

State: District of Columbia **Filing Company:** UnitedHealthcare of the Mid-Atlantic, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
 - HMO
Product Name: DC-SG-UHCMA-2016-01
Project Name/Number: /

Filing at a Glance

Company: UnitedHealthcare of the Mid-Atlantic, Inc.
 Product Name: DC-SG-UHCMA-2016-01
 State: District of Columbia
 TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
 Sub-TOI: HOrg02G.004F Small Group Only - HMO
 Filing Type: Rate
 Date Submitted: 04/30/2015
 SERFF Tr Num: UHLC-130004891
 SERFF Status: Assigned
 State Tr Num:
 State Status:
 Co Tr Num:

 Implementation 01/01/2016
 Date Requested:
 Author(s): Bonnie Barboza, Matthew Madia, David Harris, Michelle Lorenzo
 Reviewer(s): John Morgan (primary), Damon Siler
 Disposition Date:
 Disposition Status:
 Implementation Date:

 State Filing Description:

State: District of Columbia
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
 - HMO
Product Name: DC-SG-UHCMA-2016-01
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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: Resubmission	Previous Filing Number: UHLC-129589692
Group Market Size: Small	Group Market Type:
Overall Rate Impact:	Filing Status Changed: 05/04/2015
	State Status Changed:
Deemer Date:	Created By: Matthew Madia
Submitted By: Matthew Madia	Corresponding Filing Tracking Number:
	PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null	
Exchange Intentions:	These plans will be sold on the exchange.
Filing Description:	
DC Small Group 2016 - UHCMA	

Company and Contact

Filing Contact Information

Matthew Madia, Associate Actuarial Analyst matthew_r_madia@uhc.com
 185 Asylum Street 860-702-5097 [Phone]
 Hartford, CT 06103

Filing Company Information

UnitedHealthcare of the Mid-Atlantic, Inc.	CoCode: 95025	State of Domicile: Maryland
4 TAFT COURT	Group Code: -99	Company Type: HMO
ROCKVILLE, MD 20850	Group Name:	State ID Number: 21066
(952) 992-5878 ext. [Phone]	FEIN Number: 52-1130183	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

SERFF Tracking #:

UHLC-130004891

State Tracking #:

Company Tracking #:

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Rate Information

Rate data applies to filing.

Filing Method: Review and Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing: Review and Approval

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
UnitedHealthcare of the Mid-Atlantic, Inc.	Increase	8.300%	8.300%	\$0	0	\$0	10.800%	-2.300%

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Rate Review Detail

COMPANY:

Company Name: UnitedHealthcare of the Mid-Atlantic, Inc.
 HHS Issuer Id: 21066

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
HMO	001	21066	1

Trend Factors: The current approved annual trend factor is 7.9%. The proposed annual trend factor is 7.8%.

FORMS:

New Policy Forms: POL.H.15.SB.DC
 Affected Forms:
 Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 0
 Benefit Change: Increase
 Percent Change Requested: Min: -2.3 Max: 10.8 Avg: 8.3

PRIOR RATE:

Total Earned Premium: 0.00
 Total Incurred Claims: 0.00
 Annual \$: Min: 132.52 Max: 692.61 Avg: 412.57

REQUESTED RATE:

Projected Earned Premium: 179,815.00
 Projected Incurred Claims: 141,694.00
 Annual \$: Min: 139.57 Max: 827.27 Avg: 481.66

SERFF Tracking #:

UHLC-130004891

State Tracking #:**Company Tracking #:****State:**

District of Columbia

Filing Company:

UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

DC-SG-UHCMA-2016-01

Project Name/Number:

/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		DCSG-2016-UHCMA-Exhibits	POL.H.15.SB.DC	Revised	Previous State Filing Number: UHLC-129589692 Percent Rate Change Request: 8.3	DC-SG-UHCMA-Exhibits 2016-01.pdf,

Rate Factors

(1) Index Rate: \$433.18

(2) Benefit Plan Ratios

CORE Plans					
Product	Medical On-Exchange Plan Name	Rx Plan Name	Metal Level	Actuarial Value	Plan Ratio
CORE-HSA	AD-7O	YM	Bronze 4	62.0%	0.53002
CORE-HSA	FW6	YM	Gold 11	81.3%	0.79330
CORE-HSA	AD-7N	YM	Silver 11	71.8%	0.61236

Navigate Plans					
Product	Medical On-Exchange Plan Name	Rx	Metal Level	Actuarial Value	Plan Ratio
Navigate-HSA	AD-7G	YM	Bronze 4	62.0%	0.51412
Navigate-HSA	6U4	YM	Gold 11	81.3%	0.76949
Navigate-HSA	AD-7F	YM	Silver 11	71.8%	0.59399

(3) Trend Factors

<u>Effective Quarter</u>	<u>Factor</u>
1st Quarter, 2016	1.000
2nd Quarter, 2016	1.019
3rd Quarter, 201	1.038
4th Quarter, 2016	1.058

(4) Age Factors

<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>
0-20	0.654	35	0.876	50	1.431
21	0.727	36	0.896	51	1.487
22	0.727	37	0.916	52	1.545
23	0.727	38	0.927	53	1.605
24	0.727	39	0.938	54	1.668
25	0.727	40	0.975	55	1.733
26	0.727	41	1.013	56	1.801
27	0.727	42	1.053	57	1.871
28	0.744	43	1.094	58	1.944
29	0.760	44	1.137	59	2.020
30	0.779	45	1.181	60	2.099
31	0.799	46	1.227	61	2.181
32	0.817	47	1.275	62	2.181
33	0.836	48	1.325	63	2.181
34	0.856	49	1.377	64 & older	2.181

DC Small Group - 2015 Portfolio - UnitedHealthcare of the Mid-Atlantic, Inc.

Exhibit 2

Product	Plan Name		SCID	Metal Level	Act'l Value	In-Network					Copayments						Medical Deduct. Type	Rx						
	Medical	Rx				Deductible		Coins	OOP Maximum		PCP	SCP	UC	ER	OP Surgery			IP	Deduct. Type	Tier 1	Tier 2	Tier 2 Spec.	Tier 3	Tier 3 Spec.
						Indiv.	Family		Indiv.	Family					Free-St.	Hospital								
CORE-HSA	AD-7O	YM	21066DC0010014	Bronze 4	62.0%	\$5,200	\$10,400	100%	\$6,500	\$13,000	\$30	\$40	\$75	\$250	\$500	5X\$500	Emb	Comb	\$10	\$40	\$100	\$75	\$300	
CORE-HSA	FW6	YM	21066DC0010016	Gold 11	81.3%	\$1,300	\$2,600	100%	\$3,000	\$6,000	\$10	\$20	\$75	\$100	\$150	\$250	NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
CORE-HSA	AD-7N	YM	21066DC0010015	Silver 11	71.8%	\$2,300	\$5,750	100%	\$6,500	\$6,850	\$25	\$50	\$75	\$150	\$250	\$500	NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
Navigate-HSA	AD-7G	YM	21066DC0010011	Bronze 4	62.0%	\$5,200	\$10,400	100%	\$6,500	\$13,000	\$30	\$40	\$75	\$250	\$500	5X\$500	Emb	Comb	\$10	\$40	\$100	\$75	\$300	
Navigate-HSA	6U4	YM	21066DC0010010	Gold 11	81.3%	\$1,300	\$2,600	100%	\$3,000	\$6,000	\$10	\$20	\$75	\$100	\$150	\$250	NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
Navigate-HSA	AD-7F	YM	21066DC0010009	Silver 11	71.8%	\$2,300	\$5,750	100%	\$6,500	\$6,850	\$25	\$50	\$75	\$150	\$250	\$500	NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	

Rate Changes - Index Rates, Benefit Plan Ratios and Trend Factors (from Exhibit 1)

Product	2016 Plan Name	2015 Plan Name		Rx	Current - 4th Quarter 2015 Rate				Proposed - 1st Quarter 2016 Rate			% Rate Change 4Q15 to 1Q16	% Rate Change 1Q15 to 1Q16
		Off	On		Index Rate (a)	Plan Ratio (b)	Trend Rate (c)	4Q2015 Rate = (a x b x c)	Index Rate (e)	Plan Ratio (f)	1Q2016 Rate = (e x f)		
		CORE-HSA	AD-7O		6Z2	6Z1	YM	\$398.67	0.54823	1.059	\$231.46		
CORE-HSA	FW6	FY6	FW6	YM	\$398.67	0.73490	1.059	\$310.27	\$433.18	0.7933	\$343.64	10.8%	17.3%
CORE-HSA	AD-7N	FY5	FW5	YM	\$398.67	0.64322	1.059	\$271.56	\$433.18	0.61236	\$265.26	-2.3%	3.4%
Navigate-HSA	AD-7G	6ZZ	6ZY	YM	\$398.67	0.53181	1.059	\$224.53	\$433.18	0.51412	\$222.71	-0.8%	5.0%
Navigate-HSA	6U4	FWU	6U4	YM	\$398.67	0.71290	1.059	\$300.98	\$433.18	0.76949	\$333.33	10.7%	17.3%
Navigate-HSA	AD-7F	FWT	6U3	YM	\$398.67	0.62396	1.059	\$263.43	\$433.18	0.59399	\$257.30	-2.3%	3.4%

Max: 17.3%
Min: 3.4%

Development of Plan Rates & Benefit Plan Ratios to Index Rate

Index Rate: \$433.18 (i)

CORE Plans									
Product	Plan	Rx	Metal Level	Medical Net to Allowed (a)	Medical Base Rate (b)	Rx Net to Allowed (c)	Rx Base Rate (d)	Med + Rx Rate $e = (a \times b) + (c \times d)$	Benefit Plan Ratio = e / i
CORE-HSA	AD-7O	YM	Bronze	0.5349	\$429.23	0.0000	\$147.35	\$229.60	0.53002
CORE-HSA	FW6	YM	Gold	0.8006	\$429.23	0.0000	\$147.35	\$343.64	0.79330
CORE-HSA	AD-7N	YM	Silver	0.6180	\$429.23	0.0000	\$147.35	\$265.26	0.61236

Navigate Plans									
Product	Plan	Rx	Metal Level	Medical Net to Allowed (a)	Medical Base Rate (b)	Rx Net to Allowed (c)	Rx Base Rate (d)	Med + Rx Rate $e = (a \times b) + (c \times d)$	Benefit Plan Ratio = e / i
Navigate-HSA	AD-7G	YM	Bronze	0.5349	\$416.35	0.0000	\$147.35	\$222.71	0.51412
Navigate-HSA	6U4	YM	Gold	0.8006	\$416.35	0.0000	\$147.35	\$333.33	0.76949
Navigate-HSA	AD-7F	YM	Silver	0.6180	\$416.35	0.0000	\$147.35	\$257.30	0.59399

Terminated 2015 Benefit Plans

SCID	Product	Metal Level	On-Exchange Plan Name
21066DC0010004	CORE	Gold 7	6UT
21066DC0010002	CORE	Silver 3	6UR
21066DC0010001	CORE	Silver 5	6UQ
21066DC0010003	CORE	Bronze 1	6US
21066DC0010008	Navigate	Bronze 1	6U2
21066DC0010005	Navigate	Gold 7	6UY
21066DC0010006	Navigate	Silver 3	6UZ
21066DC0010007	Navigate	Silver 5	6U1

2015 Benefit Plans with Plan Changes (Uniform Modification)

SCID	Product	Metal Level	2015 Name	2016 Name	Benefit Plan Changes	Value of Benefit Change on Medical Portion of Rate
21066DC0010014	CORE	Bronze 4	6Z1	AD-7O	deductible changed from non-embedded \$3750/\$7500 to embedded \$5200/\$10400, OOPM changed from non-embedded \$6450/\$12900 to embedded \$6500/\$13000	-2.6%
21066DC0010015	CORE	Silver 11	FW5	AD-7N	deductible changed from \$2000/\$4000 to \$2300/\$5750, OOPM changed from \$4000/\$8000 to \$6500/\$6850	-8.3%
21066DC0010011	Navigate	Bronze 4	6ZY	AD-7G	deductible changed from non-embedded \$3750/\$7500 to embedded \$5200/\$10400, OOPM changed from non-embedded \$6450/\$12900 to embedded \$6500/\$13000	-2.6%
21066DC0010009	Navigate	Silver 11	6U3	AD-7F	deductible changed from \$2000/\$4000 to \$2300/\$5750, OOPM changed from \$4000/\$8000 to \$6500/\$6850	-8.3%

Unchanged 2015 Benefit Plans - Continued into 2016

SCID	Product	Metal Level	Plan Name
21066DC0010016	CORE	Gold 11	FW6
21066DC0010010	Navigate	Gold 11	6U4

Revenue Neutrality Adjustment from Benefit Plan Resloping to New Pricing Model

Exhibit 5

License	Product	On	Off	Rx Plan Name	Jan-15	Jan-15	Jan-15 Total Members	2015 Base Rates		Current Plan Ratios & PMPM			New Model Plan Ratios & PMPM			% Chg.
		Exchange Plan Name	Exchange Plan Name		On Exchange Members	Off Exchange Members		Medical	Rx	Medical	Rx	PMPM	Medical	Rx	PMPM	
UHIC	EPO	VDK	DWZ	YM	0	8	8	406.46	129.21	0.5557	0.0000	225.87	0.5250	0.0000	213.39	-5.5%
UHIC	EPO	VDL	DW2	YM	0	9	9	406.46	129.21	0.5602	0.0000	227.70	0.5275	0.0000	214.41	-5.8%
UHIC	EPO	VDM	DW4	YM	0	32	32	406.46	129.21	0.6251	0.0000	254.08	0.5294	0.0000	215.18	-15.3%
UHIC	EPO	VDN	DW7	YM	0	90	90	406.46	129.21	0.7562	0.0000	307.37	0.7859	0.0000	319.44	3.9%
UHIC	EPO	6YS	6ZL	YM	21	0	21	406.46	129.21	0.7562	0.0000	307.37	0.7859	0.0000	319.44	3.9%
UHIC	EPO	V65	EY5	YM	0	45	45	406.46	129.21	0.7204	0.4861	355.62	0.7219	0.4823	355.74	0.0%
UHIC	EPO	6Z7	609	YM	71	0	71	406.46	129.21	0.7204	0.4861	355.62	0.7219	0.4823	355.74	0.0%
UHIC	EPO	FW1	FY1	YM	6	0	6	406.46	129.21	0.7783	0.0000	316.35	0.8006	0.0000	325.41	2.9%
UHIC	EPO	F51	79G	YM	9	0	9	406.46	129.21	0.7478	0.4861	366.76	0.7630	0.4823	372.45	1.6%
UHIC	EPO	V67	EZJ	YM	0	7	7	406.46	129.21	0.6980	0.4861	346.52	0.6917	0.4823	343.47	-0.9%
UHIC	EPO	V69	EZS	ZS	0	6	6	406.46	129.21	0.6932	0.4417	338.83	0.7000	0.4383	341.15	0.7%
UHIC	EPO	60B	61D	ZS	30	0	30	406.46	129.21	0.6932	0.4417	338.83	0.7000	0.4383	341.15	0.7%
UHIC	EPO	V7D	EZ2	ZT	0	45	45	406.46	129.21	0.7145	0.4238	345.17	0.7059	0.4212	341.34	-1.1%
UHIC	EPO	V7F	EZ9	ZS	3	8	11	406.46	129.21	0.7182	0.4417	348.99	0.7163	0.4383	347.78	-0.3%
UHIC	EPO	VDP	DXP	YM	0	62	62	406.46	129.21	0.8436	0.0000	342.89	0.8315	0.0000	337.97	-1.4%
UHIC	EPO	6YT	6ZM	YM	2	1	3	406.46	129.21	0.8436	0.0000	342.89	0.8315	0.0000	337.97	-1.4%
UHIC	EPO	V7J	E0P	YM	0	88	88	406.46	129.21	0.6797	0.4861	339.08	0.6882	0.4823	342.04	0.9%
UHIC	EPO	60J	61L	YM	4	0	4	406.46	129.21	0.6797	0.4861	339.08	0.6882	0.4823	342.04	0.9%
UHIC	EPO	V7L	E0X	YM	0	33	33	406.46	129.21	0.7348	0.4861	361.48	0.7293	0.4823	358.75	-0.8%
UHIC	EPO	60L	61N	YM	5	5	10	406.46	129.21	0.7348	0.4861	361.48	0.7293	0.4823	358.75	-0.8%
UHIC	EPO	V7L	E0X	A0	0	1	1	406.46	129.21	0.7348	0.5135	365.02				
UHIC	EPO	V7W	E43	YM	5	217	222	406.46	129.21	0.8559	0.4861	410.70	0.8677	0.4823	415.00	1.0%
UHIC	EPO	V7Y	E47	ZR	0	178	178	406.46	129.21	0.8583	0.4620	408.56	0.8679	0.4584	412.00	0.8%
UHIC	EPO	VBY	C40	ZV	1	67	68	406.46	129.21	0.8328	0.5009	403.22	0.8396	0.4967	405.44	0.6%
UHIC	EPO	6Y4	6ZW	ZV	1	0	1	406.46	129.21	0.8328	0.5009	403.22	0.8396	0.4967	405.44	0.6%
UHIC	EPO	V71	E5N	ZU	3	31	34	406.46	129.21	0.9020	0.5258	434.57	0.9057	0.5214	435.50	0.2%
UHIC	EPO	V61	EYW	ZV	0	35	35	406.46	129.21	0.8477	0.5009	409.28	0.8676	0.4967	416.82	1.8%
UHIC	EPO	V63	EY1	ZU	8	2	10	406.46	129.21	0.8798	0.5258	425.54	0.8898	0.5214	429.04	0.8%
UHIC	EPO	V70	E18	ZT	1	11	12	406.46	129.21	0.6128	0.4238	303.84	0.6019	0.4212	299.07	-1.6%
UHIC	EPO	VDI	DXY	YM	0	21	21	406.46	129.21	0.6581	0.0000	267.49	0.6166	0.0000	250.62	-6.3%
UHIC	EPO	VDR	DX9	YM	0	60	60	406.46	129.21	0.6673	0.0000	271.23	0.6281	0.0000	255.30	-5.9%
UHIC	EPO	VDT	DYJ	YM	0	10	10	406.46	129.21	0.6709	0.0000	272.69	0.6330	0.0000	257.29	-5.6%
UHIC	EPO	VDV	DYP	YM	0	15	15	406.46	129.21	0.6480	0.0000	263.39	0.6258	0.0000	254.36	-3.4%
UHIC	EPO	V7Q	E2M	D0	0	38	38	406.46	129.21	0.6124	0.3814	298.20	0.6055	0.3796	295.16	-1.0%
UHIC	EPO	V7S	E2U	ZT	0	13	13	406.46	129.21	0.6030	0.4238	299.85	0.5886	0.4212	293.67	-2.1%
UHIC	POS	VBZ	CSZ	ZV	0	313	313	418.65	129.21	0.8301	0.5009	412.24	0.8396	0.4967	415.68	0.8%
UHIC	POS	V64	EY2	ZU	12	148	160	418.65	129.21	0.8759	0.5258	434.63	0.8898	0.5214	439.88	1.2%
UHIC	POS	V7X	E44	YM	11	649	660	418.65	129.21	0.8504	0.4861	418.83	0.8677	0.4823	425.58	1.6%
UHIC	POS	V7Z	E48	ZR	3	279	282	418.65	129.21	0.8511	0.4620	416.01	0.8679	0.4584	422.58	1.6%
UHIC	POS	V72	E50	ZU	39	1420	1459	418.65	129.21	0.8973	0.5258	443.59	0.9057	0.5214	446.54	0.7%
UHIC	POS	V62	EYX	ZV	23	430	453	418.65	129.21	0.8445	0.5009	418.27	0.8676	0.4967	427.40	2.2%
UHIC	POS	VDO	DXL	YM	4	128	132	418.65	129.21	0.7573	0.0000	317.04	0.7859	0.0000	329.02	3.8%
UHIC	POS	VDQ	DXR	YM	0	250	250	418.65	129.21	0.8442	0.0000	353.42	0.8315	0.0000	348.11	-1.5%
UHIC	POS	V68	EZL	YM	0	3	3	418.65	129.21	0.6969	0.4861	354.57	0.6917	0.4823	351.90	-0.8%
UHIC	POS	V7E	EZ4	ZT	0	59	59	418.65	129.21	0.7116	0.4238	352.67	0.7059	0.4212	349.95	-0.8%
UHIC	POS	V7K	E0R	YM	2	94	96	418.65	129.21	0.6796	0.4861	347.32	0.6882	0.4823	350.43	0.9%
UHIC	POS	V66	EY7	YM	0	401	401	418.65	129.21	0.7191	0.4861	363.86	0.7219	0.4823	364.54	0.2%
UHIC	POS	V66	EY7	A0	1	0	1	418.65	129.21	0.7191	0.5135	367.40				
UHIC	POS	V7C	EZU	ZS	0	45	45	418.65	129.21	0.6925	0.4417	346.99	0.7000	0.4383	349.69	0.8%
UHIC	POS	V7M	E0Z	YM	1	328	329	418.65	129.21	0.7331	0.4861	369.72	0.7293	0.4823	367.64	-0.6%
UHIC	POS	V7I	E0J	ZR	0	24	24	418.65	129.21	0.7188	0.4620	360.62	0.7135	0.4584	357.94	-0.7%
UHIC	POS	V7G	E0C	ZS	0	70	70	418.65	129.21	0.7169	0.4417	357.20	0.7163	0.4383	356.51	-0.2%
UHIC	POS	VDJ	DXX	YM	0	25	25	418.65	129.21	0.6577	0.0000	275.35	0.6166	0.0000	258.14	-6.2%
UHIC	POS	VDS	DX7	YM	0	47	47	418.65	129.21	0.6681	0.0000	279.70	0.6281	0.0000	262.95	-6.0%
UHIC	POS	VDU	DYI	YM	0	79	79	418.65	129.21	0.6708	0.0000	280.83	0.6330	0.0000	265.01	-5.6%
UHIC	POS	V7R	E20	D0	0	62	62	418.65	129.21	0.6107	0.3814	304.95	0.6055	0.3796	302.54	-0.8%
UHIC	POS	V7V	E28	ZT	0	6	6	418.65	129.21	0.6092	0.4238	309.80	0.5952	0.4212	303.60	-2.0%
UHIC	POS	6Y5	6ZX	ZV	0	18	18	418.65	129.21	0.8301	0.5009	412.24	0.8396	0.4967	415.68	0.8%
UHIC	POS	626	608	ZU	0	101	101	418.65	129.21	0.8759	0.5258	434.63	0.8898	0.5214	439.88	1.2%
UHIC	POS	F47	61Z	YM	0	22	22	418.65	129.21	0.8504	0.4861	418.83	0.8677	0.4823	425.58	1.6%
UHIC	POS	F49	613	ZR	0	42	42	418.65	129.21	0.8511	0.4620	416.01	0.8679	0.4584	422.58	1.6%
UHIC	POS	60X	615	ZU	0	105	105	418.65	129.21	0.8973	0.5258	443.59	0.9057	0.5214	446.54	0.7%
UHIC	POS	624	60Z	ZV	0	21	21	418.65	129.21	0.8445	0.5009	418.27	0.8676	0.4967	427.40	2.2%
UHIC	POS	6Y Y	6Z R	YM	33	0	33	418.65	129.21	0.7573	0.0000	317.04	0.7859	0.0000	329.02	3.8%
UHIC	POS	6Y Z	6Z S	YM	20	86	106	418.65	129.21	0.8442	0.0000	353.42	0.8315	0.0000	348.11	-1.5%
UHIC	POS	60E	61G	ZT	7	0	7	418.65	129.21	0.7116	0.4238	352.67	0.7059	0.4212	349.95	-0.8%
UHIC	POS	60K	61M	YM	19	32	51	418.65	129.21	0.6796	0.4861	347.32	0.6882	0.4823	350.43	0.9%
UHIC	POS	628	61A	YM	170	0	170	418.65	129.21	0.7191	0.4861	363.86	0.7219	0.4823	364.54	0.2%
UHIC	POS	60C	61E	ZS	22	0	22	418.65	129.21	0.6925	0.4417	346.99	0.7000	0.4383	349.69	0.8%
UHIC	POS	60M	61O	YM	37	10	47	418.65	129.21	0.7331	0.4861	369.72	0.7293	0.4823	367.64	-0.6%
UHIC	POS	60I	61K	ZR	9	0	9	418.65	129.21	0.7188	0.4620	360.62	0.7135	0.4584	357.94	-0.7%

License	Product	Plan	Plan	Plan	Exchange	Exchange	Total	2015 Base Rates		Current Plan Ratios & PMPM			New Model Plan Ratios & PMPM			%
		Name	Name	Name	Members	Members	Members	Medical	Rx	Medical	Rx	PMPM	Medical	Rx	PMPM	Chg.
UHIC	POS	60G	61I	ZS	4	2	6	418.65	129.21	0.7169	0.4417	357.20	0.7163	0.4383	356.51	-0.2%
UHIC	POS	6Y2	6ZU	YM	6	2	8	418.65	129.21	0.6708	0.0000	280.83	0.6330	0.0000	265.01	-5.6%
UHIC	POS	FWW	FW8	YM	16	0	16	418.65	129.21	0.7787	0.0000	326.00	0.8006	0.0000	335.17	2.8%
UHIC	POS	F52	79H	YM	37	0	37	418.65	129.21	0.7461	0.4861	375.16	0.7630	0.4823	381.75	1.8%
OCI	HMO	VM9	C4N	ZV	0	2	2	379.86	129.21	0.8328	0.5009	381.07	0.8396	0.4967	383.11	0.5%
OCI	HMO	V75	EY3	ZU	0	12	12	379.86	129.21	0.8798	0.5258	402.14	0.8898	0.5214	405.37	0.8%
OCI	HMO	V87	E45	YM	5	363	368	379.86	129.21	0.8559	0.4861	387.93	0.8677	0.4823	391.92	1.0%
OCI	HMO	V89	E49	ZR	1	190	191	379.86	129.21	0.8583	0.4620	385.73	0.8679	0.4584	388.91	0.8%
OCI	HMO	V9E	E5P	ZU	0	50	50	379.86	129.21	0.9020	0.5258	410.57	0.9057	0.5214	411.41	0.2%
OCI	HMO	V73	EY9	ZV	0	6	6	379.86	129.21	0.8477	0.5009	386.73	0.8676	0.4967	393.75	1.8%
OCI	HMO	VZV	DW8	YM	2	9	11	379.86	129.21	0.7562	0.0000	287.25	0.7859	0.0000	298.53	3.9%
OCI	HMO	VZY	DW6	YM	0	1	1	379.86	129.21	0.8436	0.0000	320.45	0.8315	0.0000	315.85	-1.4%
OCI	HMO	V79	EZO	YM	0	11	11	379.86	129.21	0.6980	0.4861	327.95	0.6917	0.4823	325.07	-0.9%
OCI	HMO	V8T	E0T	YM	0	16	16	379.86	129.21	0.6797	0.4861	321.00	0.6882	0.4823	323.74	0.9%
OCI	HMO	V77	EY9	YM	0	54	54	379.86	129.21	0.7204	0.4861	336.46	0.7219	0.4823	336.54	0.0%
OCI	HMO	V8V	E02	YM	0	78	78	379.86	129.21	0.7348	0.4861	341.93	0.7293	0.4823	339.35	-0.8%
OCI	HMO	V8R	E0L	ZR	0	9	9	379.86	129.21	0.7199	0.4620	333.16	0.7135	0.4584	330.26	-0.9%
OCI	HMO	V8P	E0E	ZS	0	3	3	379.86	129.21	0.7182	0.4417	329.89	0.7163	0.4383	328.73	-0.4%
OCI	HMO	V81	E2Q	D0	0	9	9	379.86	129.21	0.6124	0.3814	281.91	0.6055	0.3796	279.05	-1.0%
OCI	HMO	634	644	YM	0	29	29	379.86	129.21	0.8559	0.4861	387.93	0.8677	0.4823	391.92	1.0%
OCI	HMO	636	646	ZR	6	0	6	379.86	129.21	0.8583	0.4620	385.73	0.8679	0.4584	388.91	0.8%
OCI	HMO	638	648	ZU	0	63	63	379.86	129.21	0.9020	0.5258	410.57	0.9057	0.5214	411.41	0.2%
OCI	HMO	63A	64A	ZV	0	0	0	379.86	129.21	0.8477	0.5009	386.73	0.8676	0.4967	393.75	1.8%
OCI	HMO	62A	62R	YM	3	0	3	379.86	129.21	0.7562	0.0000	287.25	0.7859	0.0000	298.53	3.9%
OCI	HMO	63Q	64Q	YM	2	0	2	379.86	129.21	0.6797	0.4861	321.00	0.6882	0.4823	323.74	0.9%
OCI	HMO	63E	64E	YM	13	0	13	379.86	129.21	0.7204	0.4861	336.46	0.7219	0.4823	336.54	0.0%
OCI	HMO	63I	64I	ZS	0	0	0	379.86	129.21	0.6932	0.4417	320.39	0.7000	0.4383	322.53	0.7%
OCI	HMO	63S	64S	YM	1	0	1	379.86	129.21	0.7348	0.4861	341.93	0.7293	0.4823	339.35	-0.8%
UHCMA	Navigate	6U2	FWS	YM	2	0	2	365.17	129.21	0.5549	0.0000	202.63	0.5250	0.0000	191.71	-5.4%
UHCMA	Navigate	6UY	6U5	YM	1	0	1	365.17	129.21	0.8436	0.0000	308.06	0.8315	0.0000	303.64	-1.4%
UHCMA	Navigate	6U4	FWU	YM	7	0	7	365.17	129.21	0.7783	0.0000	284.21	0.8006	0.0000	292.36	2.9%

Total January, 2015 membership in ACA plans: 8033
Average rate PMPM using the current pricing model: \$390.26
Average rate PMPM using the new pricing model: \$392.41
Revenue Neutrality Adjustment: -0.55%

Explanation, Support & Development of PPACA Fees

The Patient Protection and Affordable Care Act (PPACA) includes several taxes and fees which will increase health insurance costs and need to be reflected in premium.

Insurer Fee. This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$11.3B in 2016 to \$14.3B in 2018 (indexed to premium for subsequent years.) Each insurance carrier's assessment will be based on net written health insurance premiums in the prior year, with certain exclusions. An Oliver Wyman report, dated September 3, 2014, estimates that the denominator premiums to which this fee will be applied will be \$644.454 billion. The fee must then be grossed up for federal income tax, since the member fee is not a tax deductible expense. As a percent of premium, the needed fee is $\$11.3\text{B Insurer Fee} / \$644.454 \text{ Net Industry Premiums} / 63\% \text{ FIT} = 2.78\%$.

Reinsurance Assessment. This is a temporary fee that applies to all commercial groups (both fully insured and self-funded) from 2014 to 2016 for the purpose of funding the reinsurance pool for high cost claimants in the individual market during this three year transitional period. The total baseline amounts to be collected to fund this pool are \$12B in 2014, \$8B in 2015, and \$5B in 2016, and individual states can add to this baseline. Each insurance carrier will be assessed on a per capita basis. The reinsurance fee for 2016 of \$2.25 pmpm is from the CMS Notice of Benefit and Payment Parameters for 2016 proposed rule (released 11/21/14).

PCORI Fee. A \$0.17 fee for 2014 was released on 9/18/2014. Increases for future years will be based on the growth in National Health Expenditures (NHE). Using the 4% NHE growth that was used to develop the 2014 fee, the 2016 fee is estimated to be \$0.19 pmpm.

Risk Adjustment Fee. The fee pmpm for 2016 of \$0.15 pmpm is from the CMS Notice of Benefit and Payment Parameters for 2016 proposed rule (released 11/21/14).

The below details the calculation of the PPACA fees.

Calculation of 2016 Fees

Insurer Fee Calculation

Insurer Fee in 2016 (Billions)	\$11.3
Projected 2015 Health Insurance Premiums (Billions)*	\$644.454
Insurer Fee as % of Health Insurance Premiums	1.75%
Insurer Fee after Gross Up by Federal Income Tax (37%)	2.78%
*from Oliver Wyman Study published on September 3, 2014	

Other PPACA Fees

<u>Reinsurance Assessment</u> - Per Member Per Month	\$2.25
<u>PCORI Fee</u> - Per Member Per Month	\$0.19
<u>Risk Adjustment Fee</u> - Per Member Per Month	<u>\$0.15</u>
Total Other PPACA Fees - Per Member Per Month	\$2.59
Total Other PPACA Fees - As Percent of Premium	0.49%
Total PPACA Fees - As Percent of Premium	3.27%

DC Small Group - Development of Underwriting Loss Ratio

Total for UHIC and OCI

Experience 10/1/13-14

1a. Member Months	149,516
1b. Incurred Claims	\$45,721,655
1c. Claim PMPM (1b/1a)	\$305.80
1d. Catastrophic Claim Adjustment PMPM	\$4.12
1e. Adjusted Claim PMPM (1c + 1d)	\$309.92
1f. Earned Premium	\$71,145,693
1g. Premium PMPM (1f/1a)	\$475.84
1h. Loss Ratio (1e/1g)	65.1%
2a. Claim trend	1.192
From center of experience period: 4/1/14	
to average center of 1/1/16 pricing period: 7/1/15, 8/1/15, 9/1/15	
(28 months at 7.8 % annual rate)	
2b. Claim cost subtotal (1e x 2a)	\$369.28
2c. Addition EHB cost not in experience period (+1.3%)	\$4.80
2d. Total Claim Cost (2b + 2c)	\$374.08
2e. Admin, Profit & Taxes	\$102.86
2f. Needed revenue PMPM (2d + 2e)	\$476.94
2g. Risk Adjustment (4.4% Payer)	\$22.04
2h. Market Risk Adjustment (+ 0.4%)	\$2.00
2i. Needed Revenue PMPM 1/1/16 eff (2f + 2g +2h)	\$500.99
3a. Proposed DCSG Total 1Q16 Medical Base Rate*	\$469.88
3b. Current Average Med Plan Rel	0.8446
3c. Proposed DCSG Total 1Q16 Rx Base Rate*	\$147.35
3d. Current Average Rx Plan Rel	0.4859
3e. Current Average Age Factor	1.069
3f. Current premium PMPM for 1/1/16 effective date	
(3a x 3b + 3c x 3d) x 3e	\$500.99
4. Estimated Underwriting Loss Ratio (2d/2f)	78.4%

*Member month weighted average of medical and Rx base rates by license



Healthcare Economics

WASHINGTON DC SMALL GROUP PRICING TREND DEVELOPMENT RATE FILING SUPPORT

WASHINGTON DC SMALL GROUP PRICING TREND BY COMPONENT									
	Notes:	<u>Inpatient</u>	<u>Outpatient</u>	<u>Professional</u>	<u>Other</u>	<u>Capitation</u>	<u>Total Medical</u>	<u>Retail Pharmacy</u>	<u>Weighted Aggregate</u>
Component Summary									
Utilization / Service Mix	[1] , [2]	-0.5%	2.5%	2.0%	7.5%	0.0%	2.0%	3.5%	2.3%
Unit Cost	[3]	5.4%	5.4%	3.9%	3.2%	4.8%	4.7%	4.8%	4.7%
Demographic Change	[5]	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Benefit Leveraging	[4]	0.3%	0.6%	0.9%	1.0%	0.0%	0.7%	0.9%	0.7%
<u>Margin</u>		<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>
Total Proposed Pricing Trend	[6]	5.1%	8.7%	7.0%	12.1%	4.8%	7.5%	9.4%	7.8%

Notes:

- [1] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [2] Represents expected changes in intensity of services provided.
- [3] Represents core unit pricing increases, exclusive of service mix / intensity of services impact;
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
- [6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

State: District of Columbia **Filing Company:** UnitedHealthcare of the Mid-Atlantic, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: DC-SG-UHCMA-2016-01
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Part III-DC-UHCMA-2016-01.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC-SG-ActMemo-2016-01-UHCMA.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III-DC-UHCMA-2016-01.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Consumer Disclosure Form
Comments:	
Attachment(s):	Part II-DC-UHCMA-2016-01.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC-SG-UHCMA-Cover-2016-01.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

UHLC-130004891

State Tracking #:

Company Tracking #:

State: District of Columbia **Filing Company:** UnitedHealthcare of the Mid-Atlantic, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: DC-SG-UHCMA-2016-01
Project Name/Number: /

Bypassed - Item:	DISB Actuarial Memorandum Dataset
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	DCSG_UHCMA_201601_URRT.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	AV Input Chart
Comments:	
Attachment(s):	DC SG 2016 AV Input Template (all).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Consumer Summary
Comments:	
Attachment(s):	DC-SG-UHCMA-ConsumerSummary-2016-01.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

UHLC-130004891

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

DC-SG-UHCMA-2016-01

Project Name/Number:

/

Attachment DCSG_UHCMA_201601_URRT.xlsm is not a PDF document and cannot be reproduced here.

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For United Healthcare of the Mid-Atlantic,
Inc.

District of Columbia Rate Review

Purpose: The purpose of this rate filing is to comply with DC and Federal requirements. This filing is to outline manual base rates and rating factors compliant to the Patient Protection and Affordable Care Act (PPACA) Adjusted Community Rating requirements on non-grandfathered PPACA compliant small group policies. This filing may not be appropriate for other purposes.

This rate adjustment is for both new business and existing business with renewal dates on or after the effective date of the changes.

Company Identifying Information:

- **Company Legal Name:** UnitedHealthcare of the Mid-Atlantic, Inc.
- **State:** District of Columbia
- **HIOS Issuer ID:** 21066
- **Market:** Small Group
- **Effective Date:** 1/1/2016

Company Contact Information:

- **Primary Contact Name:** Boris Gerber
- **Primary Contact Telephone Number:** 860-702-5540
- **Primary Contact Email Address:** boris_gerber@uhc.com

Proposed Rate Increase: UnitedHealthcare of the Mid-Atlantic, Inc. is filing for revised medical and pharmacy base rates, and plan rating factors that comply with the requirements of PPACA.

The proposed rate changes are as below.

BASE PREMIUM RATES

Medical and Pharmacy base rates have been increased to cover Essential Health Benefit requirements, Insurer and Reinsurance fees, other healthcare reform related costs and needed rate actions from most recent experience. Base premium rates are provided in Exhibits 1 and 3b.

AGE FACTORS

Age factors are provided in Exhibit 1. There are no changes from the age factors in our prior filing, effective January 1, 2015.

PRICING TREND

Pricing trend is being reduced to reflect favorable changes in projected claims trends.
Pricing trend is provided in Exhibit 1.

RATING FORMULA:

The rating formula for non-grandfathered small employer group business is shown below:

Index Rate x Plan Relativity x Trend Factor x Age Factor = Final Health Premium Rate

PLAN DESIGNS AND RATING FACTORS

This rate filing includes some PPACA compliant plans from last year's filing. The plan designs with plan relativities and actuarial value metal tiers are provided in Exhibits 1 and 2. Pharmacy plan details are included on Exhibit 2. All listed plans are designed based on the final Market Reform Rule requirements.

Actuarial Value calculations have been conducted to ensure actuarial values are within the allowed range for each metal tier. The metal tier for each plan has been provided in Exhibit 1. Mental Health Parity testing has been conducted, and final plan designs will ensure compliance.

All plans have been priced on an actuarially equivalent basis, based on the final Market Reform Rule requirement. The plan-specific adjustments to the market-wide index rate (plan relativities) do not reflect differences in health status or risk selection.

Experience Period Premiums and Claims:

- **Paid Through Date:** The experience period is 10/1/2013 to 9/30/2014 paid through 11/30/2014. The experience base includes pre-PPACA plans marketed prior to 2014 and PPACA plans marketed during 2014.
- **Premiums (net of MLR Rebate) in Experience Period:** There are no earned premiums for this license during the experience period.
- **Allowed and Incurred Claims Incurred During the Experience Period:** Incurred claims were developed by first starting with actual claims paid through 11/30/14 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e.

catastrophic claims, pending claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
 - 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.
- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors:

- **Changes in the Morbidity of the Population Insured:** Based on the characteristics of groups insured in current book of business, we have estimate the possibility for small employer to drop out from the fully insurance health insurance market, and thus the potential changes in the demographic and morbidity of the full insure population. The risk identified as small employer drop out risk is included in URRT "population risk morbidity" trend category.
- **Changes in Benefits:** The estimate of the cost of added Essential Health Benefits were developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors adopted by the District of Columbia are used in rating.
- **Trend Factors:** UnitedHealthcare Medical Expense Forecasting Process Overview & Considerations:

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

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. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. 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.

Credibility Manual Rate Development:

- **Source and Appropriateness of Experience Data Used:** The experience period source data used to develop manual rates is the actual total combined experience for UnitedHealthcare Insurance Company and Optimum Choice, Inc., in DC for employers with 2-100 employees. To reflect this in the URRT, we have combined the projected allowed claims for UnitedHealthcare Insurance Company and Optimum Choice, Inc. with 2-50 employees, and added a 51-100 adjustment. This multiplicative adjustment is the Allowed PMPM of the 2-100 employee segment for the experience period divided by the Allowed PMPM of the 2-50 employee segment for the experience period.

Credibility of Experience: We have set our rate levels based on the combined experience of UnitedHealthcare Insurance Company and Optimum Choice, Inc. in DC with 149,516 member months in the experience period. With an addition of a catastrophic claim adjustment this combined experience is assumed to be credible.

Paid to Allowed Ratio: The paid to allowed average factor in the projection period is set to be consistent with the overall estimates of projected revenue and claims per member per month based on the projected membership.

Risk Adjustment and Reinsurance:

- **Projected Risk Adjustments (PMPMs):** Based on a Risk Adjustment study conducted by an independent consulting firm, we expect that for small group 2-50 we will be a 5.4% risk payer in total for our four licenses. We have no information regarding the risk status of our 51-100 business, so we are assuming risk neutrality. The weighted average for 2-100 is that we will be a 4.4% risk payer in total. The same estimate was used for Experience Period as for Projection Period.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** Because this is a small group filing, and not in a combined Individual/Small Group market, there is no projected Reinsurance Recovery. The amount shown is an estimate of Reinsurance Premium

Non-Benefit Expenses and Risk Margin: The expenses assumed in the development of the proposed rates are as follows: The administrative expenses are the total average expenses for the small group licenses. Except for the addition of PPACA fees, they are forecasted 2015 year expenses that are expected to continue in the future.

% of Premium	Expense Category
10.3%	Admin Expenses
3.8%	Profit
<u>7.5%</u>	Taxes & Fees
21.6%	Total

Projected Loss Ratio: The projected loss ratio using Federally prescribed MLR methodology is 85.1%.

Single Risk Pool:

The Single Risk Pool reflects all covered lives for every non-grandfathered product and is established according to the requirements in 45 CFR part 156.80(d) which includes all enrollees in all health plans (other than grandfathered health plans) subject to section 2701 of the Public Health Service Act. The Single Risk Pool is specific to the legal entity and the state of this filing.

Index Rate:

The development of the Index Rate for Projection Period is shown in the table below. The Projected Allowed Claims for 1Q16 is the Projected Allowed Experience Claims from Section III. The Index Rate is then member weighted average for each effective date. We use total DC experience in our base rate review process to determine rate changes and therefore we believe the single index rate for both licenses is more appropriate.

DC Small Group Total					
2015 Effective Dates	1Q16	2Q16	3Q16	4Q16	Total Single Risk Pool
Member Months	2237	1766	2647	5833	12,483
Q1 Projected Allowed Claims	416.99	416.99	416.99	416.99	
Quarterly Trend w/o benefit leveraging	1.000	1.017	1.035	1.052	
51-100 Allowed Adjustment	1.0044	1.0044	1.0044	1.0044	
Projected Allowed Claims	418.82	426.02	433.34	440.78	
2016 Index Rate	\$433.18				
Effective Date for Part I	1/1/2016				

Plan Adjusted Index Rate:

Plan Adjusted Index Rates are provided in the URRT Part I. The adjustments that have been applied to the development of the Plan Adjusted Index Rates include:

Provider Network: these adjustment factors are developed based on the underlining provider network features, contract terms, utilization and cost patterns due to the network features.

Actuarial Value and Cost Sharing: These values are developed with the method identified in the sections below and applied to each plan accordingly.

Distribution and Administrative Cost: This adjustment is developed based on the method described in the "Non-Benefit Expense and Profit & Risk" section. The same adjustment has been applied to all plans to develop the Plan Adjusted Index Rate.

The formula to develop the Plan Adjusted Index Rate is as below:

Plan Adjusted Index Rate= (Market Adjusted Index Rate X Provider Network Savings X Actuarial Value and Cost Sharing)/(1- Distribution and Administrative Cost).

Index Rate To Consumer Rate for Sample Plans

Plan Name	UHCMA AD-70.YM
2016 Effective Dates	1Q16
Projected Allowed Claims (DC Total)	\$418.82
Risk Adjustment	4.40%
Reinsurance Assessment	0.55%
User Exchange Fee	1.00%
Market Adjusted Index Rate	\$444.05
Provider Network Savings	0.9343
Actuarial Value and Cost Sharing	0.47429
Distribution and Administrative Cost	20.6%
Plan Adjusted Index Rate	\$247.82
Calibration	
Age Factor Calibration	1.0794
Area Factor Calibration	1.000
Tobacco Factro Calibration	1.000
Age 21 Age Factor	0.727
Calibrated Plan Adjusted Index Rate	\$166.92
Actual Consumer Rate (Age 21)	\$166.92

Calibration:

Age Curve Calibration is calculated as the premium weighted average age rating factors (based on the DC Age Scale) in experience period. The factor is calculated to be 1.0794. This age curve value translates to a weighted average age of 43 years old.

Geographic Factor Calibration is calculated as the premium weighted average rating area factors (based ACR compliant rating area setting) in experience period. The factor is calculated to be 1.000.

Description of development of geographic rating factors

Geographic area rating factors are not used in pricing, which represents no change from the previously approved area factors.

The calibration factors are applied uniformly to all plans.

Calibrated Plan Adjusted Index Rate

Consumer Adjusted Premium Rate is developed with the formula below:

Consumer Adjusted Premium Rate = Plan Adjusted Index Rate x 1/ Age Curve Calibration
X 1/ Geographic Factor Calibration X Age 21 Age Factor

Member level plan premium rate information is provided in Rate Data Template.

AV Metal Values: The below actuarial certification describes the methodology and the AV calculator input values used for the plan design features that do not fit into the parameters of the AV calculator.

The AV metal value was calculated using the Federal AV calculator. For the benefit designs that cannot be directly coded in the Federal AV calculator, claim distribution information provided in the Federal AV calculator has been used to convert the benefit design in to equivalent benefit designs that can be coded in the Federal AV calculator.

Certification for AV Calculator

Estimation of fit of plan design into the parameters of AV calculator

Metallic Plan (e)	Imaging (CT/PET Scans, MRIs)	OP Copay		Specialty Drugs (i.e. high-cost)	Methodology
		Free-Standing setting	Hospital setting		
		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		
Bronze 1	-	-	-	\$109.60	d, e
Bronze 2	-	-	-	\$109.60	d, e
Bronze 3	-	-	-	\$109.60	d, e
Bronze-4	-	-	84.77%	\$109.60	b, c, d, e
Silver 1	-	90.86%	-	\$109.60	b, c, d, e
Silver 2	-	-	-	\$109.60	d, e
Silver 3	-	-	-	\$109.60	d, e
Silver 4	-	-	-	\$109.60	d, e
Silver 5	-	-	-	\$109.60	d, e
Silver 7	-	90.86%	-	\$109.60	b, c, d, e
Silver 8	-	90.86%	-	\$109.60	b, c, d, e
Silver 9	-	90.86%	-	\$109.60	b, c, d, e
Silver 10	-	90.86%	-	\$109.60	b, c, d, e
Silver-11	-	-	92.38%	\$109.60	b, c, d, e
Gold 1	-	-	-	\$109.60	d, e
Gold 2	-	92.38%	-	\$109.60	b, c, d, e
Gold 3	-	92.38%	-	\$109.60	b, c, d, e
Gold 4	-	90.86%	-	\$109.60	b, c, d, e
Gold 5	-	95.43%	-	\$109.60	b, c, d, e
Gold 6	-	95.43%	-	\$109.60	b, c, d, e
Gold 7	-	-	-	\$109.60	d, e
Gold 8	54.02%	-	73.91%	\$109.60	a, b, c, d, e
Gold 9	60.78%	-	83.14%	\$109.60	a, b, c, d, e
Gold 10	54.03%	-	73.91%	\$109.60	a, b, c, d, e
Gold-11	-	-	95.43%	\$109.60	b, c, d, e
Gold-12	64.42%	-	76.34%	\$109.60	a, b, c, d, e
Gold-13	67.54%	-	92.38%	\$109.60	a, b, c, d, e
Platinum 1	65.77%	-	92.38%	\$109.60	a, b, c, d, e
Platinum 2	-	95.43%	90.86%	\$109.60	b, c, d, e
Platinum 3	-	-	-	\$110.40	d, e
Platinum 4	-	-	95.43%	\$110.40	b, c, d, e
Platinum 5	-	96.95%	90.86%	\$110.40	b, c, d, e
Platinum 6	-	97.71%	95.43%	\$110.40	b, c, d, e
Platinum 11	81.06%	-	95.43%	\$109.60	a, b, c, d, e
Platinum 12	-	-	-	\$39.40	d, e
Platinum 13	-	95.43%	95.43%	\$39.40	b, c, d, e
Platinum 14	-	-	-	\$39.40	d, e

Methodology

- a) An effective coinsurance for Per-Occurrence Deductibles on Imaging services was calculated based on unit costs derived from UnitedHealthcare's proprietary pricing model.
- b) Actuarial Value Calculator does not support outpatient copay, company's data was used to estimate effective coinsurance factor.
- c) Actuarial Value is the blend of Free-Standing and Hospital setting run, where Free Standing and Hospital Setting utilization are 45% and 55%, respectively.
- d) Speciality Rx: Multiple cost sharing levels are combined into a composite level using HHS tool unit cost to different tiers.
- e) See Exhibit 2 for plan benefit description, and for tie-in to benefit plan name.

Certification

For plan design features that do not fit into the parameters of the AV Calculator, I certify that both the methodology and the calculated estimated values are in accordance with generally accepted actuarial principles and methodologies.

Boris P. Gerber

Boris P. Gerber, FSA, MAAA

AV Pricing Values:

Plans are priced through the proprietary UnitedHealthcare pricing model. The model, which was updated for January 1, 2016 pricing, uses UHC fully-insured national small-group claim experience for groups that were in force for all of calendar-year 2013 and is fully-credible. Current claim data is then projected to the pricing period based on national projections of utilization, unit cost, and sloping. These projections are done at the service category (inpatient, outpatient, etc.) level.

At this point, benefit design parameters such as deductibles, copays, coinsurance, etc. are applied to the claim distributions of the matching service category. This cost-sharing is applied, and the values of each service category are summed to come up with the overall benefit value. This overall benefit value is then compared to a base benefit design to calculate the plan relativity.

In order to preserve consistency, the same claim experience and projection assumptions are applied to all plan relativity calculations.

Membership Projections: Membership is projected at 600 member months spread evenly across all plans.

Terminated Plans and Products: No products are being terminated. Some plans are being terminated as of the end of 2015. See Exhibit 4 for a list.

Plan Type: Not applicable.

Warning Alerts:

Line 54: The average premium PMPM does not match the member weighted Plan Adjusted Index Rate in the experience period. The differential is caused by a high proportion of experience in non-single risk pool compliant plans for which 0 is entered as the Plan Adjusted Index Rate for these plans.

Line 56. The total premium in the experience period does not match the derived value from the Plan Adjusted Index Rates. The differential is caused by the warning in Line 54.

Reliance: Not applicable.

Actuarial Certification:

I, Boris P. Gerber am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),

- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135. Some plans within this portfolio have cost sharing features that differ between individual and family coverage (i.e., when two or more people are covered by the plan). For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable to individuals in the actuarial value calculation.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,



Boris P. Gerber, FSA, MAAA
Actuary, UnitedHealthcare
185 Asylum Street, CT039-16B
Hartford, CT 06103
Phone 860-702-5540 Fax 860-702-5016
Date: 4/30/2015

Actuarial Memorandum
UnitedHealthcare of the Mid-Atlantic, Inc., NAIC #95025
DC Small Group Rate Filing

April 30, 2015

This rate filing presents proposed premium rates effective January 1, 2016 through December 31, 2016 for medical and Rx benefit plans to be sold by the UnitedHealthcare of the Mid-Atlantic, Inc. to small group employers.

The filing has been prepared as required by the “Reasonable Health Insurance Ratemaking and Health Care Reform Act of 2010”, as well as current ACA rules and more recent guidance from the DC Department of Insurance. This rate filing should not be used for any other purposes. Within that context, there are no limitations or constraints on the use or applicability of the rating items discussed herein. The intended user of this filing is the DC Department of Insurance.

The benefit plans and rates are for non-grandfathered employers. The proposed rates and rate factors are in Exhibit 1, which also displays the metal level and actuarial value of each benefit plan. Benefit plan descriptions are in Exhibit 2. Exhibit 4 identifies 2015 benefit plans that are being terminated and not included in this rate filing, and 2015 benefit plans with plan changes (uniform modification).

Purpose of Filing. UnitedHealthcare is filing for the first time rates for 2016. We are proposing to set our 1st quarter 2016 rates on average 8.3% higher than our current 4th quarter 2015 rates. In addition, we are filing for quarterly trend increases of 1.9% in each of the 2nd, 3rd, and 4th quarters of 2016. These quarterly trend increases are equivalent to an annual 7.8% trend rate. Please see Exhibit 3 for detail on the rate changes.

A. Description of Benefits. Benefit plan descriptions are in Exhibit 2.

B. Issue Age Range. All ages.

C. Marketing Method. The products will be offered on the exchange, and also marketed through independent brokers and consultants.

D. Premium Basis. Member level rating.

E. Nature of Rate Change and Proposed Rate/Methodology Change. Increasing previously approved rates by 8.3%. No change to the rating methodology.

F. For Each Change, Indication if New or Modified. Increasing previously approved rates by 8.3%.

G. For Each Change, Comparison to Status Quo. Increasing previously approved rates by 8.3%.

H. Summary of How Each Proposed Modification Differs from Corresponding Current/Approved Rate/Methodology. Increasing previously approved rates by 8.3%.

I. Annual Rate Change for DC Policyholders. The annual rate changes are as follows:

	Rate Impact		Premium Impact	
	# of Contracts	# of Members	# of Contracts	# of Members
Reduction of 15% or more				
Reduction of 10.01% to 14.99%				
Reduction of 5.01% to 10.00%				
Reduction of 0.01% to 5.00%				
No change				
Increase of 0.01% to 5.00%				
Increase of 5.01% to 10.00%				
Increase of 10.01% to 14.99%				
Increase of 15.00% or more	2	7	2	7

The minimum rate change is +3.4%, the maximum rate change is +17.3, the average rate change is +14.6%. Rate changes by benefit plan are presented in Exhibit 3.

Premium impact includes the maximum change due to aging.

J. Base Period Experience. The base period experience represents all of UnitedHealthcare Insurance Company (UHIC), Optimum Choice, Inc. (OCI), and UnitedHealthcare of the Mid-Atlantic, Inc. (UHCMA) individual and small group business in the DC market. Note: UHIC, OCI and UHCMA do not market and have no Individual experience in DC. The small group base period experience is for employers with 2-100 employees. The base period claims experience is for 10/1/2013 through 9/30/2014 dates of service, for claims paid through November, 2014. There is no base period experience for UHCMA, the small group products were introduced on this license in 2015. \$4.12 claim cost pmpm was added to the total all license base period experience for large claim pooling (69% of the difference between the actual catastrophic claim pmpm of \$18.50 and the expected catastrophic claim pmpm of \$24.48).

K. Projected Base Period Experience. All claims in the base period are believed to be for essential health benefits. The cost of additional required essential health benefits in 2016 is described in the next section “L. Manual Rate Development”. The assumptions used to develop the requested trend increases are shown in Exhibit T. In addition to unit cost and utilization, deductible (or benefit) leveraging is utilized in the trend estimate. These factors are not utilized in the trend determination: future/new benefits and/or mandates, risk profile changes, aging of population, increased portion of pool from conversion policies, and changes in gender and other demographic characteristics. No adjustments have been made to the underlying demographics of the population expected to be insured. Adjustments for projected changes in the average morbidity of the population expected to be insured in 2016 are described in the next section “L. Manual Rate Development”. No adjustments have been made for projected changes in average cost sharing in force.

L. Manual Rate Development. The base experience is shown in Exhibit A.

The rates for our UHCMA products, which were first introduced in 2015, are developed by applying estimated narrow provider network savings to our Choice (or EPO) product rates sold on our UnitedHealthcare Insurance Company (UHIC) license. The plans are labeled CORE Essential and Navigate. The Navigate plans include a gatekeeper primary care physician, and thus receive an additional 3% rate reduction beyond the CORE savings. The narrow network savings, as estimated by our Network Contracting and Network Pricing areas, are the same as in our current 2015 rates, and as applied to our UHIC Choice rates, are as follows: CORE -7.4%; Navigate -10.2%.

We are proposing to set our 1st quarter 2016 rates 8.3% higher than our current 4th quarter 2015 rates, and then apply quarterly trend increases in each of the last three quarters of 2016, using an annual 7.8% trend rate. The assumptions used to develop the requested trend increases are shown in Exhibit T. At UnitedHealthcare, we have a team of actuaries whose responsibilities include developing forward-looking trend projections and monitoring historical performance in relation to

trend. We rely on this team to provide guidance on trends appropriate for DC rate development. Our analysis, please see Exhibit C, indicates that these rates will yield a 78.4% underwriting loss ratio (claims divided by premium which includes PPACA fees).

Included in the analysis on Exhibit C is a factor labeled risk adjustment. Based on analysis done in conjunction with a national actuarial consulting firm, for small group 2-50 we estimate we will be a 5.4% risk payer in total for our three licenses. We have no information regarding the risk status of our 51-100 business, so we are assuming risk neutrality. The weighted average for 2-100 is that we will be a 4.4% risk payer in total, this is assumed in the underwriting loss ratio development.

Also included in Exhibit C is a 0.4% market dropout adjustment, our estimate of the increase in claim costs due to overall changes to the small group marketplace. We have estimated the possibility for small group 2-50 employers to drop out from the fully insurance health insurance market, and thus the potential changes in the demographic and morbidity of the full insure population, to increase claim costs by 0.5%. We do not expect the same drop out for 51-100 employers. The weighted average for 2-100 is an expected 0.4% claim cost increase.

PPACA Fees: The assumptions used to develop the PPACA fee requirements are shown in Exhibit B.

Exchange Assessment Fee: The 1% assessment on health insurance premiums to fund the exchanges is included in the “taxes, licenses, other regulatory fees” in Exhibit C.

Essential Health Benefits: The additional benefits in our plans from the “pre-ACA 2013” base period experience to 2016 are as follows:

- Pediatric dental and vision.
- Mental health parity.
- Habilitative services and applied behavior analysis (ABA).
- Temporomandibular joint disorder (TMJ).
- DME and prosthetics: from \$2500 limit to unlimited.
- Increases in visit limits:
 - Physical therapy: from 20 to unlimited.
 - Occupational therapy: from 20 to unlimited.
 - Speech therapy: from 20 to unlimited.
 - Pulmonary rehabilitation: from 20 to unlimited.
 - Office spinal manipulation: from 20 to unlimited.
 - Home health service: from 60 to 90.

The estimated cost of these additional essential health benefits is +1.6%. 17% of the base period experience is ACA, and thus already includes these extra costs, so only 83% of the 1.6%, or 1.3%, is included in the underwriting loss ratio development.

Benefit Plan Changes: Changes to member cost sharing, both increases and decreases, were required for certain benefit plans for two reasons: 1) Use of the new federal Actuarial Value (AV) Calculator led to some benefit plans falling outside the allowed +/-2% AV metal ranges. Benefit plan changes were made to move these plans back into the allowed AV ranges; and 2) New federal rules on cost sharing requirements: In the CMS released “Final Issuer Letter and Final Notice of Benefits and Payment Parameters Rule”, the annual limitation on cost sharing “for self-only coverage applies to all individuals regardless of whether the individual is covered by a self-only plan or is covered by a plan that is other than self-only. ... The family high deductible health plan cannot require an individual in the family plan to exceed the annual limitation on cost-sharing for self-only coverage.” This required changes to our non-embedded out-of-pocket maximum (OOPM) HSA plans, since an individual in a family coverage tier is exposed to the entire family OOPM level. In addition, the new rules required changes for lower-deductible HSA plans, because

in order to retain HSA-eligible status, these plans are effectively prohibited from using embedded deductibles. This is because the IRS HSA rules require individuals in non-self-only coverage tiers to face the full \$2600 in cost-sharing before getting post-deductible benefits. The benefit changes for these plans, and the estimated cost value of the changes, is shown in Exhibit 4.

Benefit Plan Ratios: We refined the medical plan price relativities to reflect the most recent methodology update using the most recent available models. The medical plan price relativities were developed using our pricing model ARC (Actuarial Relativity Calculator). The ARC model is based on UnitedHealthcare nationwide experience data, containing utilization frequencies and unit costs by service category, and claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan into ARC. The expected net-to-allowed relativity for each plan is then used to develop the plan relativities for each benefit plan. All benefit plans are priced consistently with each other, with the rates different only by the estimated value of the benefit differences. The prescription drug plan relativities were similarly developed using our Rx Pricing model: this model, based on nationwide UnitedHealthcare prescription drug experience, values the cost differences of Rx copays by tier, and other plan cost sharing features such as Rx deductibles and coinsurance.

As a result of this analysis it was determined that there would be an increase in revenue due to this refinement in pricing methodology. Therefore we are proposing reducing base rates by an additional -0.55% to make this refinement revenue neutral. This adjustment is included in our underwriting loss ratio development. Rate impacts per plan, and the calculation of the revenue adjustment, are displayed in Exhibit 5.

We are resetting our 1st quarter 2016 trend factor to 1.000. There are no changes to the age factors.

M. Credibility. With the addition of the catastrophic claim adjustment described in “J. Base Period Experience” above, the combined DC experience on our small group licenses is assumed to be credible.

N. Projected Index Rate. The index rate presented in the Unified Rate Review Template represents the average allowed claim cost per member per month for coverage of essential health benefits for the small group market, prior to adjustment for payments and charges under the risk adjustment and transitional reinsurance programs, as defined by 45 CFR 156.80(d). Allowed claims were used as the basis for developing the index rate.

O. Market-wide Adjustments to the Index Rate. Market-wide risk adjustments are described in the above section “L. Manual Rate Development”.

P. Plan Level Adjustments to the Index Rate. The medical plan price relativities were developed using our pricing model ARC (Actuarial Relativity Calculator). The ARC model is based on UnitedHealthcare nationwide experience data, containing utilization frequencies and unit costs by service category, and claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan into ARC. The expected net-to-allowed relativity for each plan is then used to develop the plan relativities for each benefit plan. All benefit plans are priced consistently with each other, with the rates different only by the estimated value of the benefit differences. The prescription drug plan relativities were similarly developed using our Rx Pricing model: this model, based on nationwide UnitedHealthcare prescription drug experience, values the cost differences of Rx copays by tier, and other plan cost sharing features such as Rx deductibles and coinsurance.

Q. Non-Benefit Expenses. The expenses assumed in the development of the proposed rates are as follows. These are the total average expenses for our small group licenses. Except for the addition of PPACA fees, they are forecasted 2015 year expenses that are expected to continue in the future.

<u>% of Premium</u>	<u>Expense Category</u>
5.9%	General administrative expenses
0.4%	Sales and marketing
3.0%	Commissions and broker fees
5.3%	Premium taxes and other taxes, licenses and fees (does not include FIT)
1.0%	Quality improvement and fraud detection
2.2%	Federal income taxes
<u>3.8%</u>	<u>Profit</u>
21.6%	Total

R. Filed Loss Ratio. The anticipated traditional loss ratio (incurred claims divided by premium which includes PPACA fees) is 78.4%. The anticipated Federal MLR is 85.1%. The estimated Federal MLR adjustments are as follows:

7.5%	Taxes, regulatory fees and assessments
-0.6%	GAAP Medical reclass to MLR SG&A
1.0%	QI/HIT Medical costs added

S. Actuarial Certification.

I, Boris P. Gerber, an Actuary at UnitedHealthcare, am a FSA and MAAA. I satisfy the 2014 continuing professional development requirements of the Academy and therefore am qualified to issue this 2015 statement of actuarial opinion. I have reviewed applicable ASOPs during the preparation of this rate filing. I have worked on pricing group medical insurance for over 35 years. There are no known cautions with regard to risk or uncertainty in the items discussed in this rate filing. There are no conflicts of interest with regards to my production of this rate filing.

I certify that the projected index rate is in compliance with 45 CFR 156.80(d)(1) and developed in compliance with applicable ASOPs.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the AV Calculator was used to determine the AV Metal Values. For plans designs that did not fit into the AV Calculator, included in the Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I certify that the rates are reasonable in relation to the benefits provided, and are not excessive, deficient nor unfairly discriminatory.

I certify that the rates comply with all applicable District of Columbia and Federal laws and regulations.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in this submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,

Boris P. Gerber

Boris P. Gerber, FSA, MAAA
Actuary, UnitedHealthcare

Date: April 30, 2015

T. District of Columbia Loss Ratio Analysis.

- i. Evaluation Period: 10/1/2013 – 9/30/2014
- ii. Earned Premiums: See Exhibit A.
- iii. Claims: See Exhibit A.
- iv. Number of Claims: Not available.
- v. Loss Development Factors: See Exhibit C.
- vi. Loss Ratio Demonstrations: See Exhibit C.
- vii. Permissible Loss Ratio: 80% Federal MLR.
- viii. Credibility Analysis: We believe our DC experience is credible.
- ix. Determination of Overall Annual Rate Change: See section “L. Manual Rate Development”.

U. District of Columbia and Countrywide Experience.

- i. Earned Premium: See Exhibit A.
- ii. Number of policyholders: As of January, 2015: group policyholders.
- iii. History of Rate Changes (with SERFF tracking numbers):

10/1/15: +1.9%	UHLC-129589692
7/1/15: +2.0%	UHLC-129589692
4/1/15: +1.9%	UHLC-129589692

List of exhibits included in rate filing:

- Exhibit 1: Rates and rate factors.
- Exhibit 2: Benefit plan descriptions.
- Exhibit 3: Rate factor changes.
- Exhibit 3b: Development of plan rates & benefit plan ratios to index rate.
- Exhibit 4: Terminated and changed benefit plans.
- Exhibit 5: Revenue neutrality adjustment from benefit plan resloping.
- Exhibit B: Explanation, support & development of PPACA fees.
- Exhibit C: Development of underwriting loss ratio.
- Exhibit T: Trend assumptions and development.

Please keep these rates confidential to the extent allowed by DC law.

If you have questions, or need any further information, please do not hesitate to contact me.

Sincerely,

Boris P. Gerber

Boris P. Gerber, FSA, MAAA
Actuary
UnitedHealthcare

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For United Healthcare of the Mid-Atlantic,
Inc.

District of Columbia Rate Review

Purpose: The purpose of this rate filing is to comply with DC and Federal requirements. This filing is to outline manual base rates and rating factors compliant to the Patient Protection and Affordable Care Act (PPACA) Adjusted Community Rating requirements on non-grandfathered PPACA compliant small group policies. This filing may not be appropriate for other purposes.

This rate adjustment is for both new business and existing business with renewal dates on or after the effective date of the changes.

Company Identifying Information:

- **Company Legal Name:** UnitedHealthcare of the Mid-Atlantic, Inc.
- **State:** District of Columbia
- **HIOS Issuer ID:** 21066
- **Market:** Small Group
- **Effective Date:** 1/1/2016

Company Contact Information:

- **Primary Contact Name:** Boris Gerber
- **Primary Contact Telephone Number:** 860-702-5540
- **Primary Contact Email Address:** boris_gerber@uhc.com

Proposed Rate Increase: UnitedHealthcare of the Mid-Atlantic, Inc. is filing for revised medical and pharmacy base rates, and plan rating factors that comply with the requirements of PPACA.

The proposed rate changes are as below.

BASE PREMIUM RATES

Medical and Pharmacy base rates have been increased to cover Essential Health Benefit requirements, Insurer and Reinsurance fees, other healthcare reform related costs and needed rate actions from most recent experience. Base premium rates are provided in Exhibits 1 and 3b.

AGE FACTORS

Age factors are provided in Exhibit 1. There are no changes from the age factors in our prior filing, effective January 1, 2015.

PRICING TREND

Pricing trend is being reduced to reflect favorable changes in projected claims trends.
Pricing trend is provided in Exhibit 1.

RATING FORMULA:

The rating formula for non-grandfathered small employer group business is shown below:

Index Rate x Plan Relativity x Trend Factor x Age Factor = Final Health Premium Rate

PLAN DESIGNS AND RATING FACTORS

This rate filing includes some PPACA compliant plans from last year's filing. The plan designs with plan relativities and actuarial value metal tiers are provided in Exhibits 1 and 2. Pharmacy plan details are included on Exhibit 2. All listed plans are designed based on the final Market Reform Rule requirements.

Actuarial Value calculations have been conducted to ensure actuarial values are within the allowed range for each metal tier. The metal tier for each plan has been provided in Exhibit 1. Mental Health Parity testing has been conducted, and final plan designs will ensure compliance.

All plans have been priced on an actuarially equivalent basis, based on the final Market Reform Rule requirement. The plan-specific adjustments to the market-wide index rate (plan relativities) do not reflect differences in health status or risk selection.

Experience Period Premiums and Claims:

- **Paid Through Date:** The experience period is 10/1/2013 to 9/30/2014 paid through 11/30/2014. The experience base includes pre-PPACA plans marketed prior to 2014 and PPACA plans marketed during 2014.
- **Premiums (net of MLR Rebate) in Experience Period:** There are no earned premiums for this license during the experience period.
- **Allowed and Incurred Claims Incurred During the Experience Period:** Incurred claims were developed by first starting with actual claims paid through 11/30/14 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e.

catastrophic claims, pending claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
 - 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.
- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors:

- **Changes in the Morbidity of the Population Insured:** Based on the characteristics of groups insured in current book of business, we have estimate the possibility for small employer to drop out from the fully insurance health insurance market, and thus the potential changes in the demographic and morbidity of the full insure population. The risk identified as small employer drop out risk is included in URRT "population risk morbidity" trend category.
- **Changes in Benefits:** The estimate of the cost of added Essential Health Benefits were developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors adopted by the District of Columbia are used in rating.
- **Trend Factors:** UnitedHealthcare Medical Expense Forecasting Process Overview & Considerations:

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

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. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. 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.

Credibility Manual Rate Development:

- **Source and Appropriateness of Experience Data Used:** The experience period source data used to develop manual rates is the actual total combined experience for UnitedHealthcare Insurance Company and Optimum Choice, Inc., in DC for employers with 2-100 employees. To reflect this in the URRT, we have combined the projected allowed claims for UnitedHealthcare Insurance Company and Optimum Choice, Inc. with 2-50 employees, and added a 51-100 adjustment. This multiplicative adjustment is the Allowed PMPM of the 2-100 employee segment for the experience period divided by the Allowed PMPM of the 2-50 employee segment for the experience period.

Credibility of Experience: We have set our rate levels based on the combined experience of UnitedHealthcare Insurance Company and Optimum Choice, Inc. in DC with 149,516 member months in the experience period. With an addition of a catastrophic claim adjustment this combined experience is assumed to be credible.

Paid to Allowed Ratio: The paid to allowed average factor in the projection period is set to be consistent with the overall estimates of projected revenue and claims per member per month based on the projected membership.

Risk Adjustment and Reinsurance:

- **Projected Risk Adjustments (PMPMs):** Based on a Risk Adjustment study conducted by an independent consulting firm, we expect that for small group 2-50 we will be a 5.4% risk payer in total for our four licenses. We have no information regarding the risk status of our 51-100 business, so we are assuming risk neutrality. The weighted average for 2-100 is that we will be a 4.4% risk payer in total. The same estimate was used for Experience Period as for Projection Period.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** Because this is a small group filing, and not in a combined Individual/Small Group market, there is no projected Reinsurance Recovery. The amount shown is an estimate of Reinsurance Premium

Non-Benefit Expenses and Risk Margin: The expenses assumed in the development of the proposed rates are as follows: The administrative expenses are the total average expenses for the small group licenses. Except for the addition of PPACA fees, they are forecasted 2015 year expenses that are expected to continue in the future.

% of Premium	Expense Category
10.3%	Admin Expenses
3.8%	Profit
<u>7.5%</u>	Taxes & Fees
21.6%	Total

Projected Loss Ratio: The projected loss ratio using Federally prescribed MLR methodology is 85.1%.

Single Risk Pool:

The Single Risk Pool reflects all covered lives for every non-grandfathered product and is established according to the requirements in 45 CFR part 156.80(d) which includes all enrollees in all health plans (other than grandfathered health plans) subject to section 2701 of the Public Health Service Act. The Single Risk Pool is specific to the legal entity and the state of this filing.

Index Rate:

The development of the Index Rate for Projection Period is shown in the table below. The Projected Allowed Claims for 1Q16 is the Projected Allowed Experience Claims from Section III. The Index Rate is then member weighted average for each effective date. We use total DC experience in our base rate review process to determine rate changes and therefore we believe the single index rate for both licenses is more appropriate.

DC Small Group Total					
2015 Effective Dates	1Q16	2Q16	3Q16	4Q16	Total Single Risk Pool
Member Months	2237	1766	2647	5833	12,483
Q1 Projected Allowed Claims	416.99	416.99	416.99	416.99	
Quarterly Trend w/o benefit leveraging	1.000	1.017	1.035	1.052	
51-100 Allowed Adjustment	1.0044	1.0044	1.0044	1.0044	
Projected Allowed Claims	418.82	426.02	433.34	440.78	
2016 Index Rate	\$433.18				
Effective Date for Part I	1/1/2016				

Plan Adjusted Index Rate:

Plan Adjusted Index Rates are provided in the URRT Part I. The adjustments that have been applied to the development of the Plan Adjusted Index Rates include:

Provider Network: these adjustment factors are developed based on the underlining provider network features, contract terms, utilization and cost patterns due to the network features.

Actuarial Value and Cost Sharing: These values are developed with the method identified in the sections below and applied to each plan accordingly.

Distribution and Administrative Cost: This adjustment is developed based on the method described in the "Non-Benefit Expense and Profit & Risk" section. The same adjustment has been applied to all plans to develop the Plan Adjusted Index Rate.

The formula to develop the Plan Adjusted Index Rate is as below:

Plan Adjusted Index Rate= (Market Adjusted Index Rate X Provider Network Savings X Actuarial Value and Cost Sharing)/(1- Distribution and Administrative Cost).

Index Rate To Consumer Rate for Sample Plans

Plan Name	UHCMA AD-70.YM
2016 Effective Dates	1Q16
Projected Allowed Claims (DC Total)	\$418.82
Risk Adjustment	4.40%
Reinsurance Assessment	0.55%
User Exchange Fee	1.00%
Market Adjusted Index Rate	\$444.05
Provider Network Savings	0.9343
Actuarial Value and Cost Sharing	0.47429
Distribution and Administrative Cost	20.6%
Plan Adjusted Index Rate	\$247.82
Calibration	
Age Factor Calibration	1.0794
Area Factor Calibration	1.000
Tobacco Factro Calibration	1.000
Age 21 Age Factor	0.727
Calibrated Plan Adjusted Index Rate	\$166.92
Actual Consumer Rate (Age 21)	\$166.92

Calibration:

Age Curve Calibration is calculated as the premium weighted average age rating factors (based on the DC Age Scale) in experience period. The factor is calculated to be 1.0794. This age curve value translates to a weighted average age of 43 years old.

Geographic Factor Calibration is calculated as the premium weighted average rating area factors (based ACR compliant rating area setting) in experience period. The factor is calculated to be 1.000.

Description of development of geographic rating factors

Geographic area rating factors are not used in pricing, which represents no change from the previously approved area factors.

The calibration factors are applied uniformly to all plans.

Calibrated Plan Adjusted Index Rate

Consumer Adjusted Premium Rate is developed with the formula below:

Consumer Adjusted Premium Rate = Plan Adjusted Index Rate x 1/ Age Curve Calibration
X 1/ Geographic Factor Calibration X Age 21 Age Factor

Member level plan premium rate information is provided in Rate Data Template.

AV Metal Values: The below actuarial certification describes the methodology and the AV calculator input values used for the plan design features that do not fit into the parameters of the AV calculator.

The AV metal value was calculated using the Federal AV calculator. For the benefit designs that cannot be directly coded in the Federal AV calculator, claim distribution information provided in the Federal AV calculator has been used to convert the benefit design in to equivalent benefit designs that can be coded in the Federal AV calculator.

Certification for AV Calculator

Estimation of fit of plan design into the parameters of AV calculator

Metallic Plan (e)	Imaging (CT/PET Scans, MRIs)	OP Copay		Specialty Drugs (i.e. high-cost)	Methodology
		Free-Standing setting	Hospital setting		
		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		
Bronze 1	-	-	-	\$109.60	d, e
Bronze 2	-	-	-	\$109.60	d, e
Bronze 3	-	-	-	\$109.60	d, e
Bronze-4	-	-	84.77%	\$109.60	b, c, d, e
Silver 1	-	90.86%	-	\$109.60	b, c, d, e
Silver 2	-	-	-	\$109.60	d, e
Silver 3	-	-	-	\$109.60	d, e
Silver 4	-	-	-	\$109.60	d, e
Silver 5	-	-	-	\$109.60	d, e
Silver 7	-	90.86%	-	\$109.60	b, c, d, e
Silver 8	-	90.86%	-	\$109.60	b, c, d, e
Silver 9	-	90.86%	-	\$109.60	b, c, d, e
Silver 10	-	90.86%	-	\$109.60	b, c, d, e
Silver-11	-	-	92.38%	\$109.60	b, c, d, e
Gold 1	-	-	-	\$109.60	d, e
Gold 2	-	92.38%	-	\$109.60	b, c, d, e
Gold 3	-	92.38%	-	\$109.60	b, c, d, e
Gold 4	-	90.86%	-	\$109.60	b, c, d, e
Gold 5	-	95.43%	-	\$109.60	b, c, d, e
Gold 6	-	95.43%	-	\$109.60	b, c, d, e
Gold 7	-	-	-	\$109.60	d, e
Gold 8	54.02%	-	73.91%	\$109.60	a, b, c, d, e
Gold 9	60.78%	-	83.14%	\$109.60	a, b, c, d, e
Gold 10	54.03%	-	73.91%	\$109.60	a, b, c, d, e
Gold-11	-	-	95.43%	\$109.60	b, c, d, e
Gold-12	64.42%	-	76.34%	\$109.60	a, b, c, d, e
Gold-13	67.54%	-	92.38%	\$109.60	a, b, c, d, e
Platinum 1	65.77%	-	92.38%	\$109.60	a, b, c, d, e
Platinum 2	-	95.43%	90.86%	\$109.60	b, c, d, e
Platinum 3	-	-	-	\$110.40	d, e
Platinum 4	-	-	95.43%	\$110.40	b, c, d, e
Platinum 5	-	96.95%	90.86%	\$110.40	b, c, d, e
Platinum 6	-	97.71%	95.43%	\$110.40	b, c, d, e
Platinum 11	81.06%	-	95.43%	\$109.60	a, b, c, d, e
Platinum 12	-	-	-	\$39.40	d, e
Platinum 13	-	95.43%	95.43%	\$39.40	b, c, d, e
Platinum 14	-	-	-	\$39.40	d, e

Methodology

- a) An effective coinsurance for Per-Occurrence Deductibles on Imaging services was calculated based on unit costs derived from UnitedHealthcare's proprietary pricing model.
- b) Actuarial Value Calculator does not support outpatient copay, company's data was used to estimate effective coinsurance factor.
- c) Actuarial Value is the blend of Free-Standing and Hospital setting run, where Free Standing and Hospital Setting utilization are 45% and 55%, respectively.
- d) Speciality Rx: Multiple cost sharing levels are combined into a composite level using HHS tool unit cost to different tiers.
- e) See Exhibit 2 for plan benefit description, and for tie-in to benefit plan name.

Certification

For plan design features that do not fit into the parameters of the AV Calculator, I certify that both the methodology and the calculated estimated values are in accordance with generally accepted actuarial principles and methodologies.

Boris P. Gerber

Boris P. Gerber, FSA, MAAA

AV Pricing Values:

Plans are priced through the proprietary UnitedHealthcare pricing model. The model, which was updated for January 1, 2016 pricing, uses UHC fully-insured national small-group claim experience for groups that were in force for all of calendar-year 2013 and is fully-credible. Current claim data is then projected to the pricing period based on national projections of utilization, unit cost, and sloping. These projections are done at the service category (inpatient, outpatient, etc.) level.

At this point, benefit design parameters such as deductibles, copays, coinsurance, etc. are applied to the claim distributions of the matching service category. This cost-sharing is applied, and the values of each service category are summed to come up with the overall benefit value. This overall benefit value is then compared to a base benefit design to calculate the plan relativity.

In order to preserve consistency, the same claim experience and projection assumptions are applied to all plan relativity calculations.

Membership Projections: Membership is projected at 600 member months spread evenly across all plans.

Terminated Plans and Products: No products are being terminated. Some plans are being terminated as of the end of 2015. See Exhibit 4 for a list.

Plan Type: Not applicable.

Warning Alerts:

Line 54: The average premium PMPM does not match the member weighted Plan Adjusted Index Rate in the experience period. The differential is caused by a high proportion of experience in non-single risk pool compliant plans for which 0 is entered as the Plan Adjusted Index Rate for these plans.

Line 56. The total premium in the experience period does not match the derived value from the Plan Adjusted Index Rates. The differential is caused by the warning in Line 54.

Reliance: Not applicable.

Actuarial Certification:

I, Boris P. Gerber am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),

- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135. Some plans within this portfolio have cost sharing features that differ between individual and family coverage (i.e., when two or more people are covered by the plan). For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable to individuals in the actuarial value calculation.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,



Boris P. Gerber, FSA, MAAA
Actuary, UnitedHealthcare
185 Asylum Street, CT039-16B
Hartford, CT 06103
Phone 860-702-5540 Fax 860-702-5016
Date: 4/30/2015

UnitedHealthcare of the Mid-Atlantic, Inc.
DC Small Group
2016 Non-Grandfathered Employer Rates

Scope and Range of the Rate Increase

The requested average rate change for the small group health benefit plans sold in the District of Columbia is +14.6%, though rate changes may range from +3.4% to +17.3% depending on the specific plan. Additional premium changes may occur due to member aging and changes in plan selection. Rate changes will be effective January 1, 2016.

Changes in Medical Service Costs

There are many different health care cost trends that contribute to increases in the overall U.S. health care spending each year. These trend factors affect health insurance premiums, which can mean a premium rate increase to cover costs. Some of the key health care cost trends that have affected this year's rate actions include:

- **Increasing Cost of Medical Services:** Annual increases in reimbursement rates to health care providers – such as hospitals, doctors, and pharmaceutical companies.
- **Increased Utilization:** The number of office visits and other services continues to grow. In addition, total health care spending will vary by the intensity of care and use of different types of health services. The price of care can be affected by the use of expensive procedures such as surgery versus simply monitoring or providing medications.
- **Higher Costs from Deductible Leveraging:** While health care costs continue to rise every year, if deductibles and copayments remain the same, a greater percentage of health care costs need to be covered by health insurance premiums each year.
- **Cost shifting from the public to the private sector:** Reimbursements from the Center for Medicare and Medicaid Services (CMS) to hospitals do not generally cover the cost of providing care to these patients. Hospitals generally make up this reimbursement shortfall by charging private health plans more..
- **Impact of New Technology:** Improvements to medical technology and clinical practice require use of more expensive services - leading to increased health care spending and utilization.

Changes in Benefits

Changes in covered benefits or benefit plan designs impact costs and therefore affect premium changes. Benefit plans are typically changed for one of three reasons: to comply with the requirements of the Affordable Care Act, to respond to consumer feedback, or to address a particular medical cost issue to provide for greater long-term affordability of the product.

The Affordable Care Act implemented requirements for the “value” that must be offered by plan designs in the Individual and Small Group markets. These are called “metal levels”. For a benefit plan to remain classified within a particular metal level from year to year, adjustments to deductibles, copayments or coinsurance are sometimes required. These adjustments impact the cost and therefore the premium increases for the plan.

Administrative Costs and Anticipated Profits

UnitedHealthcare works to directly control administrative expenses by adopting better processes and technology and developing programs and innovations that make health care more affordable. We have led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions. Updated analysis of administrative costs has shown that the administrative costs associated with these plans are higher than previously estimated and those costs are included in the requested rate change. Our anticipated margin for profit and contingencies has been reduced, so there have been no premium increases due to changes in anticipated profit targets.

State and Federal government imposed taxation and fees are significant factors that impact health care spending and have to be included in the administrative costs associated with the plans. These fees include Patient Protection and Affordable Care Act taxes and fees which impact health insurance costs and need to be reflected in premium.

A review of current UnitedHealthcare of the Mid-Atlantic, Inc. premium rates indicates that the current rates are not sufficient to cover the expected benefit and administrative costs. The requested rate change is anticipated to be sufficient to cover the projected benefit and administrative costs for the 2016 plan year.



185 Asylum Street, CT039-16B
Hartford, CT 06103
Phone 860-702-5540 Fax 860-702-5016
E-Mail: boris_gerber@uhc.com

April 30, 2015

Efren Tanhehco, Actuary
DC Department of Insurance & Securities Regulation
810 First Street, NE Suite 701
Washington, DC 20002

Re: UnitedHealthcare of the Mid-Atlantic, Inc.
Small Group Rate Filing

Dear Mr. Tanhehco:

This rate filing presents proposed premium rates effective January 1, 2016 through December 31, 2016 for medical and Rx benefit plans to be sold by UnitedHealthcare of the Mid-Atlantic, Inc. to small group employers. The benefit plans and rates are for non-grandfathered employers.

- A. Company Name: UnitedHealthcare of the Mid-Atlantic, Inc.
- B. NAIC Company Code: 95025
- C. Marketing Name of Products: HMO products: Core and Navigate
- D. Date Filing Submitted: 4/30/2015
- E. Proposed Effective Date: 1/1/2016
- F. Type of Product: Medical and prescription drug HMO
- G. Market: Small group
- H. Scope and Purpose of Filing: 2016 rates for small group plans meeting the requirements of the Patient Protection and Affordable Care Act (PPACA).
- I. Initial Filing or Rate Change: Rate change to previously filed and approved rates.
- J. Overall Premium Impact of Filing on DC Policyholders: An average 14.6% renewal rate increase.
- K. Contact Information: Boris Gerber, 860-702-5540, boris_gerber@uhc.com.

If you have any questions, please do not hesitate to call.

Sincerely,

Boris P. Gerber, FSA, MAAA
Actuary, UnitedHealthcare

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 2	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
	Rehabilitative Speech Therapy, Copay, if separate	I27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	I33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	I34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.60	page 8	
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
Specialty Drugs (i.e. high-cost), Copay, if separate	I41			
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: UHLC- 129946667 and UHLC-129944152

Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.®

Form Number(s) of Plan: Platinum 1

Hospital Setting

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
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HSA/HRA Options

Annual Contribution Amount	E4		N/A
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Narrow Network Options

1st Tier Utilization	H4	58.0%	N/A
2nd Tier Utilization	H5	42.0%	N/A

Plan Benefit Design

Tier 1	Deductible (\$) (Medical)	B10	\$250.00	page 4
	Deductible (\$) (Drug)	C10	\$0.00	page 4
	Deductible (\$) (Combined)	D10		
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	100.00%	pages 6-25
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pages 7and 8
	Coinsurance (% Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$2,000.00	page 5
	OOP Maximum if Separate (\$) (Medical)	B13		

Tier 2	Deductible (\$) (Medical)	F10	\$250.00	page 4
	Deductible (\$) (Drug)	G10	\$0.00	page 4
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11	100.00%	pages 6-25
	Coinsurance (% Insurer's Cost Share) (Drug)	G11	100.00%	pages 7and 8
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12	\$2,000.00	page 5
	OOP Maximum if Separate (\$) (Medical)	F13		

Medical Benefits

Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$15.00	page 16
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$30.00	page 16
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30.00	pages 14 and 21
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	65.77%	page 13
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$15.00	page 19
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$15.00	page 19
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	92.38%	pages 21-22
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			

Tier 2	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$15.00	page 16
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	I21	\$30.00	page 16
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$30.00	pages 14 and 21
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24	65.77%	page 13
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
	Rehabilitative Speech Therapy, Copay, if separate	I27	\$15.00	page 19
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	\$15.00	page 19

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	I33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	I34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.60	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	\$109.60	page 8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) Actuarial Value Calculator does not support outpatient copay , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHCL-129946667 and UHCL-129944152					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Platinum 2					
Free Standing					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	74.0%	N/A	
	2nd Tier Utilization	H5	26.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	page 4	
	Deductible (\$) (Drug)	C10	\$50.00	page 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	100.00%	pages 6-26	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,000.00	page 5	
Tier 2	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
	Deductible (\$) (Medical)	F10	\$0.00	page 4	
	Deductible (\$) (Drug)	G10	\$50.00	page 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11	100.00%	pages 6-26	
	Coinsurance (% Insurer's Cost Share) (Drug)	G11	100.00%	pages 7 and 8	
Tier 1	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$3,000.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
	Medical Benefits				
	Tier 1	Emergency Room Services, Coinsurance, if different	D18		
		Emergency Room Services, Copay, if separate	E18	\$250.00	page 9
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		D19			
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		E19	\$500.00	pages 7,12,14 and 21	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		D20			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		E20	\$15.00	pages 15-16	
Specialist Visit, Coinsurance, if different		D21			
Specialist Visit, Copay, if separate		E21	\$30.00	pages 15-16	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		D22			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		E22	\$30.00	pages 14 and 21	
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		D24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		E24	\$150.00	page 13	
Rehabilitative Speech Therapy, Coinsurance, if different		D27			
Rehabilitative Speech Therapy, Copay, if separate		E27	\$15.00	page 20	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		D28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		E28	\$15.00	page 20	
Laboratory Outpatient and Professional Services, Coinsurance, if different		D32			
Laboratory Outpatient and Professional Services, Copay, if separate		E32			
X-rays and Diagnostic Imaging, Coinsurance, if different		D33			
X-rays and Diagnostic Imaging, Copay, if separate		E33			
Skilled Nursing Facility, Tier 1, Coinsurance, if different		D34			
Skilled Nursing Facility, Tier 1, Copay, if separate		E34	\$500.00	page 21	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		D35	95.43% (uncheck ded)	page 22	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		E35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36				
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36				
Tier 2	Emergency Room Services, Coinsurance, if different	H18			
	Emergency Room Services, Copay, if separate	I18	\$250.00	page 9	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$15.00	pages 15-16	
	Specialist Visit, Coinsurance, if different	H21			
	Specialist Visit, Copay, if separate	I21	\$30.00	pages 15-16	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$30.00	pages 14 and 21	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24	\$150.00	page 13	
	Rehabilitative Speech Therapy, Coinsurance, if different	H27			
	Rehabilitative Speech Therapy, Copay, if separate	I27	\$15.00	page 20	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	\$15.00	page 20	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32			
	Laboratory Outpatient and Professional Services, Copay, if separate	I32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33			
	X-rays and Diagnostic Imaging, Copay, if separate	I33			
	Skilled Nursing Facility, Coinsurance, if different	H34			
	Skilled Nursing Facility, Copay, if separate	I34	\$500.00	page 21	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36				
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36				
Drug Benefits					
C1	Generics, Coinsurance, if different	D38			
	Generics, Copay, if separate	E38	\$10.00	page 8	
	Preferred Brand Drugs, Coinsurance, if different	D39			
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8	

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.60	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	\$109.60	page 8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48	3	pages 7,12,14 and 21
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHCL-129946667 and UHLC-129944152					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Platinum 2					
Hospital Setting					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	74.0%	N/A	
	2nd Tier Utilization	H5	26.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	page 4	
	Deductible (\$) (Drug)	C10	\$50.00	page 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	100.00%	pages 6-26	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,000.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$0.00	page 4	
	Deductible (\$) (Drug)	G10	\$50.00	page 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11	100.00%	pages 6-26	
	Coinsurance (% Insurer's Cost Share) (Drug)	G11	100.00%	pages 7 and 8	
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$3,000.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	\$250.00	page 9	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$500.00	pages 7,12,14 and 21	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$15.00	pages 15-16	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$30.00	pages 15-16	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30.00	pages 14 and 21	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	page 13	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$15.00	page 20	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$15.00	page 20	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$500.00	page 21	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	90.86%	page 22	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18	\$250.00	page 9
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19	\$500.00	pages 7,12,14 and 21
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$15.00	pages 15-16
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$30.00	pages 15-16
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$30.00	pages 14 and 21
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$300.00	page 13	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$15.00	page 20	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$15.00	page 20	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34	\$500.00	page 21	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
		Generics, Coinsurance, if different	D38		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 1	Generics, Copay, if separate	E38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.60	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	\$109.60	page 8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48	3	pages 7,12,14 and 21
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: UHLC-12946667
 Company Name: UnitedHealthcare Insurance Company
 Form Number(s) of Plan: Platinum 3

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$250.00	page 4	
	Deductible (\$) (Drug)	C10	\$50.00	page 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	90.00%	pages 6-22	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$2,500.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	B13			
OOP Maximum if Separate (\$) (Drug)	C13				
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
OOP Maximum if Separate (\$) (Drug)	G13				
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$10.00	page 15	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$20.00	page 15	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$20.00	pages 12-14 and 21	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$10.00	page 17	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$10.00	page 17	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22			
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different	H33				
X-rays and Diagnostic Imaging, Copay, if separate	I33				
Skilled Nursing Facility, Coinsurance, if different	H34				
Skilled Nursing Facility, Copay, if separate	I34				

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$15.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$25.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$50.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$110.40	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: UHLC-129946667 and UHLC-129944152
 Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.
 Form Number(s) of Plan: Platinum 4

Free Standing					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	page 4	
	Deductible (\$) (Drug)	C10	\$0.00	page 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	100.00%	pages 6-25	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$5,000.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	B13			
OOP Maximum if Separate (\$) (Drug)	C13				
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
OOP Maximum if Separate (\$) (Drug)	G13				
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	\$150.00	page 9	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$15.00	page 16	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$30.00	page 16	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30.00	pages 14 and 21	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$15.00	page 19	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$15.00	page 19	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different	H34				
Skilled Nursing Facility, Copay, if separate	I34				

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$15.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$25.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$50.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$110.40	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129946667 and UHLC-129944152					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Platinum 4					
Hospital Setting					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	58.0%	N/A	
	2nd Tier Utilization	H5	42.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	page 4	
	Deductible (\$) (Drug)	C10	\$0.00	page 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	100.00%	pages 6-25	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$5,000.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$0.00	page 4	
	Deductible (\$) (Drug)	G10	\$0.00	page 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11	100.00%	pages 6-25	
	Coinsurance (% Insurer's Cost Share) (Drug)	G11	100.00%	pages 7 and 8	
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$5,000.00	page 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	\$150.00	page 9	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$15.00	page 16	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$30.00	page 16	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30.00	pages 14 and 21	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$150.00	page 13	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$15.00	page 19	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$15.00	page 19	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	95.43% (no ded)	page 22	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18	\$150.00	page 9
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$15.00	page 16
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$30.00	page 16
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$30.00	pages 14 and 21
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$150.00	page 13	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$15.00	page 19	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$15.00	page 19	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
		Generics, Coinsurance, if different	D38		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 1	Generics, Copay, if separate	E38	\$15.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$25.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$50.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$110.40	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$15.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	\$25.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$50.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	\$110.40	page 8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: UHLC-129946667

Company Name: UnitedHealthcare Insurance Company,

Form Number(s) of Plan: Platinum 5

Free Standing

	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
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HSA/HRA Options

Annual Contribution Amount	E4		N/A
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Narrow Network Options

1st Tier Utilization	H4	58.0%	N/A
2nd Tier Utilization	H5	42.0%	N/A

Plan Benefit Design

Tier 1	Deductible (\$) (Medical)	B10	\$0.00	page 4
	Deductible (\$) (Drug)	C10	\$50.00	page 4
	Deductible (\$) (Combined)	D10		
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	100.00%	pages 6-25
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$3,000.00	page 5
	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug)	C13		

Tier 2	Deductible (\$) (Medical)	F10	\$0.00	page 4
	Deductible (\$) (Drug)	G10	\$50.00	page 4
	Deductible (\$) (Combined)	H10		
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	100.00%	pages 7 and 8
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	100.00%	pages 6-25
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12	\$3,000.00	page 5
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		

Medical Benefits

Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$150.00	page 9
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	page 16
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$60.00	page 16
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$60.00	pages 14-15 and 21-22
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$100.00	page 13
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	page 19
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	page 19
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	96.95%	page 22
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			

Tier 2	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	I18	\$150.00	page 9
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$20.00	page 16
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	I21	\$60.00	page 16
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$60.00	pages 14-15 and 21-22
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24	\$100.00	page 13
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
	Rehabilitative Speech Therapy, Copay, if separate	I27	\$20.00	page 19
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	\$20.00	page 19
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	I33		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	I34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$15.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$25.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$50.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$110.40	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$15.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	\$25.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$50.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	\$110.40	page8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: UHLC-129946667
 Company Name: UnitedHealthcare Insurance Company,
 Form Number(s) of Plan: Platinum 5

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	58.0%	N/A	
	2nd Tier Utilization	H5	42.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	page 4	
	Deductible (\$) (Drug)	C10	\$50.00	page 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	100.00%	pages 6-25	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,000.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$0.00	page 4	
	Deductible (\$) (Drug)	G10	\$50.00	page 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	100.00%	pages 6-25	
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	100.00%	pages 7 and 8	
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$3,000.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	\$150.00	page 9	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	page 16	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$60.00	page 16	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$60.00	pages 14-15 and 21-22	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	page 13	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	page 19	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	page 19	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	90.86%	page 22	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18	\$150.00	page 9
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$20.00	page 16
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$60.00	page 16
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$60.00	pages 14-15 and 21-22
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$300.00	page 13	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$20.00	page 19	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$20.00	page 19	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$15.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$25.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$50.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$110.40	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$15.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	\$25.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$50.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	\$110.40	page 8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a Actuarial Value Calculator does not support <u>outpatient copay</u> . company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129946667					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Platinum 6					
Free Standing					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	58.0%	N/A	
	2nd Tier Utilization	H5	42.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	page 4	
	Deductible (\$) (Drug)	C10	\$0.00	page 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	100.00%		
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,000.00		
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$0.00		
	Deductible (\$) (Drug)	G10	\$0.00		
	Deductible (\$) (Combined)	H10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	100.00%		
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	100.00%		
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$3,000.00		
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	\$150.00	page 9	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	page 16	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$40.00	page 16	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$40.00	pages 14,15 and 21	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$75.00	page 13	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	page 19	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	page 19	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	97.71%	page 22	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18	\$150.00	page 9
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$20.00	page 16
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$40.00	page 16
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$40.00	pages 14,15 and 21
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$75.00	page 13	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$20.00	page 19	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$20.00	page 19	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different	H34				
Skilled Nursing Facility, Copay, if separate	I34				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35				

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$15.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$25.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$50.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$110.40	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$15.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	\$25.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$50.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	\$110.40	page 8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: UHLC-129946667
 Company Name: UnitedHealthcare Insurance Company
 Form Number(s) of Plan: Platinum 6

Hospital Setting				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found

HSA/HRA Options				
	Annual Contribution Amount	E4		N/A

Narrow Network Options				
	1st Tier Utilization	H4	58.0%	N/A
	2nd Tier Utilization	H5	42.0%	N/A

Plan Benefit Design

Tier 1	Deductible (\$) (Medical)	B10	\$0.00	page 4
	Deductible (\$) (Drug)	C10	\$0.00	page 4
	Deductible (\$) (Combined)	D10		
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	100.00%	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11		
	OOB Maximum (\$)	B12	\$3,000.00	page 5
	OOB Maximum if Separate (\$) (Medical)	B13		
	OOB Maximum if Separate (\$) (Drug)	C13		

Tier 2	Deductible (\$) (Medical)	F10	\$0.00	page 4
	Deductible (\$) (Drug)	G10	\$0.00	page 4
	Deductible (\$) (Combined)	H10		
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	100.00%	
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	100.00%	pages 7 and 8
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11		
	OOB Maximum (\$)	F12	\$3,000.00	page 5
	OOB Maximum if Separate (\$) (Medical)	F13		
	OOB Maximum if Separate (\$) (Drug)	G13		

Medical Benefits

Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$150.00	page 9
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	page 16
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$40.00	page 16
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$40.00	pages 14,15 and 21
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$150.00	page 13
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	page 19
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	page 19
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	95.43%	page 22
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		

Tier 2	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	I18	\$150.00	page 9
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$20.00	page 16
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	I21	\$40.00	page 16
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$40.00	pages 14,15 and 21
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24	\$150.00	page 13
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
	Rehabilitative Speech Therapy, Copay, if separate	I27	\$20.00	page 19
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	\$20.00	page 19
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	I33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	I34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$15.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$25.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$50.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$110.40	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$15.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	\$25.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$50.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	\$110.40	page 8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) Actuarial Value Calculator does not support outpatient copay, company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: UHLC-129946667				
Company Name: UnitedHealthcare Insurance Company				
Form Number(s) of Plan: Platinum 12				
Free Standing				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4		N/A
Narrow Network Options				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	page 4
	Deductible (\$) (Drug)	C10	\$0.00	page 4
	Deductible (\$) (Combined)	D10		
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	100.00%	pages 5-24
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8
	Coinsurance (% Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$3,000.00	page 4
	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$100.00	page 9
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$15.00	page 16
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$30.00	page 16
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30.00	pages 13, 14 and 20
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$15.00	page 18
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$15.00	page 18
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	
Emergency Room Services, Copay, if separate		I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20		
Specialist Visit, Coinsurance, if different		H21		
Specialist Visit, Copay, if separate		I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		
Rehabilitative Speech Therapy, Coinsurance, if different		H27		
Rehabilitative Speech Therapy, Copay, if separate		I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		
Laboratory Outpatient and Professional Services, Copay, if separate		I32		
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		
X-rays and Diagnostic Imaging, Copay, if separate		I33		
Skilled Nursing Facility, Coinsurance, if different		H34		
Skilled Nursing Facility, Copay, if separate		I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36		
Drug Benefits				
	Generics, Coinsurance, if different	D38		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 1	Generics, Copay, if separate	E38	\$10.00	
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$39.40	
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: UHLC-129946667
 Company Name: UnitedHealthcare Insurance Company
 Form Number(s) of Plan: Platinum 13

Free Standing				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found

HSA/HRA Options				
	Annual Contribution Amount	E4		N/A

Narrow Network Options				
	1st Tier Utilization	H4	74.0%	N/A
	2nd Tier Utilization	H5	26.0%	N/A

Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	page 4
	Deductible (\$) (Drug)	C10	\$0.00	page 4
	Deductible (\$) (Combined)	D10		
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	100.00%	pages 5-24
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8
	Coinsurance (% Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$3,000.00	page 4
	OOP Maximum if Separate (\$) (Medical)	B13		

Tier 2	Deductible (\$) (Medical)	F10	\$0.00	page 4
	Deductible (\$) (Drug)	G10	\$0.00	page 4
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11	100.00%	pages 5-24
	Coinsurance (% Insurer's Cost Share) (Drug)	G11	100.00%	pages 7 and 8
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12	\$3,000.00	page 4
	OOP Maximum if Separate (\$) (Medical)	F13		

Medical Benefits

Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$100.00	page 9
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$300.00	pages 7, 11,12, 13,14,20,21
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	page 16
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$40.00	page 16
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$40.00	pages 13-15, 19-20
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$150.00	pages 12-13
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	pages 18 and 19
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	pages 18 and 19
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$300.00	pages 19-20	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	95.43%	page 21	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			

Tier 2	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	I18	\$100.00	page 9
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$20.00	page 16
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	I21	\$40.00	page 16
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$40.00	pages 13-15, 19-20
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24	\$150.00	pages 12-13
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
	Rehabilitative Speech Therapy, Copay, if separate	I27	\$20.00	pages 18 and 19
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	\$20.00	pages 18 and 19
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34			
Skilled Nursing Facility, Copay, if separate	I34	\$300.00	pages 19-20	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36			

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$39.40	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	\$39.40	page 8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	Note: Actuarial Value Calculator does not support outpatient copay , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129946667					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Platinum 14					
Free Standing					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	page 4	
	Deductible (\$) (Drug)	C10	\$0.00	page 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	100.00%	pages 5 - 24	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,000.00	page 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	\$200.00	page	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$10.00	pages 15 and 16	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$20.00	pages 15 and 16	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$20.00	pages 13, 14 and 20	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$10.00	pages 18 and 19	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$10.00	pages 18 and 19	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different	H34				
Skilled Nursing Facility, Copay, if separate	I34				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35				

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$39.40	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: UHLC-129946667			
Company Name: UnitedHealthcare Insurance Company			
Form Number(s) of Plan: Gold 1			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4		N/A
Narrow Network Options			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
Plan Benefit Design			
Tier 1			
Deductible (\$) (Medical)	B10	\$1,300.00	page 4
Deductible (\$) (Drug)	C10		
Deductible (\$) (Combined)	D10		
Coinsurance (% Insurer's Cost Share) (Medical)	B11	90.00%	pages 7-23
Coinsurance (% Insurer's Cost Share) (Drug)	C11		
Coinsurance (% Insurer's Cost Share) (Combined)	D11		
OOP Maximum (\$)	B12	\$2,600.00	page 5
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)	G10		
Deductible (\$) (Combined)	H10		
Coinsurance (% Insurer's Cost Share) (Medical)	F11		
Coinsurance (% Insurer's Cost Share) (Drug)	G11		
Coinsurance (% Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12		
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38		
Generics, Copay, if separate	E38	\$10.00	page 8
Preferred Brand Drugs, Coinsurance, if different	D39		
Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8
Non-Preferred Brand Drugs, Coinsurance, if different	D40		
Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.60	page 8
Tier 2			
Generics, Coinsurance, if different	H38		
Generics, Copay, if separate	I38		
Preferred Brand Drugs, Coinsurance, if different	H39		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 2	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: UHLC-129946667				
Company Name: UnitedHealthcare Insurance Company				
Form Number(s) of Plan: Gold 7				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4		N/A
Narrow Network Options				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$1,400.00	page 4
	Deductible (\$) (Drug)	C10		
	Deductible (\$) (Combined)	D10		
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	100.00%	pages 7-23
	Coinsurance (% Insurer's Cost Share) (Drug)	C11		
	Coinsurance (% Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$2,800.00	page 5
	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$250	page 10
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	
Emergency Room Services, Copay, if separate		I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20		
Specialist Visit, Coinsurance, if different		H21		
Specialist Visit, Copay, if separate		I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		
Rehabilitative Speech Therapy, Coinsurance, if different		H27		
Rehabilitative Speech Therapy, Copay, if separate		I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		
Laboratory Outpatient and Professional Services, Copay, if separate		I32		
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		
X-rays and Diagnostic Imaging, Copay, if separate		I33		
Skilled Nursing Facility, Coinsurance, if different		H34		
Skilled Nursing Facility, Copay, if separate		I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.6	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129946667 and UHLC-12944152					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Gold 8					
Free Standing					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,000.00	page 4	
	Deductible (\$) (Drug)	C10	\$0.00	page 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	80.00%	pages 6-25	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,500.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30.00	page 16	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$60.00	page 16	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$60.00	page 14 and 21	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30.00	page 19	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30.00	page 19	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.60	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129946667 and UHLC- 12944152					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Gold 8					
Hospital Setting					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	58.0%	N/A	
	2nd Tier Utilization	H5	42.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,000.00	page 4	
	Deductible (\$) (Drug)	C10	\$0.00	page 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	80.00%	pages 6-25	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,500.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$1,000.00	page 4	
	Deductible (\$) (Drug)	G10	\$0.00	page 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	80.00%	pages 6-25	
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	100.00%	pages 7 and 8	
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$3,500.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30.00	page 16	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$60.00	page 16	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$60.00	page 14 and 21	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	54.02%	page 13	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30.00	page 19	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30.00	page 19	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	73.91%	page 22	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$30.00	page 16
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$60.00	page 16
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$60.00	page 14 and 21
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24	\$54.02	page 13	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$30.00	page 19	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$30.00	page 19	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.60	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	\$109.60	page 8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: UHLC-129946667				
Company Name: UnitedHealthcare Insurance Company				
Form Number(s) of Plan: Gold 9				
Free Standing				
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options				
Annual Contribution Amount	E4		N/A	
Narrow Network Options				
1st Tier Utilization	H4		N/A	
2nd Tier Utilization	H5		N/A	
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$1,000.00	page 4
	Deductible (\$) (Drug)	C10	\$0.00	page 4
	Deductible (\$) (Combined)	D10		
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	90.00%	pages 6-25
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$3,000.00	page 5
	OOP Maximum if Separate (\$) (Medical)	B13		
Tier 2	OOP Maximum if Separate (\$) (Drug)	C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11		
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11		
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
Tier 1	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$25.00	page 16
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$50.00	page 16
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50.00	pages 14 and 21
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$25.00	page 19
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$25.00	page 19
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
Tier 2	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	I21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
	Rehabilitative Speech Therapy, Copay, if separate	I27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	I33		
	Skilled Nursing Facility, Coinsurance, if different	H34		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Skilled Nursing Facility, Copay, if separate	I34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.60	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: UHLC-129946667
 Company Name: UnitedHealthcare Insurance Company
 Form Number(s) of Plan: Gold 9

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	58.0%	N/A	
	2nd Tier Utilization	H5	42.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,000.00	page 4	
	Deductible (\$) (Drug)	C10	\$0.00	page 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	90.00%	page 6-25	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,000.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$1,000.00	page 4	
	Deductible (\$) (Drug)	G10	\$0.00	page 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11	90.00%	page 6-25	
	Coinsurance (% Insurer's Cost Share) (Drug)	G11	100.00%	pages 7 and 8	
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$3,000.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$25.00	page 16	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$50.00	page 16	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50.00	pages 14 and 21	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	60.78%	page 13	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$25.00	page 19	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$25.00	page 19	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	83.14%	page 22	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$25.00	page 16
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$50.00	page 16
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$50.00	pages 14 and 21
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24	60.78%	page 13	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$25.00	page 19	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$25.00	page 19	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.60	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	\$109.60	page 8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: UHLC- 129946667 and UHLC-129944152
 Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.
 Form Number(s) of Plan: Gold 10

Free Standing					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$500.00	page 4	
	Deductible (\$) (Drug)	C10	\$0.00	page 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	80.00%	pages 6-25	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$4,500.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	page 16	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$40.00	page 16	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$40.00	pages 14 and 21	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	page 19	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	page 19	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.76	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129946667 and UHLC-129944152					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Gold 10					
Outpatient Hospital Setting					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	74.0%	N/A	
	2nd Tier Utilization	H5	26.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$500.00	page 4	
	Deductible (\$) (Drug)	C10	\$0.00	page 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	80.00%	pages 6-25	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$4,500.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$500.00	page 4	
	Deductible (\$) (Drug)	G10	\$0.00	page 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11	80.00%	pages 6-25	
	Coinsurance (% Insurer's Cost Share) (Drug)	G11	100.00%	pages 7 and 8	
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$4,500.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	page 16	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$40.00	page 16	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$40.00	pages 14 and 21	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	54%	page 13	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	page 19	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	page 19	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	74%	page 22	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$20.00	page 16
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$40.00	page 16
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$40.00	pages 14 and 21
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	54%	page 13	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$20.00	page 19	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$20.00	page 19	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.76	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	\$109.76	page 8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) Actuarial Value Calculator does not support per occurrence deductibles. The company's data was used to estimate effective co-insurance factor.			
	b) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: UHLC-129946667; UHLC-129944152; UHLC- 129990940				
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc. , UnitedHealthcare of the Mid-Atlantic, Inc.				
Form Number(s) of Plan: Gold 11				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4		N/A
Narrow Network Options				
	1st Tier Utilization	H4	74%	N/A
	2nd Tier Utilization	H5	26%	N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug)	C10		
	Deductible (\$) (Combined)	D10	\$1,300.00	page 4
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11		
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11		
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	100%	pages 6-23
	OOP Maximum (\$)	B12	\$3,000.00	page 5
	OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10	\$1,300.00	page 4
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11	100%	pages 6-23
	OOP Maximum (\$)	F12	\$3,000.00	page 5
	OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$100	pages 9 and 10
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$250	Pages 7, 12,14, 15, 21 and 22
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$10	pages 16-17
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$20	pages 16-17
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$20	pages 14 and 21
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$150	page 13
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$10	page 19
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$10	page 19
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$250	page 22
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	95.43%	page 22
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	
Emergency Room Services, Copay, if separate		I18	\$100	pages 9 and 10
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20	\$10	pages 16-17
Specialist Visit, Coinsurance, if different		H21		
Specialist Visit, Copay, if separate		I21	\$20	pages 16-17
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22	\$20	pages 14 and 21
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$150	page 13
Rehabilitative Speech Therapy, Coinsurance, if different		H27		
Rehabilitative Speech Therapy, Copay, if separate		I27	\$10	page 19
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	\$10	page 19	

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	I33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	I34	\$250	page 22
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.60	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$10	page 8
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	\$40	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$75	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	\$109.60	page 8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes			
	a) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: <u>UHLC-129946667; UHLC-129944152; UHLC- 129990940</u>					
Company Name: <u>UnitedHealthcare Insurance Company, Optimum Choice, Inc. , UnitedHealthcare of the Mid-Atlantic,</u>					
Form Number(s) of Plan: <u>Gold 11</u>					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10			
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10	\$1,300.00	page 4	
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11			
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	100%	pages 6-23	
	OOP Maximum (\$)	B12	\$3,000.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	\$100	pages 9 and 10	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$250	Pages 7, 12,14, 15, 21 and 2	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$10	pages 16-17	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$20	pages 16-17	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$20	pages 14 and 21	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$10	page 19	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$10	page 19	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$250	page 22	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different	H27				
Rehabilitative Speech Therapy, Copay, if separate	I27				
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28				

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	I33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	I34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$110	page
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: UHLC-129946667				
Company Name: UnitedHealthcare Insurance Company				
Form Number(s) of Plan: Gold 13				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4		N/A
Narrow Network Options				
	1st Tier Utilization	H4	58%	N/A
	2nd Tier Utilization	H5	42%	N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$1,000.00	page 4
	Deductible (\$) (Drug)	C10	\$0.00	page 4
	Deductible (\$) (Combined)	D10		
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	100.00%	pages 6-25
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$3,200.00	page 5
	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2	Deductible (\$) (Medical)	F10	\$1,000.00	page 4
	Deductible (\$) (Drug)	G10	\$0.00	page 4
	Deductible (\$) (Combined)	H10		
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	100.00%	pages 6-25
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	100.00%	pages 7 and 8
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12	\$3,200.00	page 5
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$100	page 9
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$25	page 16
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$50	page 16
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50	pages 13-15 and 21
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	67.54%	page 13
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$25	page 19
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$25	page 19
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	92.38%	page 21
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	I18	
Emergency Room Services, Copay, if separate		I18	\$100	page 9
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		I19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20	\$25	page 16
Specialist Visit, Coinsurance, if different		H21		
Specialist Visit, Copay, if separate		I21	\$50	page 16
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22	\$50	pages 13-15 and 21
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24	67.54%	page 13
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		
Rehabilitative Speech Therapy, Coinsurance, if different		H27		
Rehabilitative Speech Therapy, Copay, if separate		I27	\$25	page 19
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$25	page 19
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		
Laboratory Outpatient and Professional Services, Copay, if separate		I32		
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		
X-rays and Diagnostic Imaging, Copay, if separate		I33		
Skilled Nursing Facility, Coinsurance, if different		H34		
Skilled Nursing Facility, Copay, if separate		I34		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.60	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$10	page 8
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	\$40	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$75	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	\$109.60	page 8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129946667					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Gold 13					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,000.00	page 4	
	Deductible (\$) (Drug)	C10	\$0.00	page 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	100.00%	pages 6-25	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pages 7 and 8	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,200.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	B13			
Tier 2	OOP Maximum if Separate (\$) (Drug)	C13			
	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11			
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11			
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
Tier 1	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
	Medical Benefits				
		Emergency Room Services, Coinsurance, if different	D18		
		Emergency Room Services, Copay, if separate	E18	\$100	page 9
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$25	page 16
		Specialist Visit, Coinsurance, if different	D21		
		Specialist Visit, Copay, if separate	E21	\$50	page 16
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50	pages 13-15 and 21
		Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
		Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
		Rehabilitative Speech Therapy, Coinsurance, if different	D27		
		Rehabilitative Speech Therapy, Copay, if separate	E27	\$25	page 19
		Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
		Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$25	page 19
		Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
Tier 2	Emergency Room Services, Coinsurance, if different	H18			
	Emergency Room Services, Copay, if separate	I18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20			
	Specialist Visit, Coinsurance, if different	H21			
	Specialist Visit, Copay, if separate	I21			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22			
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24			
	Rehabilitative Speech Therapy, Coinsurance, if different	H27			
	Rehabilitative Speech Therapy, Copay, if separate	I27			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28			
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32			
	Laboratory Outpatient and Professional Services, Copay, if separate	I32			
X-rays and Diagnostic Imaging, Coinsurance, if different	H33				
X-rays and Diagnostic Imaging, Copay, if separate	I33				
Skilled Nursing Facility, Coinsurance, if different	H34				
Skilled Nursing Facility, Copay, if separate	I34				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35				

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$110	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: UHLC-129946667

Company Name: UnitedHealthcare Insurance Company

Form Number(s) of Plan: Silver 3

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4	\$0.00	N/A
Narrow Network Options				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug)	C10		
	Deductible (\$) (Combined)	D10	\$2,000	page 3
	Coinsurance (% Insurer's Cost Share) (Medical)	B11		
	Coinsurance (% Insurer's Cost Share) (Drug)	C11		
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	90%	pages 5-13
	OOP Maximum (\$)	B12	\$6,000	page 3
	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	25	page 16
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	45	page 16
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	45	pages 13-15 and 20
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	25	pages 18-19
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	25	pages 18-19
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	I21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24			

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 2	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
	Rehabilitative Speech Therapy, Copay, if separate	I27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	I33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	I34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	10	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	40	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	75	page 8
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	109.6	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129946667					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Silver 5					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4	\$0.00	N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,500.00	page 4	
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	70.00%	pages 6 -22	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$6,000.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20			
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22			
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28			
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22			
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different	H34				
Skilled Nursing Facility, Copay, if separate	I34				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35				

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	10	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	40	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	75	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	109.6	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129946667					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Silver 7					
Free Standing					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	58.0%	N/A	
	2nd Tier Utilization	H5	42.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,500.00	page 4	
	Deductible (\$) (Drug)	C10	\$500.00	page 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	70.00%	pages 7-26	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pages 7-8	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$6,400.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$1,500.00	page 4	
	Deductible (\$) (Drug)	G10	\$500.00	page 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11	70.00%	pages 7-26	
	Coinsurance (% Insurer's Cost Share) (Drug)	G11	100.00%	pages 7-8	
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$6,400.00	page 5	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSAs), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSAs), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$40.00	page 17	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$80.00	page 17	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$80.00	pages 14, 15 and 22	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	page 14	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$40.00	page 20	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$40.00	page 20	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	91%	pages 22-23	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSAs), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSAs), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$40.00	page 17
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$80.00	page 17
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$80.00	pages 14, 15 and 22
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$300.00	page 14	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$40.00	page 20	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$40.00	page 20	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	\$10.00	page 8

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 1	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.60	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: UHLC-129946667				
Company Name: UnitedHealthcare Insurance Company				
Form Number(s) of Plan: Silver 7				
Hospital Setting				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4		N/A
Narrow Network Options				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$1,500.00	page 4
	Deductible (\$) (Drug)	C10	\$500.00	page 4
	Deductible (\$) (Combined)	D10		
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	70.00%	pages 7-26
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pages 7-8
	Coinsurance (% Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$6,400.00	page 5
	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$40.00	page 17
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$80.00	page 17
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$80.00	pages 14, 15 and 22
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$40.00	page 20
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$40.00	page 20
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
Tier 2	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	I21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
	Rehabilitative Speech Therapy, Copay, if separate	I27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	I33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	I34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36			

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10.00	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.60	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) Actuarial Value Calculator does not support <u>outpatient copay</u> . company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: UHLC-129946667			
Company Name: UnitedHealthcare Insurance Company			
Form Number(s) of Plan: Silver 8			
Free-Standing			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4	\$0.00	N/A
Narrow Network Options			
1st Tier Utilization	H4	58.0%	N/A
2nd Tier Utilization	H5	42.0%	N/A
Plan Benefit Design			
Tier 1			
Deductible (\$) (Medical)	B10	\$2,000.00	page 3
Deductible (\$) (Drug)	C10	\$250.00	page 3
Deductible (\$) (Combined)	D10		
Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	70.00%	pages 5-15
Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pages 7-8
Coinsurance (%) (Insurer's Cost Share) (Combined)	D11		
OOP Maximum (\$)	B12	\$6,250.00	page 3
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10	\$2,000.00	page 3
Deductible (\$) (Drug)	G10	\$250.00	page 3
Deductible (\$) (Combined)	H10		
Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	70.00%	pages 5-15
Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pages 7-8
Coinsurance (%) (Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12	\$6,250.00	page 3
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$40.00	page 10
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21	\$80.00	page 10
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$80.00	pages 9 and 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	page 9
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27	\$40.00	page 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$40.00	page 12
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	91% (uncheck Ded)	page 13
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$40.00	page 10
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21	\$80.00	page 10
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$80.00	pages 9 and 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24	\$300.00	page 9
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27	\$40.00	page 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	\$40.00	page 12
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38		
Generics, Copay, if separate	E38	\$10.00	page 8
Preferred Brand Drugs, Coinsurance, if different	D39		
Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8
Non-Preferred Brand Drugs, Coinsurance, if different	D40		
Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.60	page 8
Tier 2			
Generics, Coinsurance, if different	H38		
Generics, Copay, if separate	I38	\$10.00	page 8
Preferred Brand Drugs, Coinsurance, if different	H39		
Preferred Brand Drugs, Copay, if separate	I39	\$40.00	page 8
Non-Preferred Brand Drugs, Coinsurance, if different	H40		
Non-Preferred Brand Drugs, Copay, if separate	I40	\$75.00	page 8

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	\$109.60	page 8
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) Actuarial Value Calculator does not support outpatient copay , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: UHLC-129946667			
Company Name: UnitedHealthcare Insurance Company			
Form Number(s) of Plan: Silver 8			
Hospital Setting			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4	\$0.00	N/A
Narrow Network Options			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
Plan Benefit Design			
Tier 1			
Deductible (\$) (Medical)	B10	\$2,000.00	page 3
Deductible (\$) (Drug)	C10	\$250.00	page 3
Deductible (\$) (Combined)	D10		
Coinsurance (% Insurer's Cost Share) (Medical)	B11	70.00%	pages 5-15
Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pages 7-8
Coinsurance (% Insurer's Cost Share) (Combined)	D11		
OOP Maximum (\$)	B12	\$6,250.00	page 3
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)	G10		
Deductible (\$) (Combined)	H10		
Coinsurance (% Insurer's Cost Share) (Medical)	F11		
Coinsurance (% Insurer's Cost Share) (Drug)	G11		
Coinsurance (% Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12		
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$40.00	page 10
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21	\$80.00	page 10
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$80.00	pages 9 and 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27	\$40.00	page 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$40.00	page 12
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38		
Generics, Copay, if separate	E38	\$10.00	page 8
Preferred Brand Drugs, Coinsurance, if different	D39		
Preferred Brand Drugs, Copay, if separate	E39	\$40.00	page 8
Non-Preferred Brand Drugs, Coinsurance, if different	D40		
Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	page 8
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$109.60	page 8
Tier 2			
Generics, Coinsurance, if different	H38		
Generics, Copay, if separate	I38	\$10.00	page 8
Preferred Brand Drugs, Coinsurance, if different	H39		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 2	Preferred Brand Drugs, Copay, if separate	I39	\$40.00	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$75.00	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	\$109.60	page 8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: UHLC-129946667;UHLC-129944152; UHLC-129990940;				
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc. , UnitedHealthcare of the Mid-Atlantic, Inc.				
Form Number(s) of Plan: Silver 11				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4	\$0.00	N/A
Narrow Network Options				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug)	C10		
	Deductible (\$) (Combined)	D10	\$2,300	page 4
	Coinsurance (% Insurer's Cost Share) (Medical)	B11		
	Coinsurance (% Insurer's Cost Share) (Drug)	C11		
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	100%	pages 7-8
	OOP Maximum (\$)	B12	\$6,500	page 5
	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	150	page 10
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	500	pages 7,12,14,15 and 21
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	25	page 17
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	50	page 17
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	50	pages 14, 15 and 21
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	25	page 20
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	25	page 20
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
Skilled Nursing Facility, Tier 1, Copay, if separate	E34	500	page 21	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
Tier 2	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	I21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
	Rehabilitative Speech Therapy, Copay, if separate	I27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34			
Skilled Nursing Facility, Copay, if separate	I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36			
Drug Benefits				
T1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	10	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	40	page 8

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40			
	Non-Preferred Brand Drugs, Copay, if separate	E40	75	page 8	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41			
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	109.6	page 8	
Tier 2	Generics, Coinsurance, if different	H38			
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39			
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40			
	Non-Preferred Brand Drugs, Copay, if separate	I40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41			
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41			
	Options for Additional Benefit Design Limits				
		Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48			
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50			
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: UHLC-129946667;UHLC-129944152; UHLC-129990940;			
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc. , UnitedHealthcare of the Mid-Atlantic, Inc.			
Form Number(s) of Plan: Silver 11			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4	\$0.00	N/A
Narrow Network Options			
1st Tier Utilization	H4	74%	N/A
2nd Tier Utilization	H5	26%	N/A
Plan Benefit Design			
Tier 1			
Deductible (\$) (Medical)	B10		
Deductible (\$) (Drug)	C10		
Deductible (\$) (Combined)	D10	\$2,300	page 4
Coinsurance (% Insurer's Cost Share) (Medical)	B11		
Coinsurance (% Insurer's Cost Share) (Drug)	C11		
Coinsurance (% Insurer's Cost Share) (Combined)	D11	100%	pages 7-8
OOP Maximum (\$)	B12	\$6,500	page 5
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)	G10		
Deductible (\$) (Combined)	H10	\$2,300	page 4
Coinsurance (% Insurer's Cost Share) (Medical)	F11		
Coinsurance (% Insurer's Cost Share) (Drug)	G11		
Coinsurance (% Insurer's Cost Share) (Combined)	H11	100%	pages 7-8
OOP Maximum (\$)	F12	\$6,500	page 5
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18	150	page 10
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	500	pages 7,12,14,15 and 21
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	25	page 17
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21	50	page 17
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	50	pages 14, 15 and 21
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	250	page 13
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27	25	page 20
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	25	page 20
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34	500	page 21
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	92%	page 22
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18	150	page 10
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19	500	pages 7,12,14,15 and 21
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	25	page 17
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21	50	page 17
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	50	pages 14, 15 and 21
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24	250	page 13
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27	25	page 20
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	25	page 20
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34	500	page 21
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38		
Generics, Copay, if separate	E38	10	page 8
Preferred Brand Drugs, Coinsurance, if different	D39		
Preferred Brand Drugs, Copay, if separate	E39	40	page 8

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	75	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	109.6	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	10	page 8
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	40	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	75	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	109.6	page 8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) Actuarial Value Calculator does not support <u>outpatient copay</u> . company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: UHLC-129946667 and UHLC-129990940
 Company Name: UnitedHealthcare Insurance Company, UnitedHealthcare of the Mid-Atlantic, Inc.
 Form Number(s) of Plan: Bronze 4

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4	\$0.00	N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$5,200.00	page 3	
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	100.00%	pages 6-16	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$6,500.00	page 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	250	page 8	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	500	pages 9,10,13 and 14	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	30	page 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	40	page 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	40	page 10	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	30	page 13	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	30	page13	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	500	page13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	I33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	I34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	10	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	40	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	75	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	109.6	page8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48	5	pages 9,10, 13 and 14
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: UHLC-129946667 and UHLC-129990940
 Company Name: UnitedHealthcare Insurance Company, UnitedHealthcare of the Mid-Atlantic, Inc.
 Form Number(s) of Plan: Bronze 4

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4	\$0.00	N/A
Narrow Network Options				
	1st Tier Utilization	H4	74%	N/A
	2nd Tier Utilization	H5	26%	N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug)	C10		
	Deductible (\$) (Combined)	D10	\$5,200	page 3
	Coinsurance (% Insurer's Cost Share) (Medical)	B11		
	Coinsurance (% Insurer's Cost Share) (Drug)	C11		
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	100%	pages 6-16
	OOP Maximum (\$)	B12	\$6,500	page 4
	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10	\$5,200	page 3
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11	100%	pages 6-16
	OOP Maximum (\$)	F12	\$6,500	page 4
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	250	page 8
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	500	pages 9,10,13 and 14
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	30	page 11
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	40	page 11
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	40	pages 10 and 14
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	500	page 10
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	30	page 13
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	30	page 13
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	500	page 13
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	85%	page 14
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
Tier 2	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	I18	250	page 8
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19	500	pages 9,10,13 and 14
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	30	page 11
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	I21	40	page 11
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	40	pages 10 and 14
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 2	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24	500	page 10
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
	Rehabilitative Speech Therapy, Copay, if separate	I27	30	page 13
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	30	page 13
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	I33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	I34	500	page 13
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	10	page 8
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	40	page 8
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	75	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	109.6	page 8
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	10	page8
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	40	page8
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	75	page 8
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41	109.6	page8
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48	5	pages 9,10,13 and 14
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Note:			

UnitedHealthcare of the Mid-Atlantic, Inc. Consumer Summary

UnitedHealthcare of the Mid-Atlantic, Inc. is filing proposed premium rates for HMO products effective January 1, 2016 through December 31, 2016 for medical and prescription drug benefit plans to be sold to small group employers. The benefit plans and rates are for non-grandfathered employers, and meet the requirements of the Patient Protection and Affordable Care Act (PPACA).

The requested average rate change for the small group health benefit plans sold in the District of Columbia is +14.6%, though rate changes may range from +3.4% to +17.3% depending on the specific plan. Additional premium changes may occur due to member aging and changes in plan selection.

The history of rate changes for these products is as follows:

2015: 10/1/15 +1.9%, 7/1/15 +2.0%, 4/1/15 +1.9%, 1/1/15 -10.4%

2014: 10/1/14 +2.6%, 7/1/14 -7.7%, 4/1/14 +2.6%

There are many different health care cost trends that contribute to increases in the overall U.S. health care spending each year. These trend factors affect health insurance premiums, which can mean a premium rate increase to cover costs. Some of the key health care cost trends that have affected this year's rate actions include:

- **Increasing Cost of Medical Services** – Annual increases in reimbursement rates to health care providers – such as hospitals, doctors and pharmaceutical companies.
- **Increased Utilization** – The number of office visits and other services continues to grow.
- **Higher Costs from Deductible Leveraging** – While health care costs continue to rise every year, if deductibles and copayments remain the same, a greater percentage of health care costs need to be covered by health insurance premiums each year.
- **Cost shifting from the public to the private sector** – Reimbursements from the Center for Medicare and Medicaid Services (CMS) to hospitals are no longer covering all of the cost of care. The cost difference is being shifted to private health plans.
- **Impact of New Technology** - Improvements to medical technology and clinical practice require use of more expensive services - leading to increased health care spending and utilization.

UnitedHealthcare works to directly control administrative expenses by adopting better processes and technology and developing programs and innovations that make health care more affordable. We have led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions. Updated analysis of administrative costs has shown that the administrative costs associated with these plans are higher than previously estimated and those costs are included in the requested rate change. Our anticipated margin for profit and contingencies has been reduced, so there have been no premium increases due to changes in anticipated profit targets.

A review of current UnitedHealthcare of the Mid-Atlantic, Inc. premium rates indicates that the current rates are not sufficient to cover the expected benefit and administrative costs. The requested rate change is anticipated to be sufficient to cover the projected benefit and administrative costs for the 2016 plan year.