sr. Actuarial Analyst brupert@uhc.com  
 48 Monroe Turnpike 203-459-6723 [Phone]  
 Trumbull, CT 06611

#### 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 Group Name: State ID Number:  
 300 FEIN Number: 63-1036819  
 Little Rock, AK 72205  
 (952) 992-7428 ext. [Phone]

### Filing Fees

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

Company	Amount	Date Processed	Transaction #
UnitedHealthcare of Arkansas, Inc.	\$50.00	08/08/2012	61502704

SERFF Tracking #:

UHLC-128618568

State Tracking #:

Company Tracking #:

State:

Arkansas

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/16/2012	08/16/2012

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## Disposition

Disposition Date: 08/16/2012

Implementation Date: 09/01/2012

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment:

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 Arkansas, Inc.	Decrease	-7.900%	-7.900%	\$400,886	3	\$5,106,830	-7.400%	-29.300%

## Percent Change Approved:

Minimum: -29.3%      Maximum: -7.4%      Weighted Average: -7.9%

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	Yes

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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: -3.500%

Effective Date of Last Rate Revision: 03/01/2012

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 req'd):	Minimum % Change (where req'd):
UnitedHealthcare of Arkansas, Inc.	Decrease	-7.900%	-7.900%	\$400,886	3	\$5,106,830	-7.400%	-29.300%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	1,381							
Policy Holders:	3							

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Company Tracking #:

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## Rate Review Detail

### COMPANY:

Company Name: UnitedHealthcare of Arkansas, Inc.  
HHS Issuer Id: 00000  
Product Names: HMO, HMP  
Trend Factors: The annual pricing trend is 10.5%. This requested change is net of pricing trend. If including pricing trend, the requested change would be 1.8%

### 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: 14,051  
Benefit Change: None  
Percent Change Requested: Min: -29.3 Max: -7.4 Avg: -7.9

### PRIOR RATE:

Total Earned Premium: 5,106,830.00  
Total Incurred Claims: 3,433,012.00  
Annual \$: Min: 256.92 Max: 336.70 Avg: 334.92

### REQUESTED RATE:

Projected Earned Premium: 5,467,753.00  
Projected Incurred Claims: 3,988,757.00  
Annual \$: Min: 298.51 Max: 391.21 Avg: 389.14

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## Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Rate Summary Worksheet	Approved-Closed	08/16/2012
Bypass Reason:	This is a Large Group filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Consumer Disclosure Form	Approved-Closed	08/16/2012
Bypass Reason:	This is a Large Group filing.		
Comments:			