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|                             |  |                        |   |
|-----------------------------|--|------------------------|---|
| <b>State:</b>               | District of Columbia                                   | <b>Filing Company:</b> | UnitedHealthcare Life Insurance Company |
| <b>TOI/Sub-TOI:</b>         | H10I Individual Health - Dental/H10I.000 Health Dental |                        |   |
| <b>Product Name:</b>        | Dental Stand Alone                                     |                        |   |
| <b>Project Name/Number:</b> | Generation 2/DEN2                                      |                        |   |

## Filing at a Glance

|                           |   |
|---------------------------|---|
| Company:                  | UnitedHealthcare Life Insurance Company   |
| Product Name:             | Dental Stand Alone  |
| State:                    | District of Columbia  |
| TOI:                      | H10I Individual Health - Dental   |
| Sub-TOI:                  | H10I.000 Health Dental  |
| Filing Type:              | Rate  |
| Date Submitted:           | 03/28/2014  |
| SERFF Tr Num:             | AMMS-129476336  |
| SERFF Status:             | Pending Industry Response   |
| State Tr Num:             |   |
| State Status:             |   |
| Co Tr Num:                | UHL-DEN2  |
| Implementation            | On Approval   |
| Date Requested:           |   |
| Author(s):                | Jean Davis, Jennifer Konschake, Debra Schneider, Robert Stegner, Luke Peters, Colleen Pflug |
| Reviewer(s):              | Darniece Shirley (primary), Alula Selassie, Donghan Xu                                      |
| Disposition Date:         |   |
| Disposition Status:       |   |
| Implementation Date:      |   |
| State Filing Description: |   |

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|                             |  |                        |   |
|-----------------------------|--|------------------------|---|
| <b>State:</b>               | District of Columbia                                   | <b>Filing Company:</b> | UnitedHealthcare Life Insurance Company |
| <b>TOI/Sub-TOI:</b>         | H10I Individual Health - Dental/H10I.000 Health Dental |                        |   |
| <b>Product Name:</b>        | Dental Stand Alone                                     |                        |   |
| <b>Project Name/Number:</b> | Generation 2/DEN2                                      |                        |   |

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## General Information

|  |                                       |
|--|---------------------------------------|
| Project Name: Generation 2               | Status of Filing in Domicile:         |
| Project Number: DEN2                     | Date Approved in Domicile:            |
| Requested Filing Mode: Review & Approval | Domicile Status Comments:             |
| Explanation for Combination/Other:       | Market Type: Individual               |
| Submission Type: New Submission          | Individual Market Type:               |
| Overall Rate Impact:                     | Filing Status Changed: 04/08/2014     |
|  | State Status Changed:                 |
| Deemer Date:                             | Created By: Luke Peters               |
| Submitted By: Luke Peters                | Corresponding Filing Tracking Number: |

### Filing Description:

We respectfully submit the attached individual dental insurance policy rates for your review and approval.

The dental insurance policies may be offered with a variety of deductible and coinsurance options. Therefore, the Data Pages should be considered variable in that they will be tailored to reflect the benefits as made available and selected by the individual insured.

Vision Benefit Rider SA-S-1710-UHL will be used with new policies sold in your state. This optional benefit rider will be offered with a variety of options, including a variety of copay, deductible and coinsurance options, as well as optional benefits specific to each plan. The Data Page will be tailored to reflect the vision benefits made available and selected by each primary insured. Vision benefits may be offered with and without eyewear coverage. These variables are reflected in these forms. The rider will be available to applicants as a network provider benefit or an indemnity benefit.

Dependent Child Rider SA-S-1711-UHL-47 will be used to have the flexibility to add coverage for dependent children to the dental stand alone policy as well as the optional vision benefit rider, if elected.

Forms SA-S-9-UHL and SA-S-10-UHL are filed for administrative purposes such as adding a dependent or changing a benefit level.

Application form, DV-AP-146-UHL-47 is also attached for approval. We ask that the Coverage Information and Question section be considered variable. When this application is made part of a packaged sales presentation (i.e., prepared to accompany a brochure package describing the plans of coverage provided by a particular policy), these sections will be preprinted to allow an applicant to select a plan.

Rates for these dental policies have been added under the Rate/Rule Schedule and Actuarial Memorandums have been included under the Supporting Documentation tab.

The rates in this filing are for a Dental Stand Alone policy for adults with an optional vision and dependent child coverage rider. This filing is not for a Stand Alone pediatric dental and vision product.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

This filing is the same as SERFF Tracking #'s AMMS-129476339 and AMMS-129476341 except it is under a different legal entity with different form numbers. The corresponding form filing is AMMS-129476337.

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|                             |  |                        |   |
|-----------------------------|--|------------------------|---|
| <b>State:</b>               | District of Columbia                                   | <b>Filing Company:</b> | UnitedHealthcare Life Insurance Company |
| <b>TOI/Sub-TOI:</b>         | H10I Individual Health - Dental/H10I.000 Health Dental |                        |   |
| <b>Product Name:</b>        | Dental Stand Alone                                     |                        |   |
| <b>Project Name/Number:</b> | Generation 2/DEN2                                      |                        |   |

We appreciate your time and attention to this filing. If there are questions or additional information is needed, please contact me at (800) 232-5432 extension 11255. My email address is lpeters@unitedhealthone.com.

## Company and Contact

### Filing Contact Information

|                               |                        |
|-------------------------------|------------------------|
| Luke Peters, Contract Analyst | lpeters@goldenrule.com |
| 3100 AMS BLVD                 | 920-661-1255 [Phone]   |
| Green Bay, WI 54313           | 920-661-9861 [FAX]     |

### Filing Company Information

|   |                         |                              |
|---|-------------------------|------------------------------|
| UnitedHealthcare Life Insurance Company | CoCode: 97179           | State of Domicile: Wisconsin |
| 3100 AMS Blvd                           | Group Code: 707         | Company Type:                |
| PO Box 19032                            | Group Name:             | State ID Number:             |
| Green Bay, WI 54307-9032                | FEIN Number: 86-0207231 |                              |
| (800) 232-5432 ext. [Phone]             |                         |                              |

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## Filing Fees

|                  |    |
|------------------|----|
| Fee Required?    | No |
| Retaliatory?     | No |
| Fee Explanation: |    |

|                             |  |                        |   |
|-----------------------------|--|------------------------|---|
| <b>State:</b>               | District of Columbia                                   | <b>Filing Company:</b> | UnitedHealthcare Life Insurance Company |
| <b>TOI/Sub-TOI:</b>         | H10I Individual Health - Dental/H10I.000 Health Dental |                        |   |
| <b>Product Name:</b>        | Dental Stand Alone                                     |                        |   |
| <b>Project Name/Number:</b> | Generation 2/DEN2                                      |                        |   |

## Rate Information

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:** Neutral

**Overall Percentage of Last Rate Revision:** %

**Effective Date of Last Rate Revision:**

**Filing Method of Last Filing:**

### Company Rate Information

| Company Name:                           | 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 Life Insurance Company | 0.000%                      | 0.000%                 | \$0                                      | 0   | \$0                               | 0.000%                          | 0.000%                          |

|                      |  |                 |   |
|----------------------|--|-----------------|---|
| State:               | District of Columbia                                   | Filing Company: | UnitedHealthcare Life Insurance Company |
| TOI/Sub-TOI:         | H10I Individual Health - Dental/H10I.000 Health Dental |                 |   |
| Product Name:        | Dental Stand Alone                                     |                 |   |
| Project Name/Number: | Generation 2/DEN2                                      |                 |   |

## Rate/Rule Schedule

| Item No. | Schedule Item Status | Document Name | Affected Form Numbers (Separated with commas)     | Rate Action | Rate Action Information | Attachments              |
|----------|----------------------|---------------|---|-------------|-------------------------|--------------------------|
| 1        |                      | Dental Rates  | UHL-DEN2-PB-08, UHL-DEN2-PBM-08, SA-S-1711-UHL-08 | New         |                         | DC Dental rates-UHL.pdf, |
| 2        |                      | Vision Rates  | SA-S-1710-UHL                                     | New         |                         | DC Vision rates-UHL.pdf, |

**UnitedHealthcare Life Insurance Company**  
**Form Number: UHL-DEN2-PB**

**Dental Premium Rate Exhibit for District of Columbia**

Premium rates are computed as follows:

- Select the base premium based on the plan chosen.
- Select the appropriate cumulative adjust factor, residence factor, & multi-product discount factor.
- Rounding to two decimals, let the monthly premium rate equal the product of the base premium, the cumulative adjustment factor, the residence factor, & the multi-product discount factor.
- Rounding to two decimals, let the modal premium be the product of the monthly premium rate and the appropriate modal factor based on the chosen mode.

| <b>Base Premium (Monthly Rate)</b> |                |                |                |                |
|------------------------------------|----------------|----------------|----------------|----------------|
| <b>Coverage</b>                    | <b>Plan A1</b> | <b>Plan A2</b> | <b>Plan B1</b> | <b>Plan B2</b> |
| Per Covered <b>ADULT</b>           | 17.28          | 18.14          | 19.88          | 20.87          |

| <b>Cumulative Adjustment Factor (CAF)</b> |                 |                 |                 |                 |
|---|-----------------|-----------------|-----------------|-----------------|
| <b>Date</b>                               | <b>Plan A1</b>  | <b>Plan A2</b>  | <b>Plan B1</b>  | <b>Plan B2</b>  |
| 07/01/13                                  | 1.000           | 1.000           | 1.000           | 1.000           |
| 10/01/13                                  | 1.015           | 1.015           | 1.015           | 1.015           |
| 01/01/14                                  | 1.030           | 1.030           | 1.030           | 1.030           |
| 04/01/14                                  | 1.045           | 1.045           | 1.045           | 1.045           |
| 07/01/14                                  | 1.060           | 1.060           | 1.060           | 1.060           |
| 10/01/14                                  | 1.076           | 1.076           | 1.076           | 1.076           |
| 01/01/15                                  | 1.091           | 1.091           | 1.091           | 1.091           |
| 04/01/15                                  | 1.107           | 1.107           | 1.107           | 1.107           |
| 07/01/15                                  | 1.124           | 1.124           | 1.124           | 1.124           |
| 10/01/15                                  | 1.140           | 1.140           | 1.140           | 1.140           |
|   |                 |                 |                 |                 |
|   | * 1.014674 / q. | * 1.014674 / q. | * 1.014674 / q. | * 1.014674 / q. |

| <b>Residence Factor (RF)</b> |      |
|------------------------------|------|
| District of Columbia         | 1.00 |
| Out of State                 | 1.05 |

| <b>Multi-Product Discount Factor (DF)</b> |               |
|---|---------------|
| Factor                                    | [0.90 - 1.00] |

| <b>Modal Factors</b> |                |                  |                    |               |
|----------------------|----------------|------------------|--------------------|---------------|
|                      | <b>Monthly</b> | <b>Quarterly</b> | <b>Semi-Annual</b> | <b>Annual</b> |
| Factor               | 1.00           | 3.00             | 6.00               | 12.00         |

**UnitedHealthcare Life Insurance Company**  
**Form Number: SA-S-1711-UHL Child Rider**

**Dental Premium Rate Exhibit for District of Columbia**

Premium rates are computed as follows:

- Select the base premium based on the plan chosen.
- Select the appropriate cumulative adjust factor, residence factor, & multi-product discount factor.
- Rounding to two decimals, let the monthly premium rate equal the product of the base premium, the cumulative adjustment factor, the residence factor, & the multi-product discount factor.
- Rounding to two decimals, let the modal premium be the product of the monthly premium rate and the appropriate modal factor based on the chosen mode.

**Base Premium (Monthly Rate)**

| Coverage                    | Plan A1 | Plan A2 | Plan B1 | Plan B2 |
|-----------------------------|---------|---------|---------|---------|
| Per Covered Dependent CHILD | 19.54   | 20.52   | 22.64   | 23.77   |

**Cumulative Adjustment Factor (CAF)**

| Date     | Plan A1         | Plan A2         | Plan B1         | Plan B2         |
|----------|-----------------|-----------------|-----------------|-----------------|
| 07/01/13 | 1.000           | 1.000           | 1.000           | 1.000           |
| 10/01/13 | 1.015           | 1.015           | 1.015           | 1.015           |
| 01/01/14 | 1.030           | 1.030           | 1.030           | 1.030           |
| 04/01/14 | 1.045           | 1.045           | 1.045           | 1.045           |
| 07/01/14 | 1.060           | 1.060           | 1.060           | 1.060           |
| 10/01/14 | 1.076           | 1.076           | 1.076           | 1.076           |
| 01/01/15 | 1.091           | 1.091           | 1.091           | 1.091           |
| 04/01/15 | 1.107           | 1.107           | 1.107           | 1.107           |
| 07/01/15 | 1.124           | 1.124           | 1.124           | 1.124           |
| 10/01/15 | 1.140           | 1.140           | 1.140           | 1.140           |
|          |                 |                 |                 |                 |
|          | * 1.014674 / q. | * 1.014674 / q. | * 1.014674 / q. | * 1.014674 / q. |

**Residence Factor (RF)**

|                      |      |
|----------------------|------|
| District of Columbia | 1.00 |
| Out of State         | 1.05 |

**Multi-Product Discount Factor (DF)**

Factor [0.90 - 1.00]

**Modal Factors**

|        | Monthly | Quarterly | Semi-Annual | Annual |
|--------|---------|-----------|-------------|--------|
| Factor | 1.00    | 3.00      | 6.00        | 12.00  |

**UnitedHealthcare Life Insurance Company**  
**Form Number: UHL-DEN2-PBM**

**Dental Premium Rate Exhibit for District of Columbia**

Premium rates are computed as follows:

- Select the base premium based on the plan chosen.
- Select the appropriate cumulative adjust factor, residence factor, & multi-product discount factor.
- Rounding to two decimals, let the monthly premium rate equal the product of the base premium, the cumulative adjustment factor, the residence factor, & the multi-product discount factor.
- Rounding to two decimals, let the modal premium be the product of the monthly premium rate and the appropriate modal factor based on the chosen mode.

| <b>Base Premium (Monthly Rate)</b> |                |                |                |                |                |                |                |                |
|------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| <b>Coverage</b>                    | <b>Plan C1</b> | <b>Plan C2</b> | <b>Plan D1</b> | <b>Plan D2</b> | <b>Plan E1</b> | <b>Plan E2</b> | <b>Plan F1</b> | <b>Plan F2</b> |
| Per Covered <b>ADULT</b>           | 27.37          | 31.48          | 29.19          | 33.57          | 34.31          | 39.46          | 49.06          | 56.42          |

| <b>Cumulative Adjustment Factor (CAF)</b> |                 |                 |                 |                 |                 |                 |                 |                 |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>Date</b>                               | <b>Plan C1</b>  | <b>Plan C2</b>  | <b>Plan D1</b>  | <b>Plan D2</b>  | <b>Plan E1</b>  | <b>Plan E2</b>  | <b>Plan F1</b>  | <b>Plan F2</b>  |
| 07/01/13                                  | 1.000           | 1.000           | 1.000           | 1.000           | 1.000           | 1.000           | 1.000           | 1.000           |
| 10/01/13                                  | 1.015           | 1.015           | 1.015           | 1.015           | 1.015           | 1.015           | 1.015           | 1.015           |
| 01/01/14                                  | 1.030           | 1.030           | 1.030           | 1.030           | 1.030           | 1.030           | 1.030           | 1.030           |
| 04/01/14                                  | 1.045           | 1.045           | 1.045           | 1.045           | 1.045           | 1.045           | 1.045           | 1.045           |
| 07/01/14                                  | 1.060           | 1.060           | 1.060           | 1.060           | 1.060           | 1.060           | 1.060           | 1.060           |
| 10/01/14                                  | 1.076           | 1.076           | 1.076           | 1.076           | 1.076           | 1.076           | 1.076           | 1.076           |
| 01/01/15                                  | 1.091           | 1.091           | 1.091           | 1.091           | 1.091           | 1.091           | 1.091           | 1.091           |
| 04/01/15                                  | 1.107           | 1.107           | 1.107           | 1.107           | 1.107           | 1.107           | 1.107           | 1.107           |
| 07/01/15                                  | 1.124           | 1.124           | 1.124           | 1.124           | 1.124           | 1.124           | 1.124           | 1.124           |
| 10/01/15                                  | 1.140           | 1.140           | 1.140           | 1.140           | 1.140           | 1.140           | 1.140           | 1.140           |
|   |                 |                 |                 |                 |                 |                 |                 |                 |
|   | * 1.014674 / q. | * 1.014674 / q. | * 1.014674 / q. | * 1.014674 / q. | * 1.014674 / q. | * 1.014674 / q. | * 1.014674 / q. | * 1.014674 / q. |

| <b>Residence Factor (RF)</b> |      |
|------------------------------|------|
| District of Columbia         | 1.00 |
| Out of State                 | 1.05 |

| <b>Multi-Product Discount Factor (DF)</b> |               |
|---|---------------|
| Factor                                    | [0.90 - 1.00] |

| <b>Modal Factors</b> |                |                  |                    |               |
|----------------------|----------------|------------------|--------------------|---------------|
|                      | <b>Monthly</b> | <b>Quarterly</b> | <b>Semi-Annual</b> | <b>Annual</b> |
| Factor               | 1.00           | 3.00             | 6.00               | 12.00         |



**UnitedHealthcare Life Insurance Company**  
**Form Number: SA-S-1711-UHL Child Rider**

**Dental Premium Rate Exhibit for District of Columbia**

Premium rates are computed as follows:

- Select the base premium based on the plan chosen.
- Select the appropriate cumulative adjust factor, residence factor, & multi-product discount factor.
- Rounding to two decimals, let the monthly premium rate equal the product of the base premium, the cumulative adjustment factor, the residence factor, & the multi-product discount factor.
- Rounding to two decimals, let the modal premium be the product of the monthly premium rate and the appropriate modal factor based on the chosen mode.

| <b>Base Premium (Monthly Rate)</b> |                |                |                |                |                |                |                |                |
|------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| <b>Coverage</b>                    | <b>Plan C1</b> | <b>Plan C2</b> | <b>Plan D1</b> | <b>Plan D2</b> | <b>Plan E1</b> | <b>Plan E2</b> | <b>Plan F1</b> | <b>Plan F2</b> |
| Per Covered Dependent <b>CHILD</b> | 24.36          | 28.01          | 25.99          | 29.89          | 31.20          | 35.88          | 43.75          | 50.31          |

| <b>Cumulative Adjustment Factor (CAF)</b> |                 |                 |                 |                 |                 |                 |                 |                 |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>Date</b>                               | <b>Plan C1</b>  | <b>Plan C2</b>  | <b>Plan D1</b>  | <b>Plan D2</b>  | <b>Plan E1</b>  | <b>Plan E2</b>  | <b>Plan F1</b>  | <b>Plan F2</b>  |
| 07/01/13                                  | 1.000           | 1.000           | 1.000           | 1.000           | 1.000           | 1.000           | 1.000           | 1.000           |
| 10/01/13                                  | 1.015           | 1.015           | 1.015           | 1.015           | 1.015           | 1.015           | 1.015           | 1.015           |
| 01/01/14                                  | 1.030           | 1.030           | 1.030           | 1.030           | 1.030           | 1.030           | 1.030           | 1.030           |
| 04/01/14                                  | 1.045           | 1.045           | 1.045           | 1.045           | 1.045           | 1.045           | 1.045           | 1.045           |
| 07/01/14                                  | 1.060           | 1.060           | 1.060           | 1.060           | 1.060           | 1.060           | 1.060           | 1.060           |
| 10/01/14                                  | 1.076           | 1.076           | 1.076           | 1.076           | 1.076           | 1.076           | 1.076           | 1.076           |
| 01/01/15                                  | 1.091           | 1.091           | 1.091           | 1.091           | 1.091           | 1.091           | 1.091           | 1.091           |
| 04/01/15                                  | 1.107           | 1.107           | 1.107           | 1.107           | 1.107           | 1.107           | 1.107           | 1.107           |
| 07/01/15                                  | 1.124           | 1.124           | 1.124           | 1.124           | 1.124           | 1.124           | 1.124           | 1.124           |
| 10/01/15                                  | 1.140           | 1.140           | 1.140           | 1.140           | 1.140           | 1.140           | 1.140           | 1.140           |
|   |                 |                 |                 |                 |                 |                 |                 |                 |
|   | * 1.014674 / q. | * 1.014674 / q. | * 1.014674 / q. | * 1.014674 / q. | * 1.014674 / q. | * 1.014674 / q. | * 1.014674 / q. | * 1.014674 / q. |

| <b>Residence Factor (RF)</b> |      |  |
|------------------------------|------|--|
| District of Columbia         | 1.00 |  |
| Out of State                 | 1.05 |  |

| <b>Multi-Product Discount Factor (DF)</b> |               |
|---|---------------|
| Factor                                    | [0.90 - 1.00] |

| <b>Modal Factors</b> |                |                  |                    |               |
|----------------------|----------------|------------------|--------------------|---------------|
|                      | <b>Monthly</b> | <b>Quarterly</b> | <b>Semi-Annual</b> | <b>Annual</b> |
| Factor               | 1.00           | 3.00             | 6.00               | 12.00         |

**United Healthcare Life Insurance Company**  
**Rider Form Number: SA-S-1710-UHL**  
**Vision Premium Rate Exhibit**

Premium rates are computed as follows:

- Note the appropriate region and family status.
- Select the monthly premium rate.
- Let the quarterly premium rate equal 3 times the monthly premium rate.
- Let the semi-annual premium rate equal 6 times the monthly premium rate.
- Let the annual premium rate equal 12 times the monthly premium rate.

The premium rate is added to the premium rate for the base dental coverage.

| <b><u>Family Status</u></b>    | <b><u>Monthly<br/>Premium Rate</u></b> |
|--------------------------------|--|
| One person                     | \$7.50                                 |
| Each additional covered person | \$6.00                                 |

**Multi-Product Discount Factor**

[0.90 - 1.00]

**Example Rate Calculation**

A family of three in your state would pay \$19.50 per month for vision coverage.

|                             |  |                        |   |
|-----------------------------|--|------------------------|---|
| <b>State:</b>               | District of Columbia                                   | <b>Filing Company:</b> | UnitedHealthcare Life Insurance Company |
| <b>TOI/Sub-TOI:</b>         | H10I Individual Health - Dental/H10I.000 Health Dental |                        |   |
| <b>Product Name:</b>        | Dental Stand Alone                                     |                        |   |
| <b>Project Name/Number:</b> | Generation 2/DEN2                                      |                        |   |

## Supporting Document Schedules

|                         |                             |
|-------------------------|-----------------------------|
| <b>Bypassed - Item:</b> | Cover Letter All Filings    |
| <b>Bypass Reason:</b>   | See General Information tab |
| <b>Attachment(s):</b>   |                             |
| <b>Item Status:</b>     |                             |
| <b>Status Date:</b>     |                             |

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

|                          |  |
|--------------------------|--|
| <b>Satisfied - Item:</b> | Actuarial Memorandum                             |
| <b>Comments:</b>         |  |
| <b>Attachment(s):</b>    | DC Dental memo-UHL.pdf<br>DC Vision memo-UHL.pdf |
| <b>Item Status:</b>      |  |
| <b>Status Date:</b>      |  |

|                         |                          |
|-------------------------|--------------------------|
| <b>Bypassed - Item:</b> | Actuarial Justification  |
| <b>Bypass Reason:</b>   | See Actuarial Memorandum |
| <b>Attachment(s):</b>   |                          |
| <b>Item Status:</b>     |                          |
| <b>Status Date:</b>     |                          |

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

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

|                             |  |                        |   |
|-----------------------------|--|------------------------|---|
| <b>State:</b>               | District of Columbia                                   | <b>Filing Company:</b> | UnitedHealthcare Life Insurance Company |
| <b>TOI/Sub-TOI:</b>         | H10I Individual Health - Dental/H10I.000 Health Dental |                        |   |
| <b>Product Name:</b>        | Dental Stand Alone                                     |                        |   |
| <b>Project Name/Number:</b> | Generation 2/DEN2                                      |                        |   |

|                          |   |
|--------------------------|---|
| <b>Status Date:</b>      |   |
| <b>Bypassed - Item:</b>  | Actuarial Memorandum and Certifications                 |
| <b>Bypass Reason:</b>    | N/A   |
| <b>Attachment(s):</b>    |   |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |
| <b>Bypassed - Item:</b>  | Unified Rate Review Template                            |
| <b>Bypass Reason:</b>    | N/A   |
| <b>Attachment(s):</b>    |   |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |
| <b>Satisfied - Item:</b> | Dental and Vision Exhibits                              |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | DC Dental exhibits-UHL.pdf<br>DC Vision Exhibit-UHL.pdf |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |

**UnitedHealthcare Life Insurance Company**  
**(NAIC Number 0707-97179)**  
**Policy Forms UHL-DEN2-PB & UHL-DEN2-PBM**  
**Rider Forms SA-S-1711-UHL Child rider**  
**Actuarial Memorandum**

**Scope & Purpose**

The purpose of this rate filing is to demonstrate that the premium rates meet the minimum requirements of your state. This is a new policy. This memorandum is not intended for any other purpose.

**Brief Description of Benefits**

This form covers expenses associated with an illness or injury to teeth or supporting tissue. The benefit options are outlined in the Outline of Dental Benefits Exhibit. For a complete description of the coverage, please refer to the policy form.

**Development of Premium Rates**

The premium rates for these dental benefits are on the Dental Premium Rate Exhibit. The morbidity assumptions used for this form are derived from an affiliated company's current dental plans. Premium rates are determined by the level of benefits, family tier, time the policy has been in force and place of residence on the premium due date. Premium rates do not vary by age.

**Marketing Method**

This policy form will be distributed using licensed agents in ways typical of individual medical expense policies including direct marketing, insurance brokers, and worksite marketing.

**Issue Age Range**

This policy will be primarily marketed to individuals age 18 to 64, but may be sold to individuals age 65 and over.

**Anticipated Loss Ratio**

The lifetime loss ratio is estimated to be at least 55%, and is calculated by dividing the present value of incurred claims by the present value of earned premiums using a 4% interest rate.

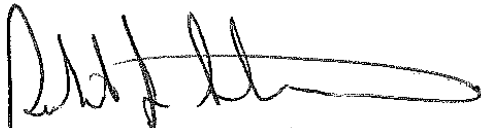
**Proposed Effective Date**

The effective date will be immediately following the state's approval of the rates and forms.

**Actuarial Certification**

I, Robert J. Stegner, am a Senior Actuarial Analyst for UnitedHealth Group's Individual Line of Business, which includes UnitedHealthcare Life Insurance Company's health insurance products marketed to individuals. I am a member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of premium rates for health insurance products.

To the best of my knowledge and judgment, this rate filing complies with applicable law, including that the benefits provided by this form are reasonable in relation to the premium. The premium rates are not inadequate, excessive, nor unfairly discriminatory.



3/26/2014

Robert J. Stegner, ASA, MAAA  
Senior Actuarial Analyst

**United Healthcare Life Insurance Company**  
**(NAIC Number 0707-97179)**  
**Rider Form SA-S-1710-UHL**  
**Actuarial Memorandum**

**Scope & Purpose**

The purpose of this rate filing is to demonstrate that the premium rates meet the minimum requirements of your state. This is a new rider form. This memorandum is not intended for any other purpose.

**Brief Description of Benefits**

This form covers expenses associated with comprehensive eye exams and prescription eyewear. The benefit options are outlined in the Outline of Vision Benefits Exhibit. For a complete description of the coverage, please refer to the rider form.

This form is to be used with individual policy forms. This vision form adds vision coverage to the base dental coverage.

**Development of Premium Rates**

The premium rates for these vision benefits are on the Vision Premium Rate Exhibit. The morbidity assumptions used for this form are derived from the affiliated company's current vision plan. Premium rates do not vary by age.

**Marketing Method**

This rider form will be distributed using licensed agents in ways typical of individual medical expense policies including direct marketing, insurance brokers, and worksite marketing. The rider is available to the general public.

**Issue Age Range**

This rider will be primarily marketed to individuals age 18 to 64, but may be sold to individuals age 65 and over.

**Anticipated Loss Ratio**

The lifetime loss ratio is estimated to be at least 50%, and is calculated by dividing the present value of incurred claims by the present value of earned premiums using a 4% interest rate.

**Proposed Effective Date**

The effective date will be immediately following the state's approval of the rates and forms.

**Actuarial Certification**

I, Gregory A. Dafler, am a Health Actuary for UnitedHealth Group's Individual Line of Business, which includes United Healthcare Life Insurance Company's health insurance products marketed to individuals. I am a member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of premium rates for health insurance products.

To the best of my knowledge and judgment, this rate filing complies with applicable law, including that the benefits provided by this form are reasonable in relation to the premium. The premium rates are not inadequate, excessive, nor unfairly discriminatory.



3/26/2014

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Gregory A. Dafler, FSA, MAAA  
Health Actuary

**UnitedHealthcare Life Insurance Company**  
**Policy Forms: UHL-DEN2-PB & UHL-DEN2-PBM**  
**Rider Form: SA-S-1711-UHL**  
**EXHIBIT A**  
**OUTLINE OF DENTAL BENEFITS**

| Category  | Plan A1            | Plan B1            | Plan A2            | Plan B2            |
|---|--------------------|--------------------|--------------------|--------------------|
| <b>Coninsurance - % plan pays</b>   |                    |                    |                    |                    |
| Preventive  | 100%               | 100%               | 100%               | 100%               |
| Basic   | 70%                | 70%                | 70%                | 70%                |
| <b>Copay - amount individual pays per visit</b>                               |                    |                    |                    |                    |
| Preventive  | \$25               | none               | \$25               | none               |
| <b>Individual calendar year deductible</b>                                    |                    |                    |                    |                    |
| Basic   | \$50               | \$50               | \$50               | \$50               |
| <b>Individual maximum benefit per calendar year (all categories combined)</b> |                    |                    |                    |                    |
| All Years   | \$1,000            | \$1,000            | \$1,000            | \$1,000            |
| <b>Waiting period</b>   |                    |                    |                    |                    |
| Preventive  | none               | none               | none               | none               |
| Basic   | 6 months           | 4 months           | none               | none               |
| <b>Contracting provider organization</b>                                      | Affiliated         | Affiliated         | Affiliated         | Affiliated         |
| <b>Basis of payment for non-contracting providers</b>                         | MAC <sup>(1)</sup> | MAC <sup>(1)</sup> | MAC <sup>(1)</sup> | MAC <sup>(1)</sup> |

| Category  | Plan C1            | Plan D1            | Plan E1            | Plan F1            | Plan C2            | Plan D2            | Plan E2            | Plan F2            |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| <b>Coninsurance - % plan pays</b>   |                    |                    |                    |                    |                    |                    |                    |                    |
| Preventive  | 100%               | 100%               | 100%               | 100%               | 100%               | 100%               | 100%               | 100%               |
| Basic   | 70%                | 70%                | 80%                | 80%                | 70%                | 70%                | 80%                | 80%                |
| Major   | 50%                | 50%                | 50%                | 50%                | 50%                | 50%                | 50%                | 50%                |
| <b>Copay - amount individual pays per visit</b>                               |                    |                    |                    |                    |                    |                    |                    |                    |
| Preventive  | \$25               | none               | none               | none               | \$25               | none               | none               | none               |
| <b>Individual calendar year deductible</b>                                    |                    |                    |                    |                    |                    |                    |                    |                    |
| Basic   | \$50               | \$50               | \$50 combined      | \$50 combined      | \$50               | \$50               | \$50 combined      | \$50 combined      |
| Major   | \$50               | \$50               |                    |                    | \$50               | \$50               |                    |                    |
| <b>Individual maximum benefit per calendar year (all categories combined)</b> |                    |                    |                    |                    |                    |                    |                    |                    |
| Policy year 1   | \$1,000            | \$1,000            | \$1,200            | \$1,200            | \$1,000            | \$1,000            | \$1,200            | \$1,200            |
| Policy year 2   | \$1,000            | \$1,000            | \$1,300            | \$1,300            | \$1,000            | \$1,000            | \$1,300            | \$1,300            |
| Policy year 3   | \$1,000            | \$1,000            | \$1,400            | \$1,400            | \$1,000            | \$1,000            | \$1,400            | \$1,400            |
| Policy years 4+   | \$1,000            | \$1,000            | \$1,500            | \$1,500            | \$1,000            | \$1,000            | \$1,500            | \$1,500            |
| <b>Waiting period</b>   |                    |                    |                    |                    |                    |                    |                    |                    |
| Preventive  | none               | none               | none               | none               | none               | none               | none               | none               |
| Basic   | 6 months           | 4 months           | 6 months           | 6 months           | none               | none               | none               | none               |
| Major   | 12 months          | 12 months          | 12 months          | 12 months          | none               | none               | none               | none               |
| <b>Contracting provider organization</b>                                      | Affiliated         | Affiliated         | Affiliated         | Affiliated         | Affiliated         | Affiliated         | Affiliated         | Affiliated         |
| <b>Basis of payment for non-contracting providers</b>                         | MAC <sup>(1)</sup> | MAC <sup>(1)</sup> | MAC <sup>(1)</sup> | UCR <sup>(2)</sup> | MAC <sup>(1)</sup> | MAC <sup>(1)</sup> | MAC <sup>(1)</sup> | UCR <sup>(2)</sup> |

Child coverage rider SA-S-1711-UHL will have same benefits as primary plan.

(1) - Maximum allowable cost

(2) - Usual, customary and reasonable cost

**UnitedHealthcare Life Insurance Company**  
**Policy Forms: UHL-DEN2-PB & UHL-DEN2-PBM**  
**Rider Form: SA-S-1711-UHL**

**EXHIBIT B**  
**DISTRIBUTION ASSUMPTIONS**

| Coverage     |        |
|--------------|--------|
| UHL-DEN2-PB  | 64.67% |
| UHL-DEN2-PBM | 35.33% |

| Coverage                |        |
|-------------------------|--------|
| Base (Adult)            | 80.00% |
| Rider (Dependent Child) | 20.00% |



**UnitedHealthcare Life Insurance Company**  
**Policy Forms: UHL-DEN2-PB & UHL-DEN2-PBM**  
**Rider Form: SA-S-1711-UHL**  
**EXHIBIT C**  
**LIFETIME LOSS RATIO DEMONSTRATION**

| Year | Persistency | Members | Annual            |                 |            | Present Value     |                   |       |           |
|------|-------------|---------|-------------------|-----------------|------------|-------------------|-------------------|-------|-----------|
|      |             |         | Expected Premiums | Expected Claims | Loss Ratio | Expected Premiums | Expected Benefits | LR%   | PV Factor |
|      | 1.000       | 1,000   |                   |                 |            |                   |                   |       |           |
| 1    | 0.652       | 813     | 251,029           | 124,835         | 49.7%      | 246,155           | 122,410           | 49.7% | 0.9806    |
| 2    | 0.675       | 548     | 179,416           | 108,715         | 60.6%      | 169,165           | 102,504           | 60.6% | 0.9429    |
| 3    | 0.700       | 376     | 130,383           | 75,682          | 58.0%      | 118,205           | 68,614            | 58.0% | 0.9066    |
| 4    | 0.725       | 267     | 98,216            | 57,690          | 58.7%      | 85,618            | 50,290            | 58.7% | 0.8717    |
| 5    | 0.750       | 196     | 76,596            | 44,991          | 58.7%      | 64,203            | 37,711            | 58.7% | 0.8382    |
| 6    | 0.750       | 147     | 60,893            | 35,768          | 58.7%      | 49,078            | 28,827            | 58.7% | 0.8060    |
| 7    | 0.750       | 110     | 48,410            | 28,435          | 58.7%      | 37,516            | 22,036            | 58.7% | 0.7750    |
| 8    | 0.750       | 83      | 38,486            | 22,606          | 58.7%      | 28,678            | 16,845            | 58.7% | 0.7452    |
| 9    | 0.750       | 62      | 30,597            | 17,972          | 58.7%      | 21,922            | 12,877            | 58.7% | 0.7165    |
| 10   | 0.750       | 47      | 24,324            | 14,288          | 58.7%      | 16,758            | 9,843             | 58.7% | 0.6889    |
| 11   | 0.750       | 35      | 19,338            | 11,359          | 58.7%      | 12,810            | 7,524             | 58.7% | 0.6624    |
| 12   | 0.750       | 26      | 15,374            | 9,030           | 58.7%      | 9,792             | 5,752             | 58.7% | 0.6370    |
| 13   | 0.750       | 20      | 12,222            | 7,179           | 58.7%      | 7,486             | 4,397             | 58.7% | 0.6125    |
| 14   | 0.750       | 15      | 9,716             | 5,707           | 58.7%      | 5,722             | 3,361             | 58.7% | 0.5889    |
| 15   | 0.750       | 11      | 7,725             | 4,537           | 58.7%      | 4,374             | 2,569             | 58.7% | 0.5663    |
| 16   | 0.750       | 8       | 6,141             | 3,607           | 58.7%      | 3,344             | 1,964             | 58.7% | 0.5445    |
| 17   | 0.750       | 6       | 4,882             | 2,868           | 58.7%      | 2,556             | 1,501             | 58.7% | 0.5235    |
| 18   | 0.750       | 5       | 3,881             | 2,280           | 58.7%      | 1,954             | 1,148             | 58.7% | 0.5034    |
| 19   | 0.750       | 3       | 3,086             | 1,812           | 58.7%      | 1,494             | 877               | 58.7% | 0.4840    |
| 20   | 0.750       | 3       | 2,453             | 1,441           | 58.7%      | 1,142             | 671               | 58.7% | 0.4654    |

Total            887,972    501,723    56.5%

Discount Rate:    4.0%  
Claims/premium trend:    6.0%

\*Expected Benefits are the incurred claims plus the change in policy reserves

**United Healthcare Life Insurance Company**  
**Rider Form Number: SA-S-1710-UHL**  
**EXHIBIT A**  
**Outline of Vision Benefits Exhibit**

**VISION BENEFIT PLAN 100**

| <b>Category of Benefit</b>               | <b>Maximum Frequency</b> | <b>Cost-Share</b> |
|--|--------------------------|-------------------|
| Comprehensive Eye Exam                   | 12 months                | \$10 copay        |
| Lenses                                   | 12 months                | \$25 copay        |
| Frames                                   | 24 months                | \$25 copay        |
| Provider network                         |                          | Affiliated        |
| Payment method for non-network providers |                          | Indemnity         |