# Filing at a Glance

| | |
|---|---|
| Company: | UnitedHealthcare Insurance Company |
| Product Name: | DC-SG-UHIC-2016-01 |
| State: | District of Columbia |
| TOI: | H16G Group Health - Major Medical |
| Sub-TOI: | H16G.003G Small Group Only - Other |
| Filing Type: | Rate |
| Date Submitted: | 04/30/2015 |
| SERFF Tr Num: | UHLC-130004865 |
| SERFF Status: | Assigned |
| State Tr Num: | |
| State Status: | |
| Co Tr Num: | |
| Implementation Date Requested: | 01/01/2016 |
| 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* **Filing Company:** *UnitedHealthcare Insurance Company*
**TOI/Sub-TOI:** *H16G Group Health - Major Medical/H16G.003G Small Group Only - Other*
**Product Name:** *DC-SG-UHIC-2016-01*
**Project Name/Number:** */*

## General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type:
Filing Status Changed: 04/30/2015
State Status Changed:
Created By: Matthew Madia
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact:

Deemer Date:
Submitted By: Matthew Madia

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:
DC Small Group 2016 - UHIC

## 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 Insurance Company
185 Asylum Street
Hartford, CT 06103
(860) 702-5000 ext. [Phone]

CoCode: 79413
Group Code: 707
Group Name:
FEIN Number: 36-2739571

State of Domicile: Connecticut
Company Type: Life and Health
State ID Number: 79413

## Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

**State:** District of Columbia **Filing Company:** UnitedHealthcare Insurance Company
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
**Product Name:** DC-SG-UHIC-2016-01
**Project Name/Number:** /

## Rate Information

Rate data applies to filing.

| | |
|---|---|
| **Filing Method:** | Review and Approval |
| **Rate Change Type:** | Increase |
| **Overall Percentage of Last Rate Revision:** | -10.400% |
| **Effective Date of Last Rate Revision:** | 01/01/2015 |
| **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 Insurance Company | Increase | 8.300% | 8.300% | $5,008,666 | 681 | $60,345,381 | 11.980% | -2.300% |

# Rate Review Detail

## COMPANY:

Company Name: UnitedHealthcare Insurance Company
HHS Issuer Id: 41842

## PRODUCTS:

| Product Name | HIOS Product ID | HIOS Submission ID | Number of Covered Lives |
|---|---|---|---|
| EPO | 004 | 41842 | 1640 |
| POS | 001 | 41842 | 8717 |

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

## FORMS:

New Policy Forms: POL.I.16.DC
Affected Forms:
Other Affected Forms:

## REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 10,357
Benefit Change: Increase
Percent Change Requested: Min: -2.3 Max: 11.98 Avg: 8.3

## PRIOR RATE:

Total Earned Premium: 60,345,381.00
Total Incurred Claims: 38,932,730.00
Annual $: Min: 147.72 Max: 967.47 Avg: 557.60

## REQUESTED RATE:

Projected Earned Premium: 65,354,047.00
Projected Incurred Claims: 42,164,146.00
Annual $: Min: 144.32 Max: 1,083.37 Avg: 603.88

**State:** *District of Columbia* **Filing Company:** *UnitedHealthcare Insurance Company*
**TOI/Sub-TOI:** *H16G Group Health - Major Medical/H16G.003G Small Group Only - Other*
**Product Name:** *DC-SG-UHIC-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-Exhibits | POL.I.16.DC | Revised | Previous State Filing Number: UHLC-129586288<br>Percent Rate Change Request: 8.3 | DC-SG-UHIC-Exhibits 2016-01.pdf, |

## Rate Factors

Exhibit 1

(1) Index Rate: $433.18

(2) Benefit Plan Ratios

| CH/INS (EPO) Plans | | | | | |
|---|---|---|---|---|---|
| Product | Medical On-Exchange Plan Name | Rx Name | Metal Level | Actuarial Value | Plan Ratio |
| EPO | 60J | YM | Gold 8 | 79.8% | 0.90048 |
| EPO-HSA | AD-7C | YM | Silver 3 | 71.9% | 0.66365 |
| EPO | AD-7P | D0 | Silver 7 | 72.0% | 0.77512 |
| EPO | 60S | ZT | Silver 8 | 70.5% | 0.77311 |
| EPO-HSA | AD-7M | YM | Bronze 4 | 62.0% | 0.57238 |
| EPO-HSA | FW1 | YM | Gold 11 | 81.3% | 0.85669 |
| EPO | AD-7I | YM | Gold 13 | 81.9% | 0.98319 |
| EPO-HSA | AD-7L | YM | Silver 11 | 71.8% | 0.66130 |

| CH+/INS (POS) Plans | | | | | |
|---|---|---|---|---|---|
| Product | Medical On-Exchange Plan Name | Rx Name | Metal Level | Actuarial Value | Plan Ratio |
| POS | 6Y5 | ZV | Platinum 3 | 88.5% | 1.09432 |
| POS | 6Z6 | ZU | Platinum 6 | 89.6% | 1.15805 |
| POS | AD-7H | YM | Platinum 1 | 88.2% | 1.12723 |
| POS | F49 | ZR | Platinum 2 | 88.6% | 1.11249 |
| POS | 60X | ZU | Platinum 4 | 90.2% | 1.17558 |
| POS | 6Z4 | ZV | Platinum 5 | 88.1% | 1.12155 |
| POS-HSA | 6YY | YM | Gold 1 | 80.6% | 0.86794 |
| POS-HSA | AD-7D | YM | Gold 7 | 81.6% | 0.89903 |
| POS | 60K | YM | Gold 8 | 79.8% | 0.92256 |
| POS | AD-7S | YM | Gold 10 | 81.4% | 0.95099 |
| POS | AD-7R | YM | Gold 9 | 81.6% | 0.95948 |
| POS-HSA | AD-7E | YM | Silver 3 | 71.9% | 0.68675 |
| POS-HSA | 6Y3 | YM | Silver 5 | 70.7% | 0.69171 |
| POS | AD-7Q | D0 | Silver 7 | 72.0% | 0.79339 |
| POS-HSA | FWW | YM | Gold 11 | 81.3% | 0.88271 |
| POS | AD-7J | YM | Gold 13 | 81.9% | 1.00599 |
| POS-HSA | AD-7K | YM | Silver 11 | 71.8% | 0.68466 |
| POS | AD-69 | 263 | Platinum 12 | 90.2% | 1.19263 |
| POS | AD-7A | 263 | Platinum 13 | 89.1% | 1.16343 |
| POS | AD-7B | 263 | Platinum 14 | 90.9% | 1.20123 |

(3) Trend Factors

| Effective Quarter | Factor |
|---|---|
| 1st Quarter, 2016 | 1.000 |
| 2nd Quarter, 2016 | 1.019 |
| 3rd Quarter, 201 | 1.038 |
| 4th Quarter, 2016 | 1.058 |

(4) Age Factors

| Age | Factor | Age | Factor | Age | Factor |
|---|---|---|---|---|---|
| 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 - 2016 Portfolio - UnitedHealthcare Insurance Company**

Exhibit 2

| | Plan Name | | | Metal | Act'l | In-Network | | | | | Out-of-Network | | | | | Copayments | | | | | | | Medical | Rx | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Deductible | | | OOP Maximum | | Deductible | | | OOP Maximum | | | | | | OP Surgery | | | Deduct. | Deduct. | | | | Tier 2 | | Tier 3 |
| Product | Medical | Rx | SCID | Level | Value | Indiv. | Family | Coins | Indiv. | Family | Indiv. | Family | Coins | Indiv. | Family | PCP | SCP | UC | ER | Free-St. | Hospital | IP | Type | Type | Deduct. | Tier 1 | Tier 2 | Spec. | Tier 3 | Spec. |
| EPO | 60J | YM | 41842DC0040091 | Gold 8 | 79.8% | $1,000 | $2,000 | 80% | $3,500 | $7,000 | | | | | | $30 | $60 | | | | Ded+$250+Coins. | | Emb | Sep | | $10 | $40 | $100 | $75 | $300 |
| EPO-HSA | AD-7C | YM | 41842DC0040024 | Silver 3 | 71.9% | $2,000 | $6,000 | 90% | $6,000 | $6,850 | | | | | | $25 | $45 | | | | | | NonEmb | Comb | | $10 | $40 | $100 | $75 | $300 |
| EPO | AD-7P | D0 | 41842DC0040099 | Silver 7 | 72.0% | $1,500 | $3,000 | 70% | $6,400 | $12,800 | | | | | | $40 | $80 | $100 | | $300 | | | Emb | Sep | $500 | $10 | $40 | $100 | $75 | $300 |
| EPO | 60S | ZT | 41842DC0040101 | Silver 8 | 70.5% | $2,000 | $4,000 | 70% | $6,250 | $12,500 | | | | | | $40 | $80 | $100 | | $300 | | | Emb | Sep | $250 | $10 | $40 | $100 | $75 | $300 |
| EPO-HSA | AD-7M | YM | 41842DC0040050 | 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 |
| EPO-HSA | FW1 | YM | 41842DC0040047 | 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 |
| EPO | AD-7I | YM | 41842DC0040045 | Gold 13 | 81.9% | $1,000 | $2,000 | 100% | $3,200 | $6,400 | | | | | | $25 | $50 | $75 | $100 | | Ded+$250+Coins. | | Emb | Sep | | $10 | $40 | $100 | $75 | $300 |
| EPO-HSA | AD-7L | YM | 41842DC0040046 | 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 |
| POS | 6Y5 | ZV | 41842DC0010001 | Platinum 3 | 88.5% | $250 | $500 | 90% | $2,500 | $5,000 | $1,000 | $2,000 | 70% | $6,000 | $12,000 | $10 | $20 | $75 | | | | | Emb | Sep | $50 | $15 | $25 | $100 | $50 | $300 |
| POS | 6Z6 | ZU | 41842DC0010031 | Platinum 6 | 89.6% | n/a | n/a | 100% | $3,000 | $6,000 | $1,000 | $2,000 | 70% | $6,000 | $12,000 | $20 | $40 | $75 | $150 | $75 | $150 | | Emb | Sep | | $15 | $25 | $100 | $50 | $300 |
| POS | AD-7H | YM | 41842DC0010066 | Platinum 1 | 88.2% | $250 | $500 | 100% | $2,000 | $4,000 | $2,000 | $4,000 | 70% | $6,000 | $12,000 | $15 | $30 | | | | Ded+$250+Coins. | | Emb | Sep | | $10 | $40 | $100 | $75 | $300 |
| POS | F49 | ZR | 41842DC0010067 | Platinum 2 | 88.6% | n/a | n/a | 100% | $3,000 | $6,000 | $4,000 | $8,000 | 70% | $10,000 | $20,000 | $15 | $30 | $75 | $250 | $150 | $300 | 3x$500 | Emb | Sep | $50 | $10 | $40 | $100 | $75 | $300 |
| POS | 60X | ZU | 41842DC0010068 | Platinum 4 | 90.2% | n/a | n/a | 100% | $5,000 | $10,000 | $1,000 | $2,000 | 70% | $6,000 | $12,000 | $15 | $30 | $75 | $150 | | $150 | | Emb | Sep | | $15 | $25 | $100 | $50 | $300 |
| POS | 6Z4 | ZV | 41842DC0010030 | Platinum 5 | 88.1% | n/a | n/a | 100% | $3,000 | $6,000 | $1,000 | $2,000 | 70% | $6,000 | $12,000 | $20 | $60 | $75 | $150 | $100 | $300 | | Emb | Sep | $50 | $15 | $25 | $100 | $50 | $300 |
| POS-HSA | 6YY | YM | 41842DC0010004 | Gold 1 | 80.6% | $1,300 | $2,600 | 90% | $2,600 | $5,200 | $2,000 | $4,000 | 70% | $6,000 | $12,000 | | | | | | | | NonEmb | Comb | | $10 | $40 | $100 | $75 | $300 |
| POS-HSA | AD-7D | YM | 41842DC0010006 | Gold 7 | 81.6% | $1,400 | $2,800 | 100% | $2,800 | $5,600 | $2,000 | $4,000 | 70% | $6,000 | $12,000 | | | | $250 | | | | NonEmb | Comb | | $10 | $40 | $100 | $75 | $300 |
| POS | 60K | YM | 41842DC0010054 | Gold 8 | 79.8% | $1,000 | $2,000 | 80% | $3,500 | $7,000 | $2,000 | $4,000 | 70% | $6,000 | $12,000 | $30 | $60 | | | | Ded+$250+Coins. | | Emb | Sep | | $10 | $40 | $100 | $75 | $300 |
| POS | AD-7S | YM | 41842DC0010032 | Gold 10 | 81.4% | $500 | $1,000 | 80% | $4,500 | $9,000 | $2,000 | $4,000 | 70% | $6,000 | $12,000 | $20 | $40 | | | | Ded+$250+Coins. | | Emb | Sep | | $10 | $40 | $100 | $75 | $300 |
| POS | AD-7R | YM | 41842DC0010056 | Gold 9 | 81.6% | $1,000 | $2,000 | 90% | $3,000 | $6,000 | $2,000 | $4,000 | 70% | $6,000 | $12,000 | $25 | $50 | | | | Ded+$250+Coins. | | Emb | Sep | | $10 | $40 | $100 | $75 | $300 |
| POS-HSA | AD-7E | YM | 41842DC0010008 | Silver 3 | 71.9% | $2,000 | $6,000 | 90% | $6,000 | $6,850 | $3,000 | $6,000 | 70% | $10,000 | $20,000 | $25 | $45 | | | | | | NonEmb | Comb | | $10 | $40 | $100 | $75 | $300 |
| POS-HSA | 6Y3 | YM | 41842DC0010012 | Silver 5 | 70.7% | $1,500 | $4,500 | 70% | $6,000 | $6,850 | $3,000 | $6,000 | 60% | $10,000 | $20,000 | | | | | | | | NonEmb | Comb | | $10 | $40 | $100 | $75 | $300 |
| POS | AD-7Q | D0 | 41842DC0010060 | Silver 7 | 72.0% | $1,500 | $3,000 | 70% | $6,400 | $12,800 | $4,000 | $8,000 | 50% | $10,000 | $20,000 | $40 | $80 | $100 | | $300 | | | Emb | Sep | $500 | $10 | $40 | $100 | $75 | $300 |
| POS-HSA | FWW | YM | 41842DC0010069 | Gold 11 | 81.3% | $1,300 | $2,600 | 100% | $3,000 | $6,000 | $3,000 | $6,000 | 80% | $6,000 | $12,000 | $10 | $20 | $75 | $100 | | $150 | $250 | NonEmb | Comb | | $10 | $40 | $100 | $75 | $300 |
| POS | AD-7J | YM | 41842DC0010042 | Gold 13 | 81.9% | $1,000 | $2,000 | 100% | $3,200 | $6,400 | $2,000 | $4,000 | 70% | $6,000 | $12,000 | $25 | $50 | $75 | $100 | | Ded+$250+Coins. | | Emb | Sep | | $10 | $40 | $100 | $75 | $300 |
| POS-HSA | AD-7K | YM | 41842DC0010043 | Silver 11 | 71.8% | $2,300 | $5,750 | 100% | $6,500 | $6,850 | $4,000 | $8,000 | 80% | $8,000 | $16,000 | $25 | $50 | $75 | $150 | | $250 | $500 | NonEmb | Comb | | $10 | $40 | $100 | $75 | $300 |
| POS | AD-69 | 263 | 41842DC0010072 | Platinum 12 | 90.2% | n/a | n/a | 100% | $3,000 | $6,000 | $500 | $1,000 | 80% | $3,000 | $6,000 | $15 | $30 | $50 | $100 | | | | Emb | Sep | | $10 | $40 | $40 | $75 | $75 |
| POS | AD-7A | 263 | 41842DC0010073 | Platinum 13 | 89.1% | n/a | n/a | 100% | $3,000 | $6,000 | $1,000 | $2,000 | 80% | $4,000 | $8,000 | $20 | $40 | $50 | $100 | $150 | $150 | $300 | Emb | Sep | | $10 | $40 | $40 | $75 | $75 |
| POS | AD-7B | 263 | 41842DC0010074 | Platinum 14 | 90.9% | n/a | n/a | 100% | $3,000 | $6,000 | $500 | $1,000 | 80% | $3,000 | $6,000 | $10 | $20 | $35 | $200 | | | | Emb | Sep | | $10 | $40 | $40 | $75 | $75 |

Exhibit 3

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

| | | | | | Current - 4th Quarter 2015 Rate | | | | Proposed - 1st Quarter 2016 Rate | | | % Rate | % Rate |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2016 | 2015 | | | Index | Plan | Trend | 4Q2015 | Index | Plan | 1Q2016 | Change | Change |
| | Plan | Plan Name | | | Rate | Ratio | Rate | Rate = | Rate | Ratio | Rate = | 4Q15 | 1Q15 |
| Product | Name | Off | On | Rx | (a) | (b) | (c) | (a x b x c) | (e) | (f) | (e x f) | to 1Q16 | to 1Q16 |
| EPO | 60J | 61L | 60J | YM | $398.67 | 0.85053 | 1.059 | $359.09 | $433.18 | 0.90048 | $390.07 | 8.6% | 15.0% |
| EPO-HSA | AD-7C | 6ZN | 6YU | YM | $398.67 | 0.68034 | 1.059 | $287.23 | $433.18 | 0.66365 | $287.48 | 0.1% | 6.0% |
| EPO | AD-7P | 61S | 60Q | D0 | $398.67 | 0.74798 | 1.059 | $315.79 | $433.18 | 0.77512 | $335.77 | 6.3% | 12.6% |
| EPO | 60S | 61U | 60S | ZT | $398.67 | 0.75214 | 1.059 | $317.55 | $433.18 | 0.77311 | $334.90 | 5.5% | 11.7% |
| EPO-HSA | AD-7M | FY4 | FW4 | YM | $398.67 | 0.59205 | 1.059 | $249.96 | $433.18 | 0.57238 | $247.94 | -0.8% | 5.0% |
| EPO-HSA | FW1 | FY1 | FW1 | YM | $398.67 | 0.79351 | 1.059 | $335.01 | $433.18 | 0.85669 | $371.10 | 10.8% | 17.3% |
| EPO | AD-7I | 79G | F51 | YM | $398.67 | 0.91996 | 1.059 | $388.40 | $433.18 | 0.98319 | $425.90 | 9.7% | 16.1% |
| EPO-HSA | AD-7L | FYY | FWZ | YM | $398.67 | 0.69451 | 1.059 | $293.22 | $433.18 | 0.66130 | $286.46 | -2.3% | 3.5% |
| POS | 6Y5 | 6ZX | 6Y5 | ZV | $398.67 | 1.03404 | 1.059 | $436.56 | $433.18 | 1.09432 | $474.04 | 8.6% | 15.0% |
| POS | 6Z6 | 608 | 6Z6 | ZU | $398.67 | 1.09021 | 1.059 | $460.28 | $433.18 | 1.15805 | $501.64 | 9.0% | 15.4% |
| POS | AD-7H | 61Z | F47 | YM | $398.67 | 1.05057 | 1.059 | $443.54 | $433.18 | 1.12723 | $488.29 | 10.1% | 16.6% |
| POS | F49 | 613 | F49 | ZR | $398.67 | 1.04349 | 1.059 | $440.55 | $433.18 | 1.11249 | $481.91 | 9.4% | 15.8% |
| POS | 60X | 615 | 60X | ZU | $398.67 | 1.11268 | 1.059 | $469.76 | $433.18 | 1.17558 | $509.24 | 8.4% | 14.8% |
| POS | 6Z4 | 60Z | 6Z4 | ZV | $398.67 | 1.04917 | 1.059 | $442.95 | $433.18 | 1.12155 | $485.83 | 9.7% | 16.2% |
| POS-HSA | 6YY | 6ZR | 6YY | YM | $398.67 | 0.79525 | 1.059 | $335.75 | $433.18 | 0.86794 | $375.97 | 12.0% | 18.6% |
| POS-HSA | AD-7D | 6ZS | 6YZ | YM | $398.67 | 0.88651 | 1.059 | $374.28 | $433.18 | 0.89903 | $389.44 | 4.1% | 10.2% |
| POS | 60K | 61M | 60K | YM | $398.67 | 0.87121 | 1.059 | $367.82 | $433.18 | 0.92256 | $399.63 | 8.7% | 15.1% |
| POS | AD-7S | 61A | 6Z8 | YM | $398.67 | 0.91269 | 1.059 | $385.33 | $433.18 | 0.95099 | $411.95 | 6.9% | 13.2% |
| POS | AD-7R | 61O | 60M | YM | $398.67 | 0.92739 | 1.059 | $391.54 | $433.18 | 0.95948 | $415.63 | 6.2% | 12.4% |
| POS-HSA | AD-7E | 6ZT | 6Y1 | YM | $398.67 | 0.70158 | 1.059 | $296.20 | $433.18 | 0.68675 | $297.49 | 0.4% | 6.4% |
| POS-HSA | 6Y3 | 6ZV | 6Y3 | YM | $398.67 | 0.67764 | 1.059 | $286.09 | $433.18 | 0.69171 | $299.63 | 4.7% | 10.9% |
| POS | AD-7Q | 61T | 60R | D0 | $398.67 | 0.76492 | 1.059 | $322.94 | $433.18 | 0.79339 | $343.68 | 6.4% | 12.7% |
| POS-HSA | FWW | FW8 | FWW | YM | $398.67 | 0.81773 | 1.059 | $345.24 | $433.18 | 0.88271 | $382.37 | 10.8% | 17.3% |
| POS | AD-7J | 79H | F52 | YM | $398.67 | 0.94104 | 1.059 | $397.30 | $433.18 | 1.00599 | $435.77 | 9.7% | 16.2% |
| POS-HSA | AD-7K | FW7 | FWV | YM | $398.67 | 0.71544 | 1.059 | $302.05 | $433.18 | 0.68466 | $296.58 | -1.8% | 4.0% |
| | | | | | | | | | | | | | |
| POS | AD-69 | | | | New Benefit Plan | | | | $433.18 | 1.19263 | $516.62 | Max: | 18.6% |
| POS | AD-7A | | | | New Benefit Plan | | | | $433.18 | 1.16343 | $503.97 | Min: | 3.5% |
| POS | AD-7B | | | | New Benefit Plan | | | | $433.18 | 1.20123 | $520.35 | | |

## Development of Plan Rates & Benefit Plan Ratios to Index Rate

Exhibit 3b

**Index Rate:** $433.18 (i)

| CH/INS (EPO) 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 x b) + (c x d) | Benefit Plan Ratio = e / i |
| EPO | 60J | YM | Gold 8 | 0.6882 | $463.53 | 0.4823 | $147.35 | $390.07 | 0.90048 |
| EPO-HSA | AD-7C | YM | Silver 3 | 0.6202 | $463.53 | 0.0000 | $147.35 | $287.48 | 0.66365 |
| EPO | AD-7P | D0 | Silver 7 | 0.6037 | $463.53 | 0.3796 | $147.35 | $335.77 | 0.77512 |
| EPO | 60S | ZT | Silver 8 | 0.5886 | $463.53 | 0.4212 | $147.35 | $334.90 | 0.77311 |
| EPO-HSA | AD-7M | YM | Bronze 4 | 0.5349 | $463.53 | 0.0000 | $147.35 | $247.94 | 0.57238 |
| EPO-HSA | FW1 | YM | Gold 11 | 0.8006 | $463.53 | 0.0000 | $147.35 | $371.10 | 0.85669 |
| EPO | AD-7I | YM | Gold 13 | 0.7655 | $463.53 | 0.4823 | $147.35 | $425.90 | 0.98319 |
| EPO-HSA | AD-7L | YM | Silver 11 | 0.6180 | $463.53 | 0.0000 | $147.35 | $286.46 | 0.66130 |

| CH+/INS (POS) 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 x b) + (c x d) | Benefit Plan Ratio = e / i |
| POS | 6Y5 | ZV | Platinum 3 | 0.8396 | $477.43 | 0.4967 | $147.35 | $474.04 | 1.09432 |
| POS | 6Z6 | ZU | Platinum 6 | 0.8898 | $477.43 | 0.5214 | $147.35 | $501.65 | 1.15805 |
| POS | AD-7H | YM | Platinum 1 | 0.8739 | $477.43 | 0.4823 | $147.35 | $488.29 | 1.12723 |
| POS | F49 | ZR | Platinum 2 | 0.8679 | $477.43 | 0.4584 | $147.35 | $481.91 | 1.11249 |
| POS | 60X | ZU | Platinum 4 | 0.9057 | $477.43 | 0.5214 | $147.35 | $509.24 | 1.17558 |
| POS | 6Z4 | ZV | Platinum 5 | 0.8643 | $477.43 | 0.4967 | $147.35 | $485.83 | 1.12155 |
| POS-HSA | 6YY | YM | Gold 1 | 0.7875 | $477.43 | 0.0000 | $147.35 | $375.98 | 0.86794 |
| POS-HSA | AD-7D | YM | Gold 7 | 0.8157 | $477.43 | 0.0000 | $147.35 | $389.44 | 0.89903 |
| POS | 60K | YM | Gold 8 | 0.6882 | $477.43 | 0.4823 | $147.35 | $399.63 | 0.92256 |
| POS | AD-7S | YM | Gold 10 | 0.7140 | $477.43 | 0.4823 | $147.35 | $411.95 | 0.95099 |
| POS | AD-7R | YM | Gold 9 | 0.7217 | $477.43 | 0.4823 | $147.35 | $415.63 | 0.95948 |
| POS-HSA | AD-7E | YM | Silver 3 | 0.6231 | $477.43 | 0.0000 | $147.35 | $297.49 | 0.68675 |
| POS-HSA | 6Y3 | YM | Silver 5 | 0.6276 | $477.43 | 0.0000 | $147.35 | $299.64 | 0.69171 |
| POS | AD-7Q | D0 | Silver 7 | 0.6027 | $477.43 | 0.3796 | $147.35 | $343.68 | 0.79339 |
| POS-HSA | FWW | YM | Gold 11 | 0.8009 | $477.43 | 0.0000 | $147.35 | $382.37 | 0.88271 |
| POS | AD-7J | YM | Gold 13 | 0.7639 | $477.43 | 0.4823 | $147.35 | $435.78 | 1.00599 |
| POS-HSA | AD-7K | YM | Silver 11 | 0.6212 | $477.43 | 0.0000 | $147.35 | $296.58 | 0.68466 |
| POS | AD-69 | 263 | Platinum 12 | 0.9321 | $477.43 | 0.4860 | $147.35 | $516.62 | 1.19263 |
| POS | AD-7A | 263 | Platinum 13 | 0.9056 | $477.43 | 0.4860 | $147.35 | $503.97 | 1.16343 |
| POS | AD-7B | 263 | Platinum 14 | 0.9399 | $477.43 | 0.4860 | $147.35 | $520.35 | 1.20123 |

**DC Small Group - New, Terminated & Changed Plans - UHIC**

Exhibit 4

**New 2016 Benefit Plans**

| SCID | Product | Metal Level | Plan Name |
|---|---|---|---|
| 41842DC0010072 | POS | Platinum 12 | AD-69 |
| 41842DC0010073 | POS | Platinum 13 | AD-7A |
| 41842DC0010074 | POS | Platinum 14 | AD-7B |

**Terminated 2015 Benefit Plans**

| SCID | Product | Metal Level | On-Exchange Plan Name |
|---|---|---|---|
| 41842DC0040014 | EPO | Platinum 3 | 6Y4 |
| 41842DC0040070 | EPO | Platinum 6 | 6Z5 |
| 41842DC0040105 | EPO | Platinum 1 | F46 |
| 41842DC0040106 | EPO | Platinum 2 | F48 |
| 41842DC0040107 | EPO | Platinum 4 | 60W |
| 41842DC0040069 | EPO | Platinum 5 | 6Z3 |
| 41842DC0040020 | EPO | Gold 1 | 6YS |
| 41842DC0040022 | EPO | Gold 7 | 6YT |
| 41842DC0040093 | EPO | Gold 9 | 60L |
| 41842DC0040071 | EPO | Gold 10 | 6Z7 |
| 41842DC0040075 | EPO | Gold 3 | 60B |
| 41842DC0040015 | EPO | Silver 2 | 6YO |
| 41842DC0040026 | EPO | Silver 4 | 6YV |
| 41842DC0040028 | EPO | Silver 5 | 6YW |
| 41842DC0040095 | EPO | Silver 1 | 60N |
| 41842DC0040103 | EPO | Silver 9 | 60U |
| 41842DC0040097 | EPO | Silver 10 | 60O |
| 41842DC0040017 | EPO | Bronze 1 | 6YP |
| 41842DC0040018 | EPO | Bronze 2 | 6YQ |
| 41842DC0040019 | EPO | Bronze 3 | 6YR |
| 41842DC0040049 | EPO | Platinum 11 | FW3 |
| 41842DC0040048 | EPO | Gold 12 | FW2 |
| 41842DC0010048 | POS | Gold 4 | 60E |
| 41842DC0010046 | POS | Gold 3 | 60C |
| 41842DC0010052 | POS | Gold 6 | 60I |
| 41842DC0010050 | POS | Gold 5 | 60G |
| 41842DC0010002 | POS | Silver 2 | 6YX |
| 41842DC0010010 | POS | Silver 4 | 6Y2 |
| 41842DC0010062 | POS | Silver 8 | 60T |
| 41842DC0010064 | POS | Silver 9 | 60V |
| 41842DC0010058 | POS | Silver 10 | 60P |
| 41842DC0010071 | POS | Platinum 11 | FWY |
| 41842DC0010070 | POS | Gold 12 | FWX |

**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 |
|---|---|---|---|---|---|---|
| 41842DC0040024 | EPO | Silver 3 | 6YU | AD-7C | family deductible changed from $4000 to $6000, family OOPM from $12000 to $6850, $25/$45 PCP/specialist copays added | -1.3% |
| 41842DC0040099 | EPO | Silver 7 | 60Q | AD-7P | OOPM changed from $6250/$12500 to $6400/$12800 | -0.3% |
| 41842DC0040050 | EPO | Bronze 4 | FW4 | AD-7M | deductible changed from non-embedded $3750/$7500 to embedded $5200/$10400, OOPM changed from non-embedded $6450/$12900 to embedded $6500/$13000 | -2.6% |
| 41842DC0040045 | EPO | Gold 13 | F51 | AD-7I | OOPM changed from $3000/$6000 to $3200/$6400 | -0.1% |
| 41842DC0040046 | EPO | Silver 11 | FWZ | AD-7L | deductible changed from $2000/$4000 to $2300/$5750, OOPM changed from $4000/$8000 to $6500/$6850 | -8.3% |
| 41842DC0010066 | POS | Platinum 1 | F47 | AD-7H | OOPM changed from $3000/$6000 to $2000/$4000 | 0.7% |
| 41842DC0010006 | POS | Gold 7 | 6YZ | AD-7D | deductible changed from $1300/$2600 to $1400/$2800, OOPM changed from $2600/5200 to $2800/$5600 | -2.0% |
| 41842DC0010032 | POS | Gold 10 | 6Z8 | AD-7S | PCP/specialist copay changed from $15/$30 to $20/40 | -1.1% |
| 41842DC0010056 | POS | Gold 9 | 60M | AD-7R | PCP/specialist copay changed from $20/$40 to $25/50 | -1.1% |
| 41842DC0010008 | POS | Silver 3 | 6Y1 | AD-7E | family deductible changed from $4000 to $6000, family OOPM from $12000 to $6850, $25/$45 PCP/specialist copays added | -1.3% |
| 41842DC0010060 | POS | Silver 7 | 60R | AD-7Q | OOPM changed from $6250/$12500 to $6400/$12800 | -0.3% |
| 41842DC0010042 | POS | Gold 13 | F52 | AD-7J | OOPM changed from $3000/$6000 to $3200/$6400 | -0.1% |
| 41842DC0010043 | POS | Silver 11 | FWV | AD-7K | 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 |
|---|---|---|---|
| 41842DC0040091 | EPO | Gold 8 | 60J |
| 41842DC0040101 | EPO | Silver 8 | 60S |
| 41842DC0040047 | EPO | Gold 11 | FW1 |
| 41842DC0010001 | POS | Platinum 3 | 6Y5 |
| 41842DC0010031 | POS | Platinum 6 | 6Z6 |
| 41842DC0010067 | POS | Platinum 2 | F49 |
| 41842DC0010068 | POS | Platinum 4 | 60X |
| 41842DC0010030 | POS | Platinum 5 | 6Z4 |
| 41842DC0010004 | POS | Gold 1 | 6YY |
| 41842DC0010054 | POS | Gold 8 | 60K |
| 41842DC0010012 | POS | Silver 5 | 6Y3 |
| 41842DC0010069 | POS | Gold 11 | FWW |

**Revenue Neutrality Adjustment from Benefit Plan Resloping to New Pricing Model** Exhibit 5

| License | Product | On Exchange Plan Name | Off Exchange Plan Name | Rx Plan Name | Jan-15 On Exchange Members | Jan-15 Off Exchange Members | Jan-15 Total Members | 2015 Base Rates Medical | 2015 Base Rates Rx | Current Plan Ratios & PMPM Medical | Current Plan Ratios & PMPM Rx | Current Plan Ratios & PMPM PMPM | New Model Plan Ratios & PMPM Medical | New Model Plan Ratios & PMPM Rx | New Model Plan Ratios & PMPM PMPM | % Chg. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | C4O | 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 | V7O | 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 | C5Z | 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 | E5O | 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 | E2O | 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 | 6Z6 | 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 | 6Z4 | 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 | 6YY | 6ZR | YM | 33 | 0 | 33 | 418.65 | 129.21 | 0.7573 | 0.0000 | 317.04 | 0.7859 | 0.0000 | 329.02 | 3.8% |
| UHIC | POS | 6YZ | 6ZS | 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 | 6Z8 | 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 Name | Plan Name | Plan Name | Exchange Members | Exchange Members | Total Members | 2015 Base Rates | | Current Plan Ratios & PMPM | | | New Model Plan Ratios & PMPM | | | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | 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 | EYY | ZV | 0 | 6 | 6 | 379.86 | 129.21 | 0.8477 | 0.5009 | 386.73 | 0.8676 | 0.4967 | 393.75 | 1.8% |
| OCI | HMO | VZW | 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% |

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Exhibit A

**Member Months, Earned Premium & Incurred Claim Experience - UHIC**

| Month | Members | Earned Premium | Incurred Claims | Claim PMPM | Loss Ratio |
|---|---|---|---|---|---|
| Oct-13 | 11,858 | 5,534,617 | 3,353,987 | 282.85 | 60.6% |
| Nov-13 | 11,703 | 5,499,829 | 3,332,949 | 284.79 | 60.6% |
| Dec-13 | 11,569 | 5,557,870 | 3,333,392 | 288.13 | 60.0% |
| Jan-14 | 10,895 | 5,138,332 | 4,169,957 | 382.74 | 81.2% |
| Feb-14 | 10,478 | 4,967,864 | 2,704,731 | 258.13 | 54.4% |
| Mar-14 | 10,576 | 5,004,533 | 2,951,600 | 279.08 | 59.0% |
| Apr-14 | 10,395 | 4,928,606 | 3,369,977 | 324.19 | 68.4% |
| May-14 | 10,025 | 4,740,221 | 3,353,772 | 334.54 | 70.8% |
| Jun-14 | 9,943 | 4,711,258 | 3,204,160 | 322.25 | 68.0% |
| Jul-14 | 10,046 | 4,739,992 | 2,721,004 | 270.85 | 57.4% |
| Aug-14 | 10,075 | 4,727,729 | 3,172,795 | 314.92 | 67.1% |
| Sep-14 | 10,287 | 4,794,530 | 3,264,406 | 317.33 | 68.1% |
| Total | 127,850 | 60,345,381 | 38,932,730 | 304.52 | 64.5% |

# 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 $11.3B Insurer Fee / $644.454 Net Industry Premiums / 63% 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

| | |
|---|---|
| Reinsurance Assessment - Per Member Per Month | $2.25 |
| PCORI Fee - Per Member Per Month | $0.19 |
| Risk Adjustment Fee - Per Member Per Month | $0.15 |
| 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% |

Exhibit C

## 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. Catastropic 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

Exhibit T

UnitedHealthcare

**Healthcare Economics**

**WASHINGTON DC SMALL GROUP PRICING TREND DEVELOPMENT**
**RATE FILING SUPPORT**

**WASHINGTON DC SMALL GROUP PRICING TREND BY COMPONENT**

| | Notes: | Inpatient | Outpatient | Professional | Other | Capitation | Total Medical | Retail Pharmacy | Weighted Aggregate |
|---|---|---|---|---|---|---|---|---|---|
| **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%** |
| Margin | | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | **0.0%** |
| **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 / intenisty 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.

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**State:** District of Columbia **Filing Company:** UnitedHealthcare Insurance Company
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
**Product Name:** DC-SG-UHIC-2016-01
**Project Name/Number:** /

## Supporting Document Schedules

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

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

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

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

**State:** District of Columbia **Filing Company:** UnitedHealthcare Insurance Company
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
**Product Name:** DC-SG-UHIC-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_UHIC_201601_URRT.xlsm |
| **Item Status:** | |
| **Status Date:** | |

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

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

| | | | |
|---|---|---|---|
| **State:** | District of Columbia | **Filing Company:** | UnitedHealthcare Insurance Company |
| **TOI/Sub-TOI:** | H16G Group Health - Major Medical/H16G.003G Small Group Only - Other | | |
| **Product Name:** | DC-SG-UHIC-2016-01 | | |
| **Project Name/Number:** | / | | |

***Attachment DCSG_UHIC_201601_URRT.xlsm is not a PDF document and cannot be reproduced here.***

# Federal Rate Filing Justification Part III
# Actuarial Memorandum & Certification
# For UnitedHealthcare Insurance Company

## 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 Insurance Company
- **State:** District of Columbia
- **HIOS Issuer ID:** 41842
- **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 Insurance Company 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:** Earned premium for the experience period, net of rebate, was $45,213,096. The estimated MLR rebate payment attributable to the Small Group business on this license is $2,403,158. The rebate estimate is based on a proration of ¼ of actual 2013 rebates and ¾ of current estimates for 2014, which are not yet final.
- **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, pended 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 |
| 7.5% | 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** | UHIC 60J.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 | 0.9899 |
| Actuarial Value and Cost Sharing | 0.76054 |
| Distribution and Administrative Cost | 20.6% |
| **Plan Adjusted Index Rate** | $421.04 |
| **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 | $283.58 |
| **Actual Consumer Rate (Age 21)** | $283.58 |

**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 | | | | | |
|---|---|---|---|---|---|
| | | OP Copay | | | |
| | | Free-Standing setting | Hospital setting | | |
| **Metallic Plan** (e) | **Imaging (CT/PET Scans, MRIs)** | **Outpatient Facility Fee (e.g., Ambulatory Surgery Center)** | **Outpatient Facility Fee (e.g., Ambulatory Surgery Center)** | **Specialty Drugs (i.e. high-cost)** | **Methodology** |
| 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 to continue at the current January, 2015 level. Projected membership has been uniformly spread across 2016 plans as it is uncertain where membership on terminated plans will end up.

**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.

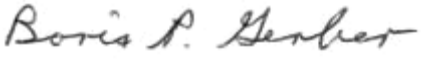
I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

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
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Phone 860-702-5540 Fax 860-702-5016
Date: 4/30/2015

**Actuarial Memorandum**
**UnitedHealthcare Insurance Company, NAIC #79413**
**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 Insurance Company 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 new benefit plans being added in 2016, 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 impacted | # of Members impacted | # of Contracts impacted | # of Members impacted |
| 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% | 8 | 107 | 8 | 107 |
| Increase of 10.01% to 14.99% | 240 | 3317 | 118 | 1422 |
| Increase of 15.00% or more | 205 | 2223 | 327 | 4118 |

The minimum rate change is +3.5%, the maximum rate change is +18.6%, 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. The estimate included for claims incurred but not paid is $363,056 for UnitedHealthcare Insurance Company. $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. 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.

| % of Premium | Expense Category |
|---|---|
| 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 |
| 3.8% | Profit |
| 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: 681 group policyholders.
iii. History of Rate Changes (with SERFF tracking numbers):

| | |
|---|---|
| 10/1/15: +1.9% | UHLC-129586288 |
| 7/1/15: +2.0% | UHLC-129586288 |
| 4/1/15: +1.9% | UHLC- 129586288 |
| 1/1/15: -10.4% | UHLC- 129586288 |
| 10/1/14: +2.6% | UHLC-129435525 |
| 7/1/14: -7.7% | UHLC-129435525 |
| 4/1/14: +2.6% | UHLC-129121352 |

**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: New, terminated and changed benefit plans.
Exhibit 5: Revenue neutrality adjustment from benefit plan resloping.
Exhibit A: Member months, earned premium & incurred claim experience.
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 UnitedHealthcare Insurance Company

## 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 Insurance Company
- **State:** District of Columbia
- **HIOS Issuer ID:** 41842
- **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 Insurance Company 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:** Earned premium for the experience period, net of rebate, was $45,213,096. The estimated MLR rebate payment attributable to the Small Group business on this license is $2,403,158. The rebate estimate is based on a proration of ¼ of actual 2013 rebates and ¾ of current estimates for 2014, which are not yet final.
- **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, pended 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 |
| 7.5% | 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** | UHIC 60J.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 | 0.9899 |
| Actuarial Value and Cost Sharing | 0.76054 |
| Distribution and Administrative Cost | 20.6% |
| **Plan Adjusted Index Rate** | $421.04 |
| **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 | $283.58 |
| **Actual Consumer Rate (Age 21)** | $283.58 |

**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 | | | | | |
|---|---|---|---|---|---|
| | | OP Copay | | | |
| | | Free-Standing setting | Hospital setting | | |
| **Metallic Plan** (e) | **Imaging (CT/PET Scans, MRIs)** | **Outpatient Facility Fee (e.g., Ambulatory Surgery Center)** | **Outpatient Facility Fee (e.g., Ambulatory Surgery Center)** | **Specialty Drugs (i.e. high-cost)** | **Methodology** |
| 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 to continue at the current January, 2015 level. Projected membership has been uniformly spread across 2016 plans as it is uncertain where membership on terminated plans will end up.

**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.

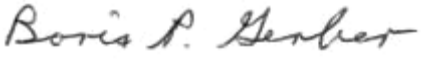
I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

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 Insurance Company
# 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 +3.5% to +18.6% 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. It is projected that there will be 10,357 covered lives impacted by this rate change.

## 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 Insurance Company 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 Insurance Company
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 the UnitedHealthcare Insurance Company to small group employers. The benefit plans and rates are for non-grandfathered employers.

A. Company Name: UnitedHealthcare Insurance Company

B. NAIC Company Code: 79413

C. Marketing Name of Products: Choice Insurance (or EPO), and Choice Plus Insurance (or POS)

D. Date Filing Submitted: 4/30/2015

E. Proposed Effective Date: 1/1/2016

F. Type of Product: Medical and prescription drug insurance, offered both in-network only and in-network with out-of-network benefits.

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

Boris P. Gerber, FSA, MAAA
Actuary, UnitedHealthcare

# 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

**Free Standing**

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 | $250.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100.00% | pages 6-25 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $2,000.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | | |
| Tier 2 | Deductible ($) (Drug) | G10 | | |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | | |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if differer | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $15.00 | page 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $30.00 | page 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if diffe | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $30.00 | pages 14 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $15.00 | page 19 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $15.00 | page 19 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | 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 differer | 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 diffe | 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 | Coresponding 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 Begining Primary Care Cost-Sharing | B50 | | |
| | Number of Copays Before Begining 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 | Coresponding 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 | $250.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100.00% | pages 6-25 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $2,000.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | $250.00 | page 4 |
| Tier 2 | Deductible ($) (Drug) | G10 | $0.00 | page 4 |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | 100.00% | pages 6-25 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | 100.00% | pages 7and 8 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | $2,000.00 | page 5 |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $15.00 | page 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $30.00 | page 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $30.00 | pages 14 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | 65.77% | page 13 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $15.00 | page 19 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $15.00 | page 19 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 92.38% | pages 21-22 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | $15.00 | page 16 |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | $30.00 | page 16 |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | $30.00 | pages 14 and 21 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | 65.77% | page 13 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | $15.00 | page 19 |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | $15.00 | page 19 |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 UHLC-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 | Coresponding 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 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $50.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100.00% | pages 6-26 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $3,000.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | $0.00 | page 4 |
| Tier 2 | Deductible ($) (Drug) | G10 | $50.00 | page 4 |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | 100.00% | pages 6-26 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | 100.00% | pages 7 and 8 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | $3,000.00 | page 5 |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | $250.00 | page 9 |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | $500.00 | pages 7,12,14 and 21 |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $15.00 | pages 15-16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $30.00 | pages 15-16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $30.00 | pages 14 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | $150.00 | page 13 |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $15.00 | page 20 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $15.00 | page 20 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | $500.00 | page 21 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 95.43% (uncheck ded) | page 22 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | $250.00 | page 9 |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | $15.00 | pages 15-16 |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | $30.00 | pages 15-16 |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | $30.00 | pages 14 and 21 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | $150.00 | page 13 |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | $15.00 | page 20 |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | $15.00 | page 20 |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | $500.00 | page 21 |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| | **Drug Benefits** | | | |
| r 1 | Generics, Coinsurance, if different | D38 | | |
| r 1 | Generics, Copay, if separate | E38 | $10.00 | page 8 |
| r 1 | Preferred Brand Drugs, Coinsurance, if different | D39 | | |
| r 1 | Preferred Brand Drugs, Copay, if separate | E39 | $40.00 | page 8 |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding Page Number in Contract where value can be found |
|---|---|---|---|---|
| Tie | 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining Primary Care Deductible/Coinsurance | **B52** | | |
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# 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 | Coresponding 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 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $50.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100.00% | pages 6-26 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $3,000.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | $0.00 | page 4 |
| Tier 2 | Deductible ($) (Drug) | G10 | $50.00 | page 4 |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | 100.00% | pages 6-26 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | 100.00% | pages 7 and 8 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | $3,000.00 | page 5 |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | $250.00 | page 9 |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | $500.00 | pages 7,12,14 and 21 |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $15.00 | pages 15-16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $30.00 | pages 15-16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $30.00 | pages 14 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | $300.00 | page 13 |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $15.00 | page 20 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $15.00 | page 20 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | $500.00 | page 21 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 90.86% | page 22 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | $250.00 | page 9 |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | $500.00 | pages 7,12,14 and 21 |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | $15.00 | pages 15-16 |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | $30.00 | pages 15-16 |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | $30.00 | pages 14 and 21 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | $300.00 | page13 |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | $15.00 | page 20 |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | $15.00 | page 20 |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | $500.00 | page 21 |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | | |
| Tier 2 | 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 | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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-12946667_____

Company Name: UnitedHealthcare Insurance Company

Form Number(s) of Plan: Platinum 3

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 | Coresponding 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 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100.00% | pages 6-25 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $5,000.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | | |
| Tier 2 | Deductible ($) (Drug) | G10 | | |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | | |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | $150.00 | page 9 |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $15.00 | page 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $30.00 | page 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $30.00 | pages 14 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $15.00 | page 19 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $15.00 | page 19 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | | |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 | Coresponding 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 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100.00% | pages 6-25 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $5,000.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | $0.00 | page 4 |
| Tier 2 | Deductible ($) (Drug) | G10 | $0.00 | page 4 |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | 100.00% | pages 6-25 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | 100.00% | pages 7 and 8 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | $5,000.00 | page 4 |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | $150.00 | page 9 |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $15.00 | page 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $30.00 | page 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $30.00 | pages 14 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | $150.00 | page 13 |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $15.00 | page 19 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $15.00 | page 19 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 95.43% (no ded) | page 22 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | $150.00 | page 9 |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | $15.00 | page 16 |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | $30.00 | page 16 |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | $30.00 | pages 14 and 21 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | $150.00 | page 13 |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | $15.00 | page 19 |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | $15.00 | page 19 |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | | |
| Tier 2 | 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 | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 5

**Free Standing**

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $50.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100.00% | pages 6-25 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $3,000.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | $0.00 | page 4 |
| Tier 2 | Deductible ($) (Drug) | G10 | $50.00 | page 4 |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | 100.00% | pages 7 and 8 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | 100.00% | pages 6-25 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | $3,000.00 | page 5 |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | $150.00 | page 9 |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $20.00 | page 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $60.00 | page 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $60.00 | pages 14-15 and 21-22 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | $100.00 | page 13 |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $20.00 | page 19 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $20.00 | page 19 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 96.95% | page 22 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | $150.00 | page 9 |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | $20.00 | page 16 |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | $60.00 | page 16 |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | $60.00 | pages 14-15 and 21-22 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | $100.00 | page 13 |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | $20.00 | page 19 |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | $20.00 | page 19 |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 5

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

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 6

**Free Standing**

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100.00% | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $3,000.00 | |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | $0.00 | |
| Tier 2 | Deductible ($) (Drug) | G10 | $0.00 | |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | 100.00% | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | 100.00% | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | $3,000.00 | |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | $150.00 | page 9 |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $20.00 | page 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $40.00 | page 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $40.00 | pages 14,15 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | $75.00 | page 13 |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $20.00 | page 19 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $20.00 | page 19 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 97.71% | page 22 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | $150.00 | page 9 |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | $20.00 | page 16 |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | $40.00 | page 16 |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | $40.00 | pages 14,15 and 21 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | $75.00 | page 13 |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | $20.00 | page 19 |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | $20.00 | page 19 |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 6

**Hospital Setting**

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100.00% | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $3,000.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | $0.00 | page 4 |
| Tier 2 | Deductible ($) (Drug) | G10 | $0.00 | page 4 |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | 100.00% | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | 100.00% | pages 7 and 8 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | $3,000.00 | page 5 |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | $150.00 | page 9 |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $20.00 | page 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $40.00 | page 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $40.00 | pages 14,15 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | $150.00 | page 13 |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $20.00 | page 19 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $20.00 | page 19 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 95.43% | page 22 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | $150.00 | page 9 |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | $20.00 | page 16 |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | $40.00 | page 16 |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | $40.00 | pages 14,15 and 21 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | $150.00 | page 13 |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | $20.00 | page 19 |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | $20.00 | page 19 |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 | Coresponding 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 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100.00% | pages 5-24 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $3,000.00 | page 4 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | | |
| Tier 2 | Deductible ($) (Drug) | G10 | | |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | | |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | $100.00 | page 9 |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $15.00 | page 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $30.00 | page 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $30.00 | pages 13, 14 and 20 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $15.00 | page 18 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $15.00 | page 18 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | | |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | | |
| Tier 2 | 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 | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 | Coresponding 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 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100.00% | pages 5-24 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $3,000.00 | page 4 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | $0.00 | page 4 |
| Tier 2 | Deductible ($) (Drug) | G10 | $0.00 | page 4 |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | 100.00% | pages 5-24 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | 100.00% | pages 7 and 8 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | $3,000.00 | page 4 |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | $100.00 | page 9 |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | $300.00 | pages 7, 11,12, 13,14,20,21 |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $20.00 | page 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $40.00 | page 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $40.00 | pages 13-15, 19-20 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | $150.00 | pages 12-13 |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $20.00 | pages 18 and 19 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $20.00 | pages 18 and 19 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | $300.00 | pages 19-20 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 95.43% | page 21 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | $100.00 | page 9 |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | $20.00 | page 16 |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | $40.00 | page 16 |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | $40.00 | pages 13-15, 19-20 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | $150.00 | pages 12-13 |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | $20.00 | pages 18 and 19 |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | $20.00 | pages 18 and 19 |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | $300.00 | pages 19-20 |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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), 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** | $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** | $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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 | Coresponding 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 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100.00% | pages 5 - 24 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $3,000.00 | page 4 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | | |
| Tier 2 | Deductible ($) (Drug) | G10 | | |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | | |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | $200.00 | page |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $10.00 | pages 15 and 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $20.00 | pages 15 and 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $20.00 | pages 13, 14 and 20 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $10.00 | pages 18 and 19 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $10.00 | pages 18 and 19 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | | |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 | Coresponding 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 | $1,300.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | | |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 90.00% | pages 7-23 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $2,600.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | | |
| Tier 2 | Deductible ($) (Drug) | G10 | | |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | | |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | | |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | | |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| | **Drug Benefits** | | | |
| Tier 1 | Generics, Coinsurance, if different | D38 | | |
| Tier 1 | Generics, Copay, if separate | E38 | $10.00 | page 8 |
| Tier 1 | Preferred Brand Drugs, Coinsurance, if different | D39 | | |
| Tier 1 | Preferred Brand Drugs, Copay, if separate | E39 | $40.00 | page 8 |
| Tier 1 | Non-Preferred Brand Drugs, Coinsurance, if different | D40 | | |
| Tier 1 | Non-Preferred Brand Drugs, Copay, if separate | E40 | $75.00 | page 8 |
| Tier 1 | Specialty Drugs (i.e. high-cost), Coinsurance, if different | D41 | | |
| Tier 1 | Specialty Drugs (i.e. high-cost), Copay, if separate | E41 | $109.60 | page 8 |
| | 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 | Coresponding 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 Begining Primary Care Cost-Sharing | B50 | | |
| | Number of Copays Before Begining Primary Care Deductible/Coinsurance | B52 | | |
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# 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 | Coresponding 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 | $1,400.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | | |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100.00% | pages 7-23 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $2,800.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | | |
| Tier 2 | Deductible ($) (Drug) | G10 | | |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | | |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | $250 | page 10 |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | | |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | | |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining Primary Care Deductible/Coinsurance | **B52** | | |
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# 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 | Coresponding 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 | $1,000.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 80.00% | pages 6-25 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $3,500.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | | |
| Tier 2 | Deductible ($) (Drug) | G10 | | |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | | |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $30.00 | page 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $60.00 | page 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $60.00 | page 14 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $30.00 | page 19 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $30.00 | page 19 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | | |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| | **Drug Benefits** | | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 | | |
| | 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 Begining Primary Care Cost-Sharing | B50 | | |
| | Number of Copays Before Begining Primary Care Deductible/Coinsurance | B52 | | |
| | | | | |
| | Notes: | | | |
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# 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 | Coresponding 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 | $1,000.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 80.00% | pages 6-25 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $3,500.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | $1,000.00 | page 4 |
| Tier 2 | Deductible ($) (Drug) | G10 | $0.00 | page 4 |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | 80.00% | pages 6-25 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | 100.00% | pages 7 and 8 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | $3,500.00 | page 5 |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $30.00 | page 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $60.00 | page 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $60.00 | page 14 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | 54.02% | page 13 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $30.00 | page 19 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $30.00 | page 19 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 73.91% | page 22 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | $30.00 | page 16 |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | $60.00 | page 16 |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | $60.00 | page 14 and 21 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | $54.02 | page 13 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | $30.00 | page 19 |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | $30.00 | page 19 |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| | **Drug Benefits** | | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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: Gold 9

**Free Standing**

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 | $1,000.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 90.00% | pages 6-25 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $3,000.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | | |
| Tier 2 | Deductible ($) (Drug) | G10 | | |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | | |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $25.00 | page 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $50.00 | page 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $50.00 | pages 14 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $25.00 | page 19 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $25.00 | page 19 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | | |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 | Coresponding 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. 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** | 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. 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** | $25.00 | pag 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 | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 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 | Coresponding 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 | $500.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 80.00% | pages 6-25 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $4,500.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | | |
| Tier 2 | Deductible ($) (Drug) | G10 | | |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | | |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $20.00 | page 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $40.00 | page 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $40.00 | pages 14 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $20.00 | page 19 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $20.00 | page 19 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | | |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 | Coresponding 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 | $500.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 80.00% | pages 6-25 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $4,500.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | $500.00 | page 4 |
| Tier 2 | Deductible ($) (Drug) | G10 | $0.00 | page 4 |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | 80.00% | pages 6-25 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | 100.00% | pages 7 and 8 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | $4,500.00 | page 5 |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $20.00 | page 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $40.00 | page 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $40.00 | pages 14 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | 54% | page 13 |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $20.00 | page 19 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $20.00 | page 19 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 74% | page 22 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | $20.00 | page 16 |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | $40.00 | page 16 |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | $40.00 | pages 14 and 21 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | 54% | page 13 |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | $20.00 | page 19 |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | $20.00 | page 19 |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining Primary Care Deductible/Coinsurance | **B52** | | |
| | | | | |
| | Notes: | | | |
| | a) Actuarial Value Calculator does not support per occurence deductibles. The company's data was used to estimate effective co-insurance factor. | | | |
| | b) 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; UHLC-129944152; UHLC- 129990940_____

Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc. , UnitedHealthcare of the Mid-Atlantic, In

Form Number(s) of Plan: Gold 11

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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; UHLC-129944152; UHLC- 129990940__

Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc. , UnitedHealthcare of the Mid-Atlantic,

Form Number(s) of Plan: Gold 11

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 | Coresponding 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 | $1,000.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100.00% | pages 6-25 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $3,200.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | $1,000.00 | page 4 |
| Tier 2 | Deductible ($) (Drug) | G10 | $0.00 | page 4 |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | 100.00% | pages 6-25 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | 100.00% | pages 7 and 8 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | $3,200.00 | page 5 |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | $100 | page 9 |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $25 | page 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $50 | page 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $50 | pages 13-15 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | 67.54% | page 13 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $25 | page 19 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $25 | page 19 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 92.38% | page 21 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | $100 | page 9 |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | $25 | page 16 |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | $50 | page 16 |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | $50 | pages 13-15 and 21 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | 67.54% | page 13 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | $25 | page 19 |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | $25 | page 19 |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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: Gold 13

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 | $1,000.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $0.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100.00% | pages 6-25 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7 and 8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $3,200.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | | |
| Tier 2 | Deductible ($) (Drug) | G10 | | |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | | |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | $100 | page 9 |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $25 | page 16 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $50 | page 16 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $50 | pages 13-15 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $25 | page 19 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $25 | page 19 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | | |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining Primary Care Deductible/Coinsurance | **B52** | | |
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# 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 | Coresponding 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 differer | **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 diffe | **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 differer | **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 diffe | **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 | Coresponding 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), 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining Primary Care Deductible/Coinsurance | **B52** | | |
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# 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 | Coresponding 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 | $1,500.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | | |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 70.00% | pages 6 -22 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $6,000.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | | |
| Tier 2 | Deductible ($) (Drug) | G10 | | |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | | |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | | |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | | |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining Primary Care Deductible/Coinsurance | **B52** | | |
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# 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 | Coresponding 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 | $1,500.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $500.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 70.00% | pages 7-26 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7-8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $6,400.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | $1,500.00 | page 4 |
| Tier 2 | Deductible ($) (Drug) | G10 | $500.00 | page 4 |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | 70.00% | pages 7-26 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | 100.00% | pages 7-8 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | $6,400.00 | page 5 |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $40.00 | page 17 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $80.00 | page 17 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $80.00 | pages 14, 15 and 22 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | $300.00 | page 14 |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $40.00 | page 20 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $40.00 | page 20 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 91% | pages 22-23 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | $40.00 | page 17 |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | $80.00 | page 17 |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | $80.00 | pages 14, 15 and 22 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | $300.00 | page 14 |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | $40.00 | page 20 |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | $40.00 | page 20 |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | | |
| Tier 2 | 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 | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 | Coresponding 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 | $1,500.00 | page 4 |
| Tier 1 | Deductible ($) (Drug) | C10 | $500.00 | page 4 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 70.00% | pages 7-26 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7-8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $6,400.00 | page 5 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | | |
| Tier 2 | Deductible ($) (Drug) | G10 | | |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | | |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $40.00 | page 17 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $80.00 | page 17 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $80.00 | pages 14, 15 and 22 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $40.00 | page 20 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $40.00 | page 20 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | | |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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

**Free -Standing**

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 | $2,000.00 | page 3 |
| Tier 1 | Deductible ($) (Drug) | C10 | $250.00 | page 3 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 70.00% | pages 5-15 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7-8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $6,250.00 | page 3 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | $2,000.00 | page 3 |
| Tier 2 | Deductible ($) (Drug) | G10 | $250.00 | page 3 |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | 70.00% | pages 5-15 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | 100.00% | pages 7-8 |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | $6,250.00 | page 3 |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $40.00 | page 10 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $80.00 | page 10 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $80.00 | pages 9 and 13 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | $300.00 | page 9 |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $40.00 | page 12 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $40.00 | page 12 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 91% (uncheck Ded) | page 13 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | $40.00 | page 10 |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | $80.00 | page 10 |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | $80.00 | pages 9 and 13 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | $300.00 | page 9 |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | $40.00 | page 12 |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | $40.00 | page 12 |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| | **Drug Benefits** | | | |
| Tier 1 | Generics, Coinsurance, if different | D38 | | |
| Tier 1 | Generics, Copay, if separate | E38 | $10.00 | page 8 |
| Tier 1 | Preferred Brand Drugs, Coinsurance, if different | D39 | | |
| Tier 1 | Preferred Brand Drugs, Copay, if separate | E39 | $40.00 | page 8 |
| Tier 1 | Non-Preferred Brand Drugs, Coinsurance, if different | D40 | | |
| Tier 1 | Non-Preferred Brand Drugs, Copay, if separate | E40 | $75.00 | page 8 |
| Tier 1 | Specialty Drugs (i.e. high-cost), Coinsurance, if different | D41 | | |
| Tier 1 | Specialty Drugs (i.e. high-cost), Copay, if separate | E41 | $109.60 | page 8 |
| Tier 2 | Generics, Coinsurance, if different | H38 | | |
| Tier 2 | Generics, Copay, if separate | I38 | $10.00 | page 8 |
| Tier 2 | Preferred Brand Drugs, Coinsurance, if different | H39 | | |
| Tier 2 | Preferred Brand Drugs, Copay, if separate | I39 | $40.00 | page 8 |
| Tier 2 | Non-Preferred Brand Drugs, Coinsurance, if different | H40 | | |
| Tier 2 | Non-Preferred Brand Drugs, Copay, if separate | I40 | $75.00 | page 8 |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 | Coresponding 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 | $2,000.00 | page 3 |
| Tier 1 | Deductible ($) (Drug) | C10 | $250.00 | page 3 |
| Tier 1 | Deductible ($) (Combined) | D10 | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 70.00% | pages 5-15 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | 100.00% | pages 7-8 |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | | |
| Tier 1 | OOP Maximum ($) | B12 | $6,250.00 | page 3 |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | B13 | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | C13 | | |
| Tier 2 | Deductible ($) (Medical) | F10 | | |
| Tier 2 | Deductible ($) (Drug) | G10 | | |
| Tier 2 | Deductible ($) (Combined) | H10 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| Tier 2 | OOP Maximum ($) | F12 | | |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | F13 | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | G13 | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| Tier 1 | Emergency Room Services, Copay, if separate | E18 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | $40.00 | page 10 |
| Tier 1 | Specialist Visit, Coinsurance, if different | D21 | | |
| Tier 1 | Specialist Visit, Copay, if separate | E21 | $80.00 | page 10 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | $80.00 | pages 9 and 13 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | E27 | $40.00 | page 12 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | $40.00 | page 12 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | E33 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| Tier 2 | Emergency Room Services, Copay, if separate | I18 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | | |
| Tier 2 | Specialist Visit, Coinsurance, if different | H21 | | |
| Tier 2 | Specialist Visit, Copay, if separate | I21 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | I27 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | I34 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| | **Drug Benefits** | | | |
| Tier 1 | Generics, Coinsurance, if different | D38 | | |
| Tier 1 | Generics, Copay, if separate | E38 | $10.00 | page 8 |
| Tier 1 | Preferred Brand Drugs, Coinsurance, if different | D39 | | |
| Tier 1 | Preferred Brand Drugs, Copay, if separate | E39 | $40.00 | page 8 |
| Tier 1 | Non-Preferred Brand Drugs, Coinsurance, if different | D40 | | |
| Tier 1 | Non-Preferred Brand Drugs, Copay, if separate | E40 | $75.00 | page 8 |
| Tier 1 | Specialty Drugs (i.e. high-cost), Coinsurance, if different | D41 | | |
| Tier 1 | Specialty Drugs (i.e. high-cost), Copay, if separate | E41 | $109.60 | page 8 |
| | 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 | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 | Coresponding 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** | | |
| Tier 1 | Deductible ($) (Drug) | **C10** | | |
| Tier 1 | Deductible ($) (Combined) | **D10** | **$2,300** | **page 4** |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | **B11** | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | **C11** | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | **D11** | **100%** | **pages 7-8** |
| Tier 1 | OOP Maximum ($) | **B12** | **$6,500** | **page 5** |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | **B13** | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | **C13** | | |
| Tier 2 | Deductible ($) (Medical) | **F10** | | |
| Tier 2 | Deductible ($) (Drug) | **G10** | | |
| Tier 2 | Deductible ($) (Combined) | **H10** | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | **F11** | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | **G11** | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | **H11** | | |
| Tier 2 | OOP Maximum ($) | **F12** | | |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | **F13** | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | **G13** | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | **D18** | | |
| Tier 1 | Emergency Room Services, Copay, if separate | **E18** | 150 | page 10 |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | **D19** | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | **E19** | 500 | pages 7,12,14,15 and 21 |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | **D20** | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | **E20** | 25 | page 17 |
| Tier 1 | Specialist Visit, Coinsurance, if different | **D21** | | |
| Tier 1 | Specialist Visit, Copay, if separate | **E21** | 50 | page 17 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | **D22** | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | **E22** | 50 | pages 14, 15 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | **D24** | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | **E24** | | |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | **D27** | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | **E27** | 25 | page 20 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | **D28** | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | **E28** | 25 | page 20 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | **D32** | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | **E32** | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | **D33** | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | **E33** | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | **D34** | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | **E34** | 500 | page 21 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | **D35** | | |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | **E35** | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | **D36** | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | **E36** | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | **H18** | | |
| Tier 2 | Emergency Room Services, Copay, if separate | **I18** | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | **H19** | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | **I19** | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | **H20** | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | **I20** | | |
| Tier 2 | Specialist Visit, Coinsurance, if different | **H21** | | |
| Tier 2 | Specialist Visit, Copay, if separate | **I21** | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | **H22** | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | **I22** | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | **H24** | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | **I24** | | |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | **H27** | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | **I27** | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | **H28** | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | **I28** | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | **H32** | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | **I32** | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | **H33** | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | **I33** | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | **H34** | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | **I34** | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | **H35** | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | **I35** | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | **H36** | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | **I36** | | |
| | **Drug Benefits** | | | |
| r 1 | Generics, Coinsurance, if different | **D38** | | |
| r 1 | Generics, Copay, if separate | **E38** | 10 | page 8 |
| r 1 | Preferred Brand Drugs, Coinsurance, if different | **D39** | | |
| r 1 | Preferred Brand Drugs, Copay, if separate | **E39** | 40 | page 8 |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding Page Number in Contract where value can be found |
|---|---|---|---|---|
| Tie | 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 | Coresponding 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** | | |
| Tier 1 | Deductible ($) (Drug) | **C10** | | |
| Tier 1 | Deductible ($) (Combined) | **D10** | **$2,300** | **page 4** |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Medical) | **B11** | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Drug) | **C11** | | |
| Tier 1 | Coinsurance (%, Insurer's Cost Share) (Combined) | **D11** | **100%** | **pages 7-8** |
| Tier 1 | OOP Maximum ($) | **B12** | **$6,500** | **page 5** |
| Tier 1 | OOP Maximum if Separate ($) (Medical) | **B13** | | |
| Tier 1 | OOP Maximum if Separate ($) (Drug) | **C13** | | |
| Tier 2 | Deductible ($) (Medical) | **F10** | | |
| Tier 2 | Deductible ($) (Drug) | **G10** | | |
| Tier 2 | Deductible ($) (Combined) | **H10** | **$2,300** | **page 4** |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Medical) | **F11** | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Drug) | **G11** | | |
| Tier 2 | Coinsurance (%, Insurer's Cost Share) (Combined) | **H11** | **100%** | **pages 7-8** |
| Tier 2 | OOP Maximum ($) | **F12** | **$6,500** | **page 5** |
| Tier 2 | OOP Maximum if Separate ($) (Medical) | **F13** | | |
| Tier 2 | OOP Maximum if Separate ($) (Drug) | **G13** | | |
| | **Medical Benefits** | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | **D18** | | |
| Tier 1 | Emergency Room Services, Copay, if separate | **E18** | 150 | page 10 |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | **D19** | | |
| Tier 1 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | **E19** | 500 | pages 7,12,14,15 and 21 |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | **D20** | | |
| Tier 1 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | **E20** | 25 | page 17 |
| Tier 1 | Specialist Visit, Coinsurance, if different | **D21** | | |
| Tier 1 | Specialist Visit, Copay, if separate | **E21** | 50 | page 17 |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | **D22** | | |
| Tier 1 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | **E22** | 50 | pages 14, 15 and 21 |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | **D24** | | |
| Tier 1 | Imaging (CT/PET Scans, MRIs), Copay, if separate | **E24** | 250 | page 13 |
| Tier 1 | Rehabilitative Speech Therapy, Coinsurance, if different | **D27** | | |
| Tier 1 | Rehabilitative Speech Therapy, Copay, if separate | **E27** | 25 | page 20 |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | **D28** | | |
| Tier 1 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | **E28** | 25 | page 20 |
| Tier 1 | Laboratory Outpatient and Professional Services, Coinsurance, if different | **D32** | | |
| Tier 1 | Laboratory Outpatient and Professional Services, Copay, if separate | **E32** | | |
| Tier 1 | X-rays and Diagnostic Imaging, Coinsurance, if different | **D33** | | |
| Tier 1 | X-rays and Diagnostic Imaging, Copay, if separate | **E33** | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Coinsurance, if different | **D34** | | |
| Tier 1 | Skilled Nursing Facility, Tier 1, Copay, if separate | **E34** | 500 | page 21 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | **D35** | 92% | page 22 |
| Tier 1 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | **E35** | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | **D36** | | |
| Tier 1 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | **E36** | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | **H18** | | |
| Tier 2 | Emergency Room Services, Copay, if separate | **I18** | 150 | page 10 |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | **H19** | | |
| Tier 2 | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | **I19** | 500 | pages 7,12,14,15 and 21 |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | **H20** | | |
| Tier 2 | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | **I20** | 25 | page 17 |
| Tier 2 | Specialist Visit, Coinsurance, if different | **H21** | | |
| Tier 2 | Specialist Visit, Copay, if separate | **I21** | 50 | page 17 |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | **H22** | | |
| Tier 2 | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | **I22** | 50 | pages 14, 15 and 21 |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | **H24** | | |
| Tier 2 | Imaging (CT/PET Scans, MRIs), Copay, if separate | **I24** | 250 | page 13 |
| Tier 2 | Rehabilitative Speech Therapy, Coinsurance, if different | **H27** | | |
| Tier 2 | Rehabilitative Speech Therapy, Copay, if separate | **I27** | 25 | page 20 |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | **H28** | | |
| Tier 2 | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | **I28** | 25 | page 20 |
| Tier 2 | Laboratory Outpatient and Professional Services, Coinsurance, if different | **H32** | | |
| Tier 2 | Laboratory Outpatient and Professional Services, Copay, if separate | **I32** | | |
| Tier 2 | X-rays and Diagnostic Imaging, Coinsurance, if different | **H33** | | |
| Tier 2 | X-rays and Diagnostic Imaging, Copay, if separate | **I33** | | |
| Tier 2 | Skilled Nursing Facility, Coinsurance, if different | **H34** | | |
| Tier 2 | Skilled Nursing Facility, Copay, if separate | **I34** | 500 | page 21 |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | **H35** | | |
| Tier 2 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | **I35** | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | **H36** | | |
| Tier 2 | Outpatient Surgery Physician/Surgical Services, Copay, if separate | **I36** | | |
| | **Drug Benefits** | | | |
| r 1 | Generics, Coinsurance, if different | **D38** | | |
| r 1 | Generics, Copay, if separate | **E38** | 10 | page 8 |
| r 1 | Preferred Brand Drugs, Coinsurance, if different | **D39** | | |
| r 1 | Preferred Brand Drugs, Copay, if separate | **E39** | 40 | page 8 |

| | Input Name | Cell in AV Calculator | Input Value Used | Coresponding Page Number in Contract where value can be found |
|---|---|---|---|---|
| Tie | 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 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 | Coresponding 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 | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining 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 | Coresponding 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 differe | **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 | page11 |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if diff | **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** | | |
| | 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 differe | **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 diff | **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 | Coresponding 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 Begining Primary Care Cost-Sharing | **B50** | | |
| | Number of Copays Before Begining Primary Care Deductible/Coinsurance | **B52** | | |
| | | | | |
| | Note: | | | |

# UnitedHealthcare Insurance Company
# Consumer Summary

UnitedHealthcare is filing proposed premium rates for Choice Insurance (or EPO) and Choice Plus Insurance (or POS) 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 +3.5% to +18.6% 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 Insurance 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.