

State:	District of Columbia	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.002C Large Group Only - Other		
Product Name:	2013 Sr Supp Rate Filing		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	Review and Approval
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	5.400%
Effective Date of Last Rate Revision:	02/21/2012
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 req'd):	Minimum % Change (where req'd):
UnitedHealthcare Insurance Company	Decrease	-5.600%	-5.600%	\$0	0	\$0	17.570%	-24.580%

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

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Rate Review Detail

COMPANY:

Company Name: UnitedHealthcare Insurance Company
HHS Issuer Id: 00000
Product Names: Senior Supplement - This retiree product is not subject to PPACA requirements, so no ID will be issued.
Trend Factors:

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: SR-INS-POL, SR-INS-CERT-DC, SRINS-SOB-DC-1, SRINS-VR-1,
SRINS-NMSR-1, SRINS-HR-1, SRINS-AMEND-DC-1

REQUESTED RATE CHANGE INFORMATION:

Change Period: Other
Member Months: 0
Benefit Change: Decrease
Percent Change Requested: Min: -24.6 Max: 17.6 Avg: -5.6

PRIOR RATE:

Total Earned Premium: 0.00
Total Incurred Claims: 0.00
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

REQUESTED RATE:

Projected Earned Premium: 0.00
Projected Incurred Claims: 0.00
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

SERFF Tracking #:	UHLC-128899321	State Tracking #:		Company Tracking #:	2013 SR SUPP RATE FILING
State:	District of Columbia	Filing Company:	UnitedHealthcare Insurance Company		
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.002C Large Group Only - Other				
Product Name:	2013 Sr Supp Rate Filing				
Project Name/Number:	/				

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter All Filings		
Comments:			
Attachment(s):			
Cover Letter dated 02-20-13.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Certificate of Authority to File		
Bypass Reason:	Not applicable.		
		Item Status:	Status Date:
Satisfied - Item:	Actuarial Memorandum		
Comments:			
Attachment(s):			
Washington D C Health Insurance Retiree Policy Rate Filing Actuarial Memorandum 2013 (Version 1).pdf			
		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:	The Actuarial Justification/Certification is included within the Actuarial Memorandum document that is attached above under "Actuarial Memorandum." The rates are a revision to the rates that were previously approved on 02/21/2012 under SERFF #UHLC-126877630.		
		Item Status:	Status Date:
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		
Bypass Reason:	Not applicable.		
		Item Status:	Status Date:
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		

State:	District of Columbia	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.002C Large Group Only - Other		
Product Name:	2013 Sr Supp Rate Filing		
Project Name/Number:	/		

Bypass Reason:	Not applicable.
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		Item Status:	Status Date:
Bypassed - Item:	Consumer Disclosure Form		
Bypass Reason:	Bypassed per instructions above.		

		Item Status:	Status Date:
Bypassed - Item:	Rate Summary Worksheet		
Bypass Reason:	Not applicable. This is a large group filing.		

February 20, 2013

Honorable William P. White, Commissioner
Government of the District of Columbia
Department of Insurance, Securities and Banking
810 First Street Northeast
Suite 701
Washington, D.C. 20002

Re: UnitedHealthcare Insurance Company, NAIC 79413
Unique Filing Number: 2013 Sr Supp Rate Filing
SERFF Filing No: UHLC-128899321
Large Group Health Insurance Retiree Rate Filing

Dear Commissioner White:

This is a group health product that UnitedHealthcare offers to large employers that will enable those employers to provide coverage to their eligible retirees and to the retirees' eligible dependents, all of whom must be enrolled in Medicare Parts A and B.

Although coverage is intended for Medicare-covered individuals who are eligible retirees of an employer and for their eligible dependents, this is not a Medicare supplement policy. This is a retiree-only major medical policy that allows the employer group to elect various options (i.e. deductibles, copayments, plan maximums, etc.), and which may include benefits that are in addition to those that would be covered by Medicare or that are in a Medicare supplement policy such as riders to provide additional coverage for hearing, vision, and neuromuscular skeletal disorders. This policy will always include all applicable mandated benefits that would be required for any large group plan.

This product is optionally renewable and is marketed using salaried employees and brokers.

The purpose of this rate filing is to provide relevant actuarial information regarding the development of premium rates for the Large Group Health Insurance Retiree Policy sold by UnitedHealthcare Insurance Company (UnitedHealthcare). The premium rates are applicable for medical expense benefits for employers with 51 or more eligible employees.

Rates were previously approved on 02/21/2012 under SERFF Filing #UHLC-126877630. This filing decreases the rates that were previously submitted by -5.6%.

The proposed effective date for this filing is 04/01/2013. There are no employers situated in Washington, D.C. which results in no membership.

Sincerely,



Nick Willis
Regulatory Affairs
Medicare and Retirement
UnitedHealthcare
5995 Plaza Drive, Cypress CA 90630
Telephone: 714-226-3365
Email: nick.willis@uhc.com

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Washington D.C. Large Group Health Insurance Retiree Policy

Actuarial Memorandum

UnitedHealthcare Insurance Company

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Actuarial Certification

I, Kurt Manke, Associate Director Actuarial Services of UnitedHealthcare Insurance Company am a fellow of the Society of Actuaries and also a member of the American Academy of Actuaries. I met the qualification standards by satisfying the 2011 & 2012 continuing professional development requirements of the Society of Actuaries and American Academy of Actuaries and therefore am qualified to issue this statement of actuarial opinion. This actuarial certification applies to the product Large Group Health Insurance Retiree Policy rate filing.

I certify that to the best of my knowledge and judgment, the following items are true with respect to this filing:

1. The premium rates filed are in compliance with the applicable laws, rules, and guidelines of Washington D.C..
2. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
3. The premium rates are calculated on the basis of sound actuarial principles.
4. The premium rates are reasonable when related to the applicable coverage and characteristics of the applicable class of enrollees.
5. The premium rates filed are prepared in conformity with the current Actuarial Standards of Practice promulgated by the Actuarial Standards Board. I reviewed the Actuarial Standards of Practice numbers 5, 8, 12, 23, 25, 26, 41, 42, and 45. No additional Actuarial Standards of Practice need to be considered for this rate filing.
6. In the course of my review, I relied upon direction and advice from other UnitedHealth Group employees regarding legal requirements, compliance requirements, and financial data. Steps were taken to ensure the accuracy of the data to my satisfaction.



02/14/2013

Kurt Manke, FSA, MAAA
UnitedHealthcare Insurance Company
9800 Health Care Lane
Minnetonka, MN 55343
Phone 952.931.5544
kurt_m_manke@uhc.com

Date

Actuary Responsible For This Filing

Other actuarial disclosures:

- I have worked on health insurance full-time since January 2001, with another year of part-time experience.
- The intended user of this rate filing is the Washington D.C. Department of Insurance.
- This rate filing should not be used for any other purpose than which is stated in purpose section. Within that context, there are no limitations or constraints on the use or applicability of the rating items discussed herein.
- I rely on the actuaries within our Healthcare Economics department (HCE) to produce pricing trend data. At UnitedHealthcare HCE is responsible for all trend management issues (i.e. study, forecast, and recommendation). Due to how this task is assigned within UnitedHealthcare, I am not able to completely judge the reasonableness of the data produced by HCE without performing substantial additional work beyond what's required to produce this rate filing.
- There are no conflicts of interest with regards to my production of this rate filing.
- This rate filing document is uniquely identified with date/time stamp and filename shown in the document footer.
- All information is current-to-date shown in the footer; no information or subsequent event with any material impact has arisen since the production of this document.

Product Description

This is a group health product that UnitedHealthcare offers to large employers that will enable those employers to provide coverage to their eligible retirees and to the retirees' eligible dependents, all of whom must be enrolled in Medicare Parts A and B.

Although coverage is intended for Medicare-covered individuals who are eligible retirees of an employer and for their eligible dependents, this is not a Medicare supplement policy. This is a retiree-only major medical policy that allows the employer group to elect various options (i.e. deductibles, copayments, plan maximums, etc.), and which may include benefits that are in addition to those that would be covered by Medicare or that are in a Medicare supplement policy such as riders to provide additional coverage for hearing, vision, and neuromuscular skeletal disorders. This policy will always include all applicable mandated benefits that would be required for any large group plan.

This product is optionally renewable and is marketed using salaried employees and brokers.

Purpose of Filing Statement

The purpose of this rate filing is to provide relevant actuarial information regarding the development of premium rates for the Large Group Health Insurance Retiree Policy sold by UnitedHealthcare Insurance Company (UnitedHealthcare). The premium rates are applicable for medical expense benefits for employers with 51 or more eligible employees.

This rate filing is not intended to be used for any other purpose.

Effective Dates

The rating methodology presented in this rate filing was developed for dates beginning on 1/1/2013. The annual pricing trend will be used for setting premium rates for dates after 1/1/2013. **While the base rates presented in this filing were developed for dates beginning on 1/1/2013, this rating methodology will only be used for policies issued or renewed on or after 4/1/2013.**

Base Claim Cost

The manual medical base claim cost is specified as per member per month values and is \$162.66 for dates beginning on 1/1/2013. The prior amount was \$150.05 for 1/1/2011 and had an assumed trend of 6% per year. The prior amount is adjusted from the previous rate filing to be on a nationwide basis for comparison purposes and this would make the assumed manual medical base claim cost \$168.60 for 1/1/2013. This is a **3.5% reduction** in base claim cost since the last rate filing when comparing these dates.

Supplemental Riders

This product does not provide prescription drug benefits. Other supplemental riders are optional and are a vision care benefit rider, a neuromuscular skeletal disorders benefit rider, and a hearing care benefit rider.

Manual Rating Formula

The manual rating formula is:

LOGIC	Manual Rating Methodology
BCC	Base Claim Cost
T	Trend Factor
$TCC = BCC * (1 + T) ^ { (Months/12)}$	Trended Base Rate
BPRF	Benefit Plan Relativity
AGF	Age/Gender Factor
AF	Area Factor
$EMCC = TCC * BPRF * AGF * AF$	Expect Manual Claim Cost
AEP	Administration & Expected Profit
T%	Taxes (Percentage Basis)
T\$	Taxes (Dollar Basis)
C%	Commissions (Percentage Basis)
C\$	Commission (Dollar Basis)
$RET = (EMCC + T\$ + C\$) * (AEP + T\% + C\%)$ $/ \{ 1 - (AEP + T\% + C\%) \}$	Total Retention
$RMP = EMCC + RET$	Required Manual Premium
RF	Risk Factor
$FMP = RMP * RF$	Manual Premium

- The *Risk Factor* is used to reflect an underwriter's assessment of a large group's risk (health, financial) and other pertinent case characteristics

Pricing Trend

This product's annual pricing trend percentage is 4.0% and applies to both medical and supplemental rider coverage's.

The annual pricing trend is used to bring the *Base Claim Costs* to the effective date of coverage for a large employer group.

UnitedHealthcare's *Pricing Trend Data* is determined by UnitedHealthcare's Healthcare Economics department (HCE). HCE develops forward-looking medical trend estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market and national levels.

HCE's trend projection model splits trend into various components, including:

- Unit Cost → change in the price of services utilized, separated by inpatient, outpatient, physician, mental health / chemical dependency, and/or prescription drugs
 - Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. This is determined by taking the historical mix of services for each provider and projecting based on future contractual agreements with each provider, aggregated for all providers to determine the composite impact.
- Utilization and Intensity → change in the frequency and types of services utilized, including health technology pipeline. Utilization rates are measured and projected prior to business mix changes (employer mix, benefit mix, demographic mix, etc.). Forward looking assumptions are developed based on historical and emerging data.
- Leveraging → impact of fixed deductibles and copays; market-level assumptions are based on the mix of benefit plans in the market and the amount of fixed-dollar cost sharing.
- Workdays → impact of workdays, weekends, holidays, etc. The forward-looking impact is based on the workdays, weekends, and holidays in future periods.
- Demographic Mix → overall aging of membership/population. Historical and emerging demographic trends are used to develop assumptions for future periods.
- Macroeconomic changes → changes in how membership seeks medical care. Macroeconomic data is often used to develop assumptions regarding directional changes in national health care consumption rates.
- Regulatory → changes in state and federal regulatory coverage mandates.
- Risk margin → including benefit sloping timing / variance as well as other items not explicitly anticipated above

Future trends are developed based on a projection of each component and health care cost category, and then aggregated to obtain the overall projected trend.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized during the trend modeling process. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

All Other Rating Factors

Benefit Plan Relativities

Large employers typically customize their health benefit plans, listing all potential benefit plans and their associated relativities is not possible but our standard benefit plan relativities are included in the table below. Periodically, UnitedHealthcare reevaluates its benefit plan relativities to properly align cost sharing versus underlying cost / utilization patterns. This process is often called “resloping” because the entire benefit plan relativity portfolio may be shifted or resloped to reflect current cost / utilization patterns and adjust for the leveraging effect of fixed cost sharing features (e.g. deductibles, out-of-pocket maximums). With this rate filing, changes have been made to the manual benefit plan relativities. For these factors I considered industry benchmarks, Medicare fee-for-service cost estimates, and some product experience where experience was credible. Only Plan 5 was fully credible.

This product’s standard *Benefit Plan Relativities* are:

Plan Code	Current Manual Plan Factors	Proposed Manual Plan Factors
Plan 1	0.659	0.719
Plan 2	0.814	0.852
Plan 3	0.989	0.998
Plan 4	0.899	0.932
Plan 5	1.000	1.000
Plan 6	0.470	0.404
Plan 7	0.910	0.933
Plan 8	0.528	0.467
Plan 9	0.725	0.712
Plan 10	0.822	0.865
Plan 11	0.781	0.811
Plan 12	0.636	0.607
Plan 13	0.458	0.417
Plan 14	0.345	0.307
Plan 15	Not offered	0.820
Plan 16	Not offered	0.654

Age/Gender

This table assumes all retirees are enrolled in Medicare Parts A and B otherwise the member is not eligible for coverage. A study was performed with our current book of business and it showed that individuals under 65 and over 80 were being under predicted and those between these ages were over predicted. We also observed a significant difference between 85-90 and 90+ so an additional age band was added. These observations are reflected in the Proposed Unisex Age Factors below.

Age/Gender Factors		
Retiree Age Band	Current Unisex Age Factor	Proposed Unisex Age Factor
<65	1.555	1.637
65-69	0.804	0.748
70-74	0.883	0.869
75-79	0.999	0.990
80-84	1.081	1.111
85-89	1.186	1.232
90+	1.186	1.354

Area

This product does not vary area factors for members who reside in the Washington D.C.. The current factor applied to everyone who resides in the district is 1.076 and I adjusted the previous rate filing to be on a nationwide basis for comparison purposes. The proposed factor applied to everyone who resides in the district is 1.088. This is to account for cost and utilization differences from the medical manual base claim cost from the nationwide basis. This represents a **1.2% increase** since the last rate filing.

Rate Structure

This product does not use composite rates structures because each covered member is charged the same premium rate in the group.

Industry

This product does not use standard industrial classification (SIC) factors.

Credibility

For this product, full credibility must have 25,200 member months in an experience period. Partial credibility is used when there is less than 25,200 member months in an experience period. The actual partial credibility amount used is based upon actuarial judgment, but in general we will consider this to be the baseline formula for partial credibility: $(MM/25,200)^{0.75}$ if the member months are less than 10,000 and $\text{SQRT}(MM/25,200)$ if the member months are greater than 10,000 but less than 25,200. This product may use up to 24 months of experience for an experience period and the factor can vary slightly depending on enrollment shifts and product mix changes. This is a change in credibility from the prior rate filing to **give much more credibility towards actual experience and less credibility towards manual experience**. The prior credibility formula was $\text{SQRT}(MM/48,000)$ based upon the latest 12 month period available.

MM is for total member months and SQRT is the square root function.

Retention

Retention for UnitedHealthcare's large group insurance business is highly variable by employer group. This is due to competitive pressures and the ability to negotiate flexible rates in the large group market (especially broker commission rates).

UnitedHealthcare's rating formula uses a percentage of premiums for most of its application of retention components, which includes administration, expected profit, and most taxes. Some taxes are on a per member per month basis. Commissions are currently paid to producers as either a fixed per member per month or as a percent of premium. The actual amount varies by employer group. The amount of commissions earned by a producer is included in an employer group's premium. Base commissions for large groups are established by the customer, subject to UnitedHealthcare's agent compensation policies and state regulations. When the customer does not give specific instructions, base commissions for large groups are established by mutual agreement between UnitedHealthcare and the agent in accordance with UnitedHealthcare's policies (including any applicable maximum commission limit) and state regulations. Premium rates for large groups will vary to reflect the commission included in the proposal. Agents and customers may request that no commissions be paid for large groups. Base commissions will only be paid on large groups if the commissions are included in the premium rate being paid by the customer.

Renewal Premium Rate Determination

Once the credibility of the large group is established, the *Expected Claim Cost* is determined as follows:

$$\left(\begin{array}{c} \text{Expected} \\ \text{Claim Cost} \end{array} \right) = \left(\begin{array}{c} \text{Expected Experience} \\ \text{Claims Cost} \end{array} \right) (\text{Credibility}) + \left(\begin{array}{c} \text{Expected Manual} \\ \text{Claims Cost} \end{array} \right) (1 - \text{Credibility})$$

The *Renewal Premium* is the premium rate charged to each covered member. This is determined by taking the *Expected Claims Cost* and the *Total Retention*. The *Total Retention* reflects the mix of experience and manual proportions if some pieces of retention are percentage based.

The *Expected Experience Claim Costs* comes from the following experience rating formula calculated below:

{“Adjustment for Membership Shift” is used to adjust for membership changes within different plans (such as employers who have multiple benefit plan options).}

Experience Rating Methodology	LOGIC	Experience Period 1	Experience Period 2
Incurred Claims Cost	A		
Pooled Claims	B		
Adjusted Claims	$C = A - B$		
Annual Trend Rate	D		
Trend Factor (exponent is # months / 12, midpoint to midpoint)	$E = (1 + D)^{(\text{Months}/12)}$		
Trended Claims	$F = C \times E$		
Plan Factor Change from Base Period	G		
Expected Claims	$H = F \times G$		
Experience Period Weighting	I		
Blended Experience-Based Claims	$J = \text{SUMPRODUCT}(H \times I)$		
Adjustment for Membership Shift	K		
Pooling Charge	L		
Expected Experience Claims Cost	$M = J \times K + L$		

Examples

The following examples show how UnitedHealthcare's rating formula achieves premium rates for hypothetical large group with 1,500 employees of whom 100 are eligible retired employees and their eligible dependents:

LOGIC	Manual Rating Methodology	Medical - 7/1/2013 effective date Plan Code 12
BCC	Base Claim Cost	\$162.34
T	Trend Factor	4%
$TCC = BCC * (1 + T) ^ {Months/12}$	Trended Base Rate	\$165.55
BPRF	Benefit Plan Relativity	0.607
AGF	Age/Gender Factor	0.975
AF	Area Factor	1.088
$EMCC = TCC * BPRF * AGF * AF$	Expect Manual Claim Cost	\$106.60
AEP	Administration & Expected Profit	25.00%
T%	Taxes (Percentage Basis)	3.00%
T\$	Taxes (Dollar Basis)	\$0.20
C%	Commissions (Percentage Basis)	0.00%
C\$	Commission (Dollar Basis)	\$0.00
$RET = (EMCC + T\$ + C\$) * (AEP + T\% + C\%) / \{ 1 - (AEP + T\% + C\%) \}$	Total Retention	\$41.53
$RMP = EMCC + RET$	Required Manual Premium	\$148.13
RF	Risk Factor	0.975
$FMP = RMP * RF$	Manual Premium	\$144.43

And if a similar 100-life group was a renewal group with the same *Manual Premium* as above has the following experience work-up:

Experience Rating Methodology	LOGIC	Experience Period 1	Experience Period 2
Incurred Claims Cost	A	\$120.11	\$99.87
Pooled Claims	B	\$0.00	\$2.72
Adjusted Claims	C = A - B	\$120.11	\$97.15
Annual Trend Rate	D	4%	4%
Trend Factor (exponent is # months / 12, midpoint to midpoint)	E = (1 + D)^(Months/12)	1.082	1.125
Trended Claims	F = C X E	\$129.91	\$109.28
Plan Factor Change from Base Period	G	1.000	1.000
Expected Claims	H = F X G	\$129.91	\$109.28
Experience Period Weighting	I	75%	25%
Blended Experience-Based Claims	J = SUMPRODUCT(H X I)	\$124.75	
Adjustment for Membership Shift	K	1.000	
Pooling Charge	L	5.12	
Expected Experience Claims Cost	M = J X K + L	\$129.87	

- The rating period will be 7/1/2013 to 6/30/2014 with a mid-point of 1/1/2014. The experience period 1 was 7/1/2011 to 6/30/2012 with a mid-point of 1/1/2012. The experience period 2 was 7/1/2010 to 6/30/2011 with a mid-point of 1/1/2011.
- With the *Expected Manual Claims Cost* \$106.60 and *Credibility* of 10.2%, the *Expected Claims Cost* = (\$106.60) * (89.2%) + (\$129.87) * (10.2%) → \$108.33. The credibility was determined using the total member months from the two experience periods of 1,200 member months and the formula (1,200 / 25,200) ^ 0.75.
- With the total retention components established at 28% for percentage and \$0.20 for fixed per member per month, the *Total Retention* = (\$108.33 + \$0.20) * 0.28 / (1 – 0.28) → \$42.21.
- Then the *Renewal Premium* = \$108.33 + \$42.21 → \$150.54.

Comparison of Current to Proposed Premium Rates

Note that this rate filing discusses changes to UnitedHealthcare's manual rates. A specific large group's renewal rate change consists of part manual rate change and part experience. In the district of Washington D.C., the last rate filing was for effective dates 1/1/2011 and forward.

Supplemental Items

Current Experience Data

The following table shows the latest nationwide experience for this product, with claims paid through December 2012:

Experience Period	Member Months	Premium	Incurred Claims
10/2011 – 9/2012	502,144	95,021,397	67,535,427

Nationwide experience was considered when setting these manual rates because there are no employers situated in Washington D.C., which results in no membership to consider for this district.

Final Comments

This concludes UnitedHealthcare's rate filing. Should you need additional information, please contact me as shown below.

Respectfully submitted,



Kurt Manke, FSA, MAAA
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Minnetonka, MN 55343
Phone 952.931.5544
kurt_m_manke@uhc.com