



July 14th, 2022

Mr. James Lavery | Actuary
Pennsylvania Insurance Department

Pennsylvania Insurance Department ID # UHLC-133267509

Dear Mr. Lavery,

This rate filing presents proposed premium rates effective January 1, 2023 through December 31, 2023 for medical and Rx benefit plans to be sold by UnitedHealthcare of Pennsylvania, Inc to small group employers. The benefit plans and rates are for non-grandfathered employers.

1. Company Name: UnitedHealthcare of Pennsylvania, Inc. NAIC Company Code **95220**
2. Market: Small group, employers with 50 or fewer eligible employees
3. On or Off Exchange: Off Exchange Only
4. Effective date of coverage: 1/1/2023
5. Average rate change requested: 9.2%
6. Range of rate change requested: -19.2 to 11.3%
7. Total additional annual revenue generated from the proposed rate change: \$685,061.
8. Products: HMO
9. Rating Areas: All rating areas have at least one plan available, but no plans are available in all rating areas.
10. Metal levels: Gold, Silver, Bronze
11. Current number of covered lives and policyholders: 1,240 members and 237 policyholders
12. Number of plans offered in 2023: 9 plans.

13. Corresponding contract form #, SERFF and Binder ID#s

- Policy- POL20.H.2018.SG.PA_rev1
- Certificate of Coverage- COC23.HMO.2018.SG.PA
- Navigate Schedule of Benefits- SBN23.NAV.H.2018.SG.PA
- Outpatient Prescription Drug Attachment (Network)- ATT23.RX.NET.H.2018.SG.PA
- Outpatient Prescription Drug Attachment (Network/Out-of-Network)- ATT23.RX.NET-OON.H.2018.SG.PA
- Outpatient Prescription Drug Schedule of Benefits (Network)- SBN23.RX.NET.H.2018.SG.PA
- Outpatient Prescription Drug Schedule of Benefits (Network/Out-of-Network)- SBN23.RX.NET-OON.H.2018.SG.PA
- Pediatric Vision Care Services Attachment (Network)- ATT23.PVCS.NET.H.2018.SG.PA
- Pediatric Vision Care Services Attachment (Network/Out-of-Network)- ATT23.PVCS.NET-OON.H.2018.SG.PA
- Pediatric Dental Services Attachment (Network)- ATT23.PDS.NET.H.2018.SG.PA
- Pediatric Dental Services Attachment (Network/Out-of-Network)- ATT23.PDS.NET-OON.H.2018.SG.PA
- Care Cash Attachment - ATT.23.CARECASH.HMO.2018. SG.PA
- UnitedHealthcare Rewards Attachment - ATT23.UHCREWARDS.HMO.2018.SG.PA

SERFF Form Number: **UHLC-133240774**

SERFF Binder Number: **UHLC-PA23-125113314**

14. HIOS Issuer ID # **24872** and submission tracking # **UHLC-133267509**

Should you have any questions or need any additional information, please contact me at [REDACTED]

Sincerely,

[REDACTED]

Attachment I

Rate Change Summary

UnitedHealthcare of Pennsylvania, Inc. – Small Group Plans

Rate request filing ID # UHLC-133267509. This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at <https://www.insurance.pa.gov/Companies/ProductAndRateRequire/Pages/default.aspx>

Overview

Initial requested average rate change:	9.2% ¹
Revised requested average rate change:	N/A ¹
Range of requested rate change:	-19.2% to 11.3%
Effective date:	1/1/2023
Mapped Members:	1,240
Available in:	All

Key information

Jan. 2021-Dec. 2021 financial experience

Premiums	\$4,829,633
Claims	\$4,496,458
Administrative expenses	\$1,401,599
Taxes & fees	(\$352,763)
Company made (after taxes)	(\$715,661)

How it plans to spend your premium

This is how the insurance company plans to spend the premium it collects in 2023:

Claims:	82.4%
Administrative:	14.9%
Taxes & fees:	0.7%
Profit:	2.0%

The company expects its annual medical costs to increase **8.10%**.

Explanation of requested rate change

UnitedHealthcare of Pennsylvania, Inc. is requesting the rate increase because of the increase in medical costs and utilization of health care services.

¹ Note that insurers will have the opportunity to revise their rate change request in July, after they are scheduled to receive updated information about the impact of a federal program called risk adjustment. This document will be updated accordingly at that time.

Actuarial Memorandum
UnitedHealthcare of Pennsylvania, Inc., NAIC #95220
PA Small Group Rate Filing

July 14th, 2022

This rate filing presents proposed premium rates effective January 1st, 2023 through December 31st, 2023 for medical and Rx benefit plans to be sold by the UnitedHealthcare of Pennsylvania, Inc. to small group employers.

The filing has been prepared as required by the “2023 ACA Rate Filing Guidance 05022022”, as well as current ACA rules. 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 PA Department of Insurance.

1. Basic Information and Data

A. Company Information

UnitedHealthcare of Pennsylvania, Inc. NAIC Company Code **952209**
Small Group Rate Filing Off Exchange only

B. Rate History and Proposed Variations in Rate Changes

UHLC-131482151 submitted 5/21/2018 for effective date 1/1/2019-12/31/2019, new product filing.

UHLC-131757493 submitted 2/8/2019 for effective date 7/1/2019-12/31/2019 base rate reduction of 2.7%. All rate revisions were applied uniformly.

UHLC-131919215 submitted 7/18/2019 for effective date 1/1/2020-12/31/2020 base rate reduction of 0.99%. Entire portfolio was resloped. All rate revisions were applied uniformly.

UHLC-132211682 submitted 01/10/2020 for effective date 7/1/2020-12/31/2020 base rate increase of 4.4%. All rate revisions were applied uniformly.

UHLC-132374427 submitted 05/19/2020 for effective date 1/1/2021-12/31/2021 base rate reduction of 3.9%, area factors were updated, trend was updated to 8.7% annual applied quarterly, and the entire portfolio was resloped. All rate revisions were applied uniformly.

UHLC-132751120 submitted 03/09/2021 for effective date 7/1/2021-12/31/2021 base rate decrease of 3.8%. All rate revisions were applied uniformly.

UHLC-132831666 submitted 05/18/2021 for effective date 1/1/2022-12/31/2022 base rate decrease of 1.8%, trend was updated to 9.0% annual applied quarterly, and the entire portfolio was resloped. All rate revisions were applied uniformly.

UHLC-133185995 submitted 3/16/2022 for effective date 10/1/2022-12/31/2022 base rate decrease of 2.1%. All rate revisions were applied uniformly.

C. Average Rate Change

Please see Table 10 for the calculation of the average rate change in the attached PA Actuarial Memorandum Rate Exhibits

The “Proposed Rate Change Compared to Prior 12 months” in Table 10 Column AC is 9.2%. In Table 11, the change in 21-year-old non-tobacco premium PMPM for 1Q2023 (Cell AN13) is 7.0%.

D. Membership Count

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2022)	Projected Rating Period
Average Age	34.8	34.9	34.9
Total	16,205	1,240	19,300
<18	2,003	180	2,802
18-24	1,980	106	1,650
25-29	2,419	172	2,677
30-34	2,161	173	2,693
35-39	1,524	129	2,008
40-44	1,392	113	1,759
45-49	1,479	104	1,619
50-54	1,220	108	1,681
55-59	1,132	88	1,370
60-63	717	55	856
64+	178	12	187

Our projected membership is based on our Finance department estimates.

E. Benefit Changes

Changes to member cost sharing were required for certain benefit plans due to the de minimus change for 2023. Use of the new federal Actuarial Value (AV) Calculator led to some benefit plans falling outside the allowed AV metal ranges.

We refined the medical and pharmacy plan price relativities to reflect the most recent pricing methodology and pricing models. The methodology is based on UnitedHealthcare nationwide experience data, which contains utilization frequencies and unit costs by service category, in addition to 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. The expected paid-to-allowed relativities and expected utilization differences due to differences in cost sharing for each plan are then used to develop the plan factors for each benefit plan. All benefit plans are priced consistently with each other, with the rates differing by the estimated value of the benefits and the expected utilization differences due to differences in cost sharing. The utilization differences do not reflect differences due to health status.

All the changes are revenue neutral and the Plan Relativity Factors are listed in Exhibit 3. Also, the revenue neutrality factor development is shown in Exhibit 13.

F. Experience Period Claims and Premium

The experience period includes ACA business for legal entity UHC of PA.

Premiums (net of MLR Rebate) in Experience Period

Earned premium for our small group market business in Pennsylvania for January 2021 thru December 2021 was approximately \$7,170,174.47. MLR rebates are not expected for 2021 calendar year.

Paid Through Date

The experience period is January 1, 2021 to December 31, 2021, with claims paid through February 28, 2022.

Support for estimate of incurred but not paid claims

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 includes:

- 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. The same completion factors are applied to both incurred and allowed claims amounts.

Non-EHB benefits and the experience period cost

The non-EHB claims account for 0.31% of the total claims in the experience period. The non-EHB services are exclusively for physician and outpatient claims. We expect the same benefits to be covered during the rating period.

Capitation

Capitation includes all services provided under one or more capitated agreements and it is applied uniformly across all membership during the experience period. For this experience period, the capitated amount is \$3.29 PMPM.

Pharmacy Rebates

The prescription drug cost is net of rebates received from drug manufacturers. For this experience period the average pharmacy rebate is -\$23.31 PMPM.

Risk Adjustment

The final risk adjustment transfer payment from CMS is \$2,340,541.45. Risk adjustment percentage applied to the experience period premium is -32.6%.

Reinsurance Recoveries

Since this is a small group filing and the state of Pennsylvania chose not to combine its individual and small group markets, reinsurance recoveries are not applicable to this rate filing. As such, no adjustments were made to the experience.

G. Credibility of Data

We are using United Healthcare small group UHIC ACA experience and United Healthcare Pennsylvania Inc small group UHCPA ACA experience with credibility applied. UHIC ACA experience has 94.2% credibility

assigned and UHCPA ACA experience has 5.8% credibility assigned. The assigned credibility is determined by membership weighting in experience period. As ASOP 25, section 3.4 states: “Professional Judgment - The actuary should use professional judgment when selecting, developing, or using a credibility procedure. The use of credibility procedures is not always a precise mathematical process.”

H. Trend Identification

In the credibility manual, two years of annual trend were applied to the experience to project it to the rating period. The table below details the components of each trend factor.

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	4.48%	3.50%		8.13%	20.51%
Outpatient Hospital	4.69%	3.80%		8.66%	29.37%
Professional	1.96%	3.33%		5.35%	19.15%
Other Medical	1.96%	3.65%		5.67%	5.83%
Capitation				10.34%	2.50%
Prescription Drugs	3.70%	4.61%		8.48%	22.65%
Total Annual Trend				7.75%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.161	

Weight is based on the ratio of experience period index rate PMPM of different service categories over total PMPM, shown in URRT Worksheet 1 Section II Projections.

Please see Exhibit “15 - Claims Trend Summary” included in this filing for details on the trend components.

We are proposing the annual pricing trend to be at 8.1% applied quarterly, and the quarterly trend is 2.0%. The details of the proposed 8.1% trend are in Exhibit “6 – Pricing Trend” included in this filing.

The 8.1% pricing trend included in the input in Table 5A represents future quarterly pricing trends that will be used to increase 1/1/2023 premium rates to determine 4/1/2023, 7/1/2023, and 10/1/2023 premium rates.

Our trend setting process is outlined by the following narrative and exhibits. 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. Depending on the amount of underlying experience, additional markets may be added together to limit the variability of small blocks of experience. Historical patterns will produce highly variable results with limited credibility. National utilization/mix assumptions along with local contract assessment will be used to produce a more stable and reliable trend estimate.

I. Historical Experience

Table 4 below describes the most recent 36 months of experience (Jan-2019 experience start date) data with 2 months of runout for the experience period which includes ACA business for legal entity UHC of PA, with 5.8% credibility assigned.

Table 4b below describes the most recent 48 months of experience data with 2 months of runout for the credibility manual which includes ACA business for legal entity UHIC, with 94.2% credibility assigned.

This rate filing proposes quarterly rates.

J. MLR Exhibit

UHCPA Calendar Year	MLR		Member Months	
	Actual	Pricing	Actual	Pricing
2018	N/A		N/A	
2019	85.1%	86.8%	7,149	16,380
2020	97.1%	85.9%	16,762	70,042

2019 was the first year of experience for UHCPA.

2. Rate Development & Change

A. Development of Projected Index Rate, Market-Adjusted Index Rate, & Total Allowed Claims

Table 5. Development of the Projected Index Rate, Market-Adjusted Index Rate, and Total Allowed Claims

Development of the Projected Index Rate	Actual Experience	Manual Data
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$ 373.08	\$ 502.87
Two year trend projection Factor	1.161	1.161
Unadjusted Projected Allowed EHB Claims PMPM	\$ 433.18	\$ 583.88
Single Risk Pool Adjustment Factors		
Change in Morbidity - Impact of Reinsurance Program	1.000	1.000
Change in Morbidity - All Other	1.000	1.000
Total Non-Morbidity Changes	0.975	0.873
Change in Demographics	1.000	0.383
Change in Network	1.000	1.000
Change in Benefits	1.000	0.366
Change in Other	0.975	0.320
Total Adjusted Projected Allowed EHB Claims PMPM	\$ 422.35	\$ 513.33
Credibility Factors	6%	9%
Blended Projected EHB Claims PMPM		\$ 508.09
Development of the Market-Adjusted Index Rate and Total Allowed Claims		
Adjusted Projected Allowed EHB Claims PMPM	\$ 508.09	<- Index Rate for Proj
Projected Paid to Allowed Ratio	0.740	
Projected Incurred EHB Claims PMPM	\$ 375.99	
Market-wide Adjustments		
Projected Incurred Risk Adjustment PMPM	-\$34.88	
Projected Incurred Exchange User Fees PMPM	\$0.00	
Projected Incurred Reinsurance Recoveries PMPM	\$0.00	
Market-Adjusted Projected Incurred EHB Claims PMPM	\$ 410.87	
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 555.23	<- Market-Adjusted Ir
Projected Allowed Non-EHB Claims PMPM	\$ 1.27	
Market-Adjusted Projected Incurred Total Claims PMPM	\$ 411.81	
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 556.51	

Projected risk adjustment PMPM is -\$34.88 in URRT Worksheet 1 section II. We applied an adjustment for the paid-to-allowed ratio. The resulting PMPM is -\$34.88 = -\$47.14*0.740. See Exhibit “14 - Risk Adj” showing the development of the risk adjustment PMPM.

The Index Rate for the experience period is approximately 99.69% of allowed claims due to benefits in excess of EHBs.

The Index rate calculation is demonstrated in Table 5A below:

Table 5A. Small Group Projected Index Rate with Quarterly Trend

Effective Date	1/1/2023	4/1/2023	7/1/2023	10/1/2023	Total Single Risk Pool
# of Member Months Renewing in Quarter	19,300	-	-	-	19,300
Adjusted Projected Allowed EHB Claims PMPM	\$ 508.09	\$ 508.09	\$ 508.09	\$ 508.09	\$ 508.09
Months of Trend	-	3	6	9	
Annual Trend	8.10%	8.10%	8.10%	8.10%	
Single Risk Pool Projected Allowed Claims	\$ 508.09	\$ 518.08	\$ 528.27	\$ 538.66	\$ 508.09
Quarterly Trend Factor	1.000	1.020	1.040	1.060	1.000

Actuarial Value and Cost Sharing Adjustment

UnitedHealthcare has a proprietary pricing model that was used in developing the actuarial value and cost sharing adjustment for each plan. The model calculates plan relativity factors for medical and pharmacy benefits. Also included under the actuarial value and cost sharing adjustment are adjustments for leveraging and the difference between the average plan relativity factor and the projected paid to allowed ratio. Historical affiliated carrier experience was used to develop the actuarial value and cost sharing adjustment for each plan as well as the distribution and administrative costs adjustment.

Provider network, deliver system and utilization management adjustment

Any adjustments for these items are included in the plan relativity factors.

Benefits in Addition to EHBs

Benefit Extra EHB is the percentage of claims that are covered and are not included in EHB. The projected non- EHB impact is 0.31%.

Distribution and Administrative Costs

Distribution and Administrative Costs include premium tax, SG&A, quality improvements, federal income tax, and after-tax income. These items are discussed in the section Non-Benefit Expenses and Profit of this memorandum. Risk adjustment transfers and user fees and exchange fees are excluded because they are accounted for in the market adjusted index rate.

Tobacco Factors

Tobacco factors are not used in rating. As such, no adjustment is made for costs that are expected to be recouped through the tobacco surcharge.

Index Rate Calibration

Plan Adjusted Index Rates need to be calibrated to apply the allowable rating factors of age and geography in order to calculate the Consumer Adjusted Premium Rates. Calibration factors are applied uniformly to all plans.

Age Calibration

The calculated age curve calibration is 1.3759, which equals the average age factor of the expected member distribution by age in the ACA enrollment. This corresponds with an approximate age of 43 years. The age factors used in this calculation are the HHS-specified age curve.

Exhibit “7 - Age Calibration” shows the Average Age calibration factor development.

Geographic Calibration

The geographic factor calibration is 0.8856, which equals the expected average area factor. A table of the geographic rating factors is below.

Table 13. Geographic Factors

Geographic Area Factors			
Area	Counties	Current Factor	Proposed Factor
Rating Area 1	Erie, Crawford, Mercer, Venango, Clarion, Forest, Warren, McKean	0.755	0.783
Rating Area 2	Elk, Cameron, Potter	0.857	0.767
Rating Area 3	Clinton, Lycoming, Sullivan, Bradford, Susquehanna, Wyoming, Lackawanna, Wayne, Pike, Monroe, Carbon, Luzerne, Tioga	0.998	0.938
Rating Area 4	Lawrence, Beaver, Washington, Greene, Butler, Allegheny, Westmoreland, Armstrong, Indiana, Fayette	0.808	0.867
Rating Area 5	Jefferson, Clearfield, Cambria, Somerset, Bedford, Blair, Huntingdon	0.751	0.869
Rating Area 6	Centre, Mifflin, Snyder, Northumberland, Columbia, Schuylkill, Lehigh, Northampton, Montour	0.975	0.916
Rating Area 7	Adams, York, Lancaster, Berks	1.002	0.928
Rating Area 8	Chester, Delaware, Montgomery, Bucks, Philadelphia	0.883	0.872
Rating Area 9	Fulton, Franklin, Cumberland, Perry, Juniata, Dauphin, Lebanon	0.909	0.911

Exhibit “8 - Area Calibration” shows the Average Area calibration factor development.

The proposed area factor changes are revenue neutral in total as indicated in Exhibit “18 Area Factors Change”.

Population morbidity by area was not considered when determining geographic area factors changes.

Calibrating the plan adjusted index rate to the age curve and geographic distribution results in the calibrated premium rate for each plan. The calibrated premium rate represents the preliminary premium rate charged to an individual before applying the consumer specific rating adjustments for age, area, and tobacco status.

Consumer Adjusted Premium Rate Development

The consumer adjusted premium rate is the final premium rate that is charged to an individual. It is developed by calibrating the plan adjusted index rate by the average age and geographic rating factors, and applying the consumer specific age, geographic, and tobacco status rating factors. The calculation is provided below.

$$\begin{aligned}
 & \text{Plan Adjusted Index Rate} \\
 / & \text{Age Calibration Factor} \\
 / & \text{Geographic Calibration Factor} \\
 \times & \text{Consumer Specific Age Rating Factor} \\
 \times & \text{Consumer Specific Geographic Rating Factor} \\
 \times & \text{Tobacco Status Factor} \\
 \times & \text{Small Group Trend Adjustment} \\
 = & \text{Consumer Adjusted Premium Rate}
 \end{aligned}$$

Small Group Trend Adjustment

Since this is a small group filing that includes rates with schedule trend increases by quarter, the Index Rate, Market Adjusted Index Rate and Plan Adjusted Index Rate reflect the member weighted average premium over the calendar year. As such, the Consumer Adjusted Premium Rate includes the trend adjustments in calculated quarterly rates.

B. Retention Items

Administrative Expense Load

The expense formula is similar to the United Healthcare Insurance Company except for the Premium Tax component that doesn't apply to the HMO product.

The administrative expense load is a long-term estimate of administrative expenses, including selling expenses and general administrative expenses. This load varies by plan. These assumptions are based on the general ledger actual results for 2021 with known adjustments. Known adjustments include, but are not limited to, pay increases/raises for employees and administrative expenses as a result of Healthcare Reform and compliance requirements.

The administrative expense allocation methodology used in pricing is appropriate because it is consistent with how UnitedHealthcare runs its business and how it allocates administrative costs for Statutory Filings and the Healthcare Reform Exhibits.

For this filing, this is calculated at 14.9%.

1/1/2023 Filing		
Administrative Expenses Allocation	Estimated % of Premium	Estimated PMPM
Selling Expenses (Commissions, Broker Bonus)	4.4%	\$21.85
General Admin Expenses	10.6%	\$52.82
Total	14.9%	\$74.67

Profit and Risk Margin

The Profit and Risk Margin is 2%. This target does not vary by product or plan.

Taxes and Fees

Taxes and fees are expected to be 0.7% and include federal income tax. The following is a breakdown of the taxes and fees.

Premium Taxes and Fees Allocation	Estimated % of Premium	Estimated PMPM
Federal / State Income Tax on Profit & Risk Load	0.53%	\$2.66
Premium Tax	0.00%	\$0.00
ACA Taxes: Insurer Fee	0.00%	\$0.00
ACA Taxes: PCORI Fee	0.05%	\$0.27
ACA Taxes: Risk Adjustment User Fee	0.04%	\$0.22
ACA Taxes: Exchange User Fee	0.00%	\$0.00
All Other Taxes & Fees	0.03%	\$0.16
Total	0.66%	\$3.30

C. Normalized Market-Adjusted Projected Allowed Total Claims

The 2023 average age factor is 1.3759. The age factors used in this calculation are the HHS-specified age curve. The 2023 average geographic factor is 0.8856.

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2022	2023
Average Age Factor	1.441	1.376
Average Geographic Factor	0.905	0.886
Average Tobacco Factor	1.000	1.000
Average Benefit Richness (induced demand)	0.991	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 543.37	\$ 556.51
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 420.44	\$ 456.74

D. Components of Rate Change

Table 9. Year-over-Year Data to Support Table 8

	2022	2023
Paid-to-Allowed	0.742	0.740
URRT Trend (Total Applied Trend Factor)	1.136	1.161
URRT Morbidity	1.000	1.000
URRT "Other"	1.012	0.885
Risk Adjustment	\$ 33.69	\$ 34.88
Exchange User Fee	\$ -	\$ -
Reinsurance Recoveries	\$ -	\$ -
Capitation	\$3.23	\$ 3.82
Network	1.000	1.000
Pricing AV	0.741	0.739
Benefit Richness	0.991	1.000
Catastrophic Eligibility	1.000	1.000
Administrative Expenses	12.41%	14.93%
Taxes and Fees	0.68%	0.66%
Profit and/or Contingency	2.00%	2.00%

Changes in "Other" include the changes in the catastrophic claims adjustment impact, PPACA fee, trend adjustment. The capitation arrangements for 2022 resulted in a projection of \$3.23 PMPM and for 2023 is \$3.82 PMPM.

3. Plan Rate Development

Table 10 has been populated as instructed.

4. Plan Premium Development for 21-Year-Old Non-Tobacco User

Table 11 has been populated as instructed.

5. Plan Factors

A. Age and Tobacco Factors

Table 12 has been populated as instructed using the default federal standard age curve.

B. Geographic Factors

Table 13 has been populated as instructed

C. Network Factors

Table 14 has been populated as instructed

D. Service Area Composition

For the 2023 plan year we have two distinct service areas, varying by plan. Please reference Exhibit 2 – Plan Designs along with 2023 service area map which detail the markets and counties where each plan will be available. In summary, counties in WPA markets 560, 561 and 562 will have one plan option available. Counties in EPA markets 556 and 558 will have eight plan options available to them. Counties in market 557 will have all nine plan options available.

E. Composite Rating

No composite rating is offered for this product.

6. Actuarial Certifications

I, [REDACTED], an Actuary at UnitedHealthcare, I am a member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of rates for health insurance products. I have reviewed applicable ASOPs during the preparation of this rate filing.

To the best of my knowledge and judgment, I certify that:

- The projected index rate is:
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102),
 - Developed in compliance with the applicable Actuarial Standards of Practice,
 - Reasonable in relation to the benefits provided and population anticipated to be covered,
 - Neither excessive, deficient, nor unfairly discriminatory.
- 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.
- 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.
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.
- New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2023 Rate Filing Justification
- The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. The unique plan design actuarial certification required by 45 CFR Part 156.135 has been separately attached.
- The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop their rates. 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.
- All factor, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.

I certify that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of PA and all applicable Actuarial Standards of Practice, including ASOP No. 8 and the rates are not unfairly discriminatory.

[REDACTED]

[REDACTED]

Date: 7/14/2022

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	UnitedHealthcare of Pennsylvania, Inc	
Product(s):	HMO	
Market Segment:	Small Group	
Rate Effective Date:	1/1/2023	to 12/31/2023
Base Period Start Date:	1/1/2021	to 12/31/2021
Date of Most Recent Membership:	2/1/2022	

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2022)	Projected Rating Period
Average Age	34.8	34.9	34.9
Total	16,205	1,240	19,300
<18	2,003	180	2,802
18-24	1,980	106	1,650
25-29	2,419	172	2,677
30-34	2,161	173	2,693
35-39	1,524	129	2,008
40-44	1,392	113	1,759
45-49	1,479	104	1,619
50-54	1,220	108	1,681
55-59	1,132	88	1,370
60-63	717	55	856
64+	176	12	187

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 7,170,174.47	\$ 4,436,541.69	\$ 4,820,873.74	16,205	\$ 1,570,102.02	\$ 6,390,975.76	\$ 20,798.21	\$ (377,790.60)	\$ 53,314.45	\$ -	\$ (2,340,541.45)	\$ 373.08
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 93.10%
Loss Ratio											\$ 93.10%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	4.48%	3.50%		8.13%	20.51%
Outpatient Hospital	4.09%	3.80%		8.66%	29.37%
Professional	1.96%	3.33%		5.35%	19.15%
Other Medical	1.96%	3.65%		5.67%	5.83%
Capitation				10.34%	2.50%
Prescription Drugs	3.70%	4.61%		8.48%	22.65%
Total Annual Trend				7.75%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.161	

* Express Cost, Utilization, Induced Utilization and Weight as percentages

** Should equal UHRT Trend

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-18				#DIV/0!		#DIV/0!				#DIV/0!
Feb-18				#DIV/0!		#DIV/0!				#DIV/0!
Mar-18				#DIV/0!		#DIV/0!				#DIV/0!
Apr-18				#DIV/0!		#DIV/0!				#DIV/0!
May-18				#DIV/0!		#DIV/0!				#DIV/0!
Jun-18				#DIV/0!		#DIV/0!				#DIV/0!
Jul-18				#DIV/0!		#DIV/0!				#DIV/0!
Aug-18				#DIV/0!		#DIV/0!				#DIV/0!
Sep-18				#DIV/0!		#DIV/0!				#DIV/0!
Oct-18				#DIV/0!		#DIV/0!				#DIV/0!
Nov-18				#DIV/0!		#DIV/0!				#DIV/0!
Dec-18				#DIV/0!		#DIV/0!				#DIV/0!
Jan-19		\$ 62,093.45	1.0000	\$ 62,093.45	356	\$ 174.42		\$ (3,081.38)	\$ 88,595.26	\$ 248.86
Feb-19		\$ 90,209.01	1.0000	\$ 90,209.01	422	\$ 213.77		\$ (3,032.12)	\$ 125,959.74	\$ 298.48
Mar-19		\$ 76,322.49	1.0000	\$ 76,322.49	481	\$ 158.67		\$ (4,045.10)	\$ 102,710.23	\$ 213.53
Apr-19		\$ 72,049.42	1.0000	\$ 72,049.42	567	\$ 127.07		\$ (8,112.11)	\$ 122,385.95	\$ 215.85
May-19		\$ 116,781.07	1.0000	\$ 116,781.07	629	\$ 185.66		\$ (13,604.72)	\$ 157,948.69	\$ 251.11
Jun-19		\$ 132,810.09	1.0000	\$ 132,810.09	689	\$ 192.76		\$ (12,911.92)	\$ 176,704.61	\$ 256.07
Jul-19		\$ 157,155.31	1.0000	\$ 157,155.31	749	\$ 209.82		\$ (18,424.61)	\$ 235,438.78	\$ 314.34
Aug-19		\$ 200,172.88	1.0000	\$ 200,172.88	813	\$ 246.22		\$ (15,830.58)	\$ 279,693.38	\$ 344.03
Sep-19		\$ 165,303.82	1.0000	\$ 165,303.82	831	\$ 198.92		\$ (15,007.82)	\$ 227,632.02	\$ 273.93
Oct-19		\$ 265,685.44	1.0000	\$ 265,685.44	902	\$ 294.55		\$ (16,491.04)	\$ 340,288.44	\$ 377.26
Nov-19		\$ 234,138.82	1.0000	\$ 234,138.82	963	\$ 243.13		\$ (16,622.52)	\$ 308,787.20	\$ 320.65
Dec-19		\$ 309,364.62	1.0000	\$ 309,364.62	1,085	\$ 285.13	\$ 1,050,558.60	\$ (25,178.21)	\$ 387,907.10	\$ 357.52
Jan-20	\$ 3,505,925.49	\$ 420,490.26	1.0000	\$ 420,490.26	1,208	\$ 348.09		\$ (34,979.77)	\$ 541,685.01	\$ 448.40
Feb-20		\$ 252,139.19	1.0000	\$ 252,139.19	1,230	\$ 204.99		\$ (27,381.33)	\$ 354,675.56	\$ 288.35
Mar-20		\$ 599,292.31	1.0000	\$ 599,292.31	1,254	\$ 477.90		\$ (35,931.33)	\$ 711,757.54	\$ 567.59
Apr-20		\$ 808,526.60	1.0000	\$ 808,526.60	1,239	\$ 652.56		\$ (30,477.10)	\$ 843,975.18	\$ 681.17
May-20		\$ 488,359.59	1.0000	\$ 488,359.59	1,262	\$ 386.97		\$ (24,425.30)	\$ 555,252.70	\$ 439.98
Jun-20		\$ 349,838.80	1.0000	\$ 349,838.80	1,307	\$ 267.67		\$ (34,970.73)	\$ 474,820.46	\$ 363.29
Jul-20		\$ 319,414.99	1.0000	\$ 319,414.99	1,392	\$ 229.46		\$ (29,417.95)	\$ 417,163.83	\$ 299.69
Aug-20		\$ 435,775.14	1.0000	\$ 435,775.14	1,501	\$ 290.32		\$ (33,735.81)	\$ 562,934.71	\$ 375.04
Sep-20		\$ 468,421.56	1.0000	\$ 468,421.56	1,511	\$ 310.01		\$ (31,172.91)	\$ 587,060.13	\$ 388.52
Oct-20		\$ 315,712.08	1.0000	\$ 315,712.08	1,549	\$ 203.82		\$ (35,251.22)	\$ 447,084.96	\$ 288.63
Nov-20		\$ 348,268.84	1.0000	\$ 348,268.84	1,533	\$ 227.18		\$ (47,924.63)	\$ 450,183.46	\$ 293.65
Dec-20	\$ 7,090,385.74	\$ 350,279.96	1.0000	\$ 350,279.96	1,589	\$ 220.44	\$ 1,404,918.91	\$ (28,343.18)	\$ 465,383.30	\$ 292.88
Jan-21		\$ 250,620.61	0.9942	\$ 252,092.48	1,497	\$ 168.40		\$ (44,596.00)	\$ 353,543.91	\$ 236.17
Feb-21		\$ 324,850.80	0.9953	\$ 326,371.14	1,485	\$ 219.78		\$ (22,159.58)	\$ 419,522.10	\$ 282.51
Mar-21		\$ 541,308.37	0.9921	\$ 545,597.04	1,456	\$ 374.72		\$ (33,661.29)	\$ 669,227.88	\$ 459.63
Apr-21		\$ 530,444.16	0.9891	\$ 536,272.81	1,448	\$ 370.35		\$ (33,329.51)	\$ 657,658.36	\$ 454.18
May-21		\$ 285,895.91	0.9861	\$ 289,929.29	1,388	\$ 208.88		\$ (23,296.77)	\$ 398,040.14	\$ 286.77
Jun-21		\$ 267,256.86	0.9763	\$ 273,803.53	1,342	\$ 204.03		\$ 45,792.78)	\$ 365,022.18	\$ 272.00
Jul-21		\$ 294,886.25	0.9763	\$ 302,143.45	1,240	\$ 243.66		\$ (28,751.00)	\$ 395,471.77	\$ 318.93
Aug-21		\$ 338,645.54	0.9712	\$ 348,672.39	1,259	\$ 276.94		\$ (28,080.75)	\$ 464,684.71	\$ 369.09
Sep-21		\$ 345,471.38	0.9603	\$ 359,757.93	1,255	\$ 286.66		\$ (32,704.90)	\$ 464,339.03	\$ 369.99
Oct-21		\$ 529,570.69	0.9372	\$ 565,072.56	1,268	\$ 445.64		\$ (25,914.58)	\$ 666,244.29	\$ 525.43
Nov-21		\$ 392,298.07	0.9012	\$ 435,312.30	1,269	\$ 343.04		\$ (34,519.57)	\$ 485,520.05	\$ 382.60
Dec-21	\$ 7,170,174.47	\$ 482,855.90	0.8243	\$ 585,848.82	1,298	\$ 451.35	\$ 1,645,865.00	\$ (24,923.87)	\$ 673,970.44	\$ 519.24

* Express Completion Factor as a percentage

** Express Prescription Drug Rebates as a negative number

Carrier Name: UnitedHealthcare of Pennsylvania, Inc
Product(s): HMO
Market Segment: Small Group
Rate Effective Date: 1/1/2023

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member + HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 151,082,963.26	\$ 107,186,046.76	\$ 116,454,430.39	265,330	\$ 22,973,188.18	\$ 139,425,618.57	\$ 417,514.98	\$ (9,091,922.39)	\$ 3,510,315.90	\$ -	\$ (12,260,195.00)	\$
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 502.87
Loss Ratio											\$ 79.87%

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	4.48%	3.50%		8.13%	20.51%
Outpatient Hospital	4.69%	3.80%		8.66%	29.37%
Professional	1.96%	3.33%		5.35%	19.15%
Other Medical	1.96%	3.65%		5.67%	5.83%
Capitation				10.34%	2.50%
Prescription Drugs	3.70%	4.61%		8.48%	22.65%
Total Annual Trend				7.75%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.161	

* Express Cost, Utilization, Induced Utilization and Weight as percentages

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-18	\$	\$ 8,067,799.96	1.0000	\$ 8,067,799.96	24,217	\$ 333.15	\$	\$ (511,146.24)	\$ 10,057,561.95	\$ 415.31
Feb-18	\$	\$ 7,109,203.67	1.0000	\$ 7,109,203.67	24,437	\$ 290.92	\$	\$ (478,689.11)	\$ 8,331,773.49	\$ 365.50
Mar-18	\$	\$ 8,708,831.81	1.0000	\$ 8,708,831.81	25,440	\$ 342.33	\$	\$ (529,427.72)	\$ 10,663,627.04	\$ 419.18
Apr-18	\$	\$ 9,371,828.37	1.0000	\$ 9,371,828.37	26,022	\$ 360.15	\$	\$ (553,071.75)	\$ 11,154,377.79	\$ 428.65
May-18	\$	\$ 9,791,214.58	1.0000	\$ 9,791,214.58	26,529	\$ 369.08	\$	\$ (593,610.57)	\$ 11,580,351.73	\$ 436.52
Jun-18	\$	\$ 11,185,811.31	1.0000	\$ 11,185,811.31	27,181	\$ 411.53	\$	\$ (571,452.14)	\$ 12,655,273.67	\$ 465.59
Jul-18	\$	\$ 9,521,509.32	1.0000	\$ 9,521,509.32	27,395	\$ 347.56	\$	\$ (579,768.45)	\$ 11,592,945.40	\$ 423.18
Aug-18	\$	\$ 10,896,642.45	1.0000	\$ 10,896,642.45	27,687	\$ 393.57	\$	\$ (677,286.66)	\$ 12,781,476.76	\$ 461.64
Sep-18	\$	\$ 10,365,974.88	1.0000	\$ 10,365,974.88	28,033	\$ 369.78	\$	\$ (573,418.80)	\$ 12,015,382.72	\$ 428.62
Oct-18	\$	\$ 11,336,975.81	1.0000	\$ 11,336,975.81	28,569	\$ 396.83	\$	\$ (724,499.42)	\$ 13,275,571.12	\$ 464.68
Nov-18	\$	\$ 11,601,872.44	1.0000	\$ 11,601,872.44	28,577	\$ 405.99	\$	\$ (723,984.93)	\$ 13,410,811.91	\$ 469.29
Dec-18	\$	\$ 10,544,132.13	1.0000	\$ 10,544,132.13	29,418	\$ 358.42	\$	\$ (682,363.40)	\$ 12,407,860.14	\$ 421.76
Jan-19	\$	\$ 10,291,116.51	1.0000	\$ 10,291,116.51	27,883	\$ 369.08	\$	\$ (694,147.41)	\$ 12,399,920.95	\$ 444.71
Feb-19	\$	\$ 11,164,225.77	1.0000	\$ 11,164,225.77	28,212	\$ 395.73	\$	\$ (661,274.11)	\$ 12,795,599.45	\$ 453.55
Mar-19	\$	\$ 11,219,438.73	1.0000	\$ 11,219,438.73	28,112	\$ 399.10	\$	\$ (753,830.18)	\$ 13,869,519.01	\$ 493.37
Apr-19	\$	\$ 10,997,854.95	1.0000	\$ 10,997,854.95	27,918	\$ 393.93	\$	\$ (783,479.87)	\$ 12,824,633.37	\$ 459.37
May-19	\$	\$ 11,448,864.23	1.0000	\$ 11,448,864.23	27,960	\$ 409.47	\$	\$ (817,457.71)	\$ 13,451,944.24	\$ 481.11
Jun-19	\$	\$ 9,955,300.66	1.0000	\$ 9,955,300.66	27,957	\$ 356.09	\$	\$ (689,734.74)	\$ 11,769,455.33	\$ 420.98
Jul-19	\$	\$ 10,991,010.08	1.0000	\$ 10,991,010.08	27,836	\$ 394.85	\$	\$ (799,021.91)	\$ 12,709,445.99	\$ 456.58
Aug-19	\$	\$ 10,531,280.25	1.0000	\$ 10,531,280.25	27,268	\$ 386.21	\$	\$ (763,124.79)	\$ 12,405,339.79	\$ 454.94
Sep-19	\$	\$ 10,349,953.11	1.0000	\$ 10,349,953.11	27,556	\$ 375.60	\$	\$ (754,383.06)	\$ 12,099,601.16	\$ 437.64
Oct-19	\$	\$ 12,106,272.07	1.0000	\$ 12,106,272.07	28,031	\$ 431.89	\$	\$ (838,732.31)	\$ 13,954,764.31	\$ 497.83
Nov-19	\$	\$ 10,733,460.81	1.0000	\$ 10,733,460.81	28,007	\$ 383.24	\$	\$ (794,094.30)	\$ 12,514,151.40	\$ 446.82
Dec-19	\$	\$ 10,198,470.43	1.0000	\$ 10,198,470.43	27,709	\$ 368.06	\$	\$ (949,938.58)	\$ 11,992,174.16	\$ 432.79
Jan-20	\$	\$ 10,337,848.19	1.0000	\$ 10,337,848.19	27,405	\$ 377.22	\$	\$ (929,367.93)	\$ 12,806,995.55	\$ 467.10
Feb-20	\$	\$ 9,913,537.86	1.0000	\$ 9,913,537.86	27,499	\$ 360.51	\$	\$ (902,402.20)	\$ 11,635,603.36	\$ 422.76
Mar-20	\$	\$ 8,943,545.96	1.0000	\$ 8,943,545.96	26,901	\$ 332.46	\$	\$ (1,054,428.38)	\$ 10,831,329.24	\$ 402.64
Apr-20	\$	\$ 7,314,077.57	1.0000	\$ 7,314,077.57	26,552	\$ 275.46	\$	\$ (858,732.13)	\$ 7,912,438.77	\$ 298.00
May-20	\$	\$ 7,759,031.70	1.0000	\$ 7,759,031.70	26,387	\$ 294.05	\$	\$ (859,163.69)	\$ 9,133,534.53	\$ 346.14
Jun-20	\$	\$ 9,907,066.07	1.0000	\$ 9,907,066.07	26,491	\$ 373.98	\$	\$ (876,278.83)	\$ 11,752,048.73	\$ 443.62
Jul-20	\$	\$ 10,779,923.33	1.0000	\$ 10,779,923.33	26,321	\$ 409.56	\$	\$ (849,835.90)	\$ 12,320,125.03	\$ 468.07
Aug-20	\$	\$ 9,946,023.87	1.0000	\$ 9,946,023.87	26,192	\$ 379.74	\$	\$ (869,799.44)	\$ 11,587,913.69	\$ 442.42
Sep-20	\$	\$ 9,423,054.91	1.0000	\$ 9,423,054.91	25,694	\$ 366.74	\$	\$ (910,672.13)	\$ 10,884,958.83	\$ 423.64
Oct-20	\$	\$ 10,254,079.49	1.0000	\$ 10,254,079.49	25,335	\$ 404.74	\$	\$ (852,419.48)	\$ 11,828,141.66	\$ 466.87
Nov-20	\$	\$ 9,403,770.45	1.0000	\$ 9,403,770.45	25,418	\$ 369.97	\$	\$ (874,461.73)	\$ 10,795,585.21	\$ 424.72
Dec-20	\$	\$ 169,353,357.85	1.0000	\$ 9,425,107.85	24,904	\$ 378.46	\$	\$ (870,279.47)	\$ 10,917,852.94	\$ 438.40
Jan-21	\$	\$ 8,844,258.66	0.9935	\$ 8,902,185.57	23,731	\$ 375.13	\$	\$ (765,734.62)	\$ 10,229,160.56	\$ 431.05
Feb-21	\$	\$ 8,810,062.37	0.9950	\$ 8,854,464.99	23,506	\$ 376.69	\$	\$ (709,191.36)	\$ 10,075,335.47	\$ 428.63
Mar-21	\$	\$ 10,608,969.56	0.9913	\$ 10,695,350.96	23,167	\$ 461.66	\$	\$ (793,598.17)	\$ 12,020,289.78	\$ 518.85
Apr-21	\$	\$ 9,953,356.77	0.9888	\$ 10,066,596.97	22,667	\$ 444.11	\$	\$ (749,661.56)	\$ 11,359,052.31	\$ 503.33
May-21	\$	\$ 9,956,648.70	0.9864	\$ 10,094,412.00	22,382	\$ 451.01	\$	\$ (756,800.98)	\$ 11,242,673.53	\$ 502.31
Jun-21	\$	\$ 10,238,531.87	0.9747	\$ 10,504,359.89	22,400	\$ 468.94	\$	\$ (716,723.97)	\$ 11,936,782.15	\$ 532.89
Jul-21	\$	\$ 8,991,824.68	0.9762	\$ 9,211,023.06	21,652	\$ 425.41	\$	\$ (757,661.53)	\$ 10,759,128.45	\$ 473.82
Aug-21	\$	\$ 9,270,767.54	0.9716	\$ 9,644,427.75	21,687	\$ 444.71	\$	\$ (757,374.29)	\$ 10,663,806.95	\$ 491.71
Sep-21	\$	\$ 9,264,562.92	0.9593	\$ 9,656,080.98	21,463	\$ 449.89	\$	\$ (749,063.52)	\$ 10,628,888.40	\$ 495.22
Oct-21	\$	\$ 9,553,406.21	0.9431	\$ 10,129,379.60	21,395	\$ 473.45	\$	\$ (757,639.45)	\$ 11,184,625.26	\$ 522.77
Nov-21	\$	\$ 8,376,328.07	0.9078	\$ 9,227,312.64	21,213	\$ 434.98	\$	\$ (759,596.29)	\$ 10,320,366.00	\$ 486.51
Dec-21	\$	\$ 151,082,963.26	0.8478	\$ 9,468,775.98	20,067	\$ 471.86	\$	\$ (823,966.26)	\$ 10,413,587.32	\$ 518.94

* Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

PA Rate Template Part II
Rate Development and Change

Carrier Name: UnitedHealthcare of Pennsylvania, Inc
 Product(s): HMO
 Market Segment: Small Group
 Rate Effective Date: 3/1/2023

Table 5. Development of the Projected Index Rate, Market-Adjusted Index Rate, and Total Allowed Claims

Development of the Projected Index Rate	Actual Experience Data	Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$ 373.08	\$ 502.87	<- Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection Factor	1.161	1.161	
Unadjusted Projected Allowed EHB Claims PMPM	\$ 433.18	\$ 583.88	
Single Risk Pool Adjustment Factors			
Change in Morbidity - Impact of Reinsurance Program	1.000	1.000	
Change in Morbidity - All Other	1.000	1.000	<- See URRT Instructions
Total Non-Morbidity Changes	0.975	0.879	
Change in Demographics	1.000	0.989	<- See URRT Instructions
Change in Network	1.000	1.000	<- See URRT Instructions
Change in Benefits	1.000	0.966	<- See URRT Instructions
Change in Other	0.975	0.920	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	\$ 422.35	\$ 513.33	
Credibility Factors	6%	94%	<- See Instructions
Blended Projected EHB Claims PMPM	\$ 508.09	\$ 508.09	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	\$ 508.09		<- Index Rate for Projection Period on URRT
Projected Paid to Allowed Ratio	0.740		
Projected Incurred EHB Claims PMPM	\$ 375.99		
Market-wide Adjustments			
Projected Incurred Risk Adjustment PMPM	\$ 534.88		
Projected Incurred Exchange User Fees PMPM	\$ 50.00		
Projected Incurred Reinsurance Recoveries PMPM	\$ 50.00		
Market-Adjusted Projected Incurred EHB Claims PMPM	\$ 410.87		
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 555.23		<- Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	\$ 1.27		
Market-Adjusted Projected Incurred Total Claims PMPM	\$ 411.81		
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 556.51		

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 495.39	<- Index Rate of Experience Period on URRT
Blended Earned Premium	\$ 142,793,586.63	
Blended Loss Ratio	80.63%	

Table 5A. Small Group Projected Index Rate with Quarterly Trend

Effective Date	1/1/2023	4/1/2023	7/1/2023	10/1/2023	Total Single Risk Pool
# of Member Months Renewing in Quarter	19,300	-	-	-	19,300
Adjusted Projected Allowed EHB Claims PMPM	\$ 508.09	\$ 508.09	\$ 508.09	\$ 508.09	\$ 508.09
Months of Trend	-	3	6	9	
Annual Trend	8.10%	8.10%	8.10%	8.10%	
Single Risk Pool Projected Allowed Claims	\$ 508.09	\$ 518.08	\$ 528.27	\$ 538.66	\$ 508.09
Quarterly Trend Factor	1.000	1.020	1.040	1.060	1.000

Table 6. Retention

Retention Items - Express in percentages	Percentages	PMPM Amounts
Administrative Expenses	14.93%	\$74.63
General and Claims	10.56%	\$52.79
Agent/Broker fees and Commissions	4.37%	\$21.84
Quality Improvement Initiatives	0.79%	\$3.97
Taxes and Fees	0.66%	\$3.30
Risk Adjustment User Fee	0.04%	\$0.22
PCORI fee	0.00%	\$0.00
PA Premium & Other Taxes (if applicable)	0.03%	\$0.16
Federal Income Tax	0.53%	\$2.66
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	\$0.00
Profit/Contingency (after tax)	2.00%	\$9.99
Total Retention	17.59%	\$87.92
Projected Required Revenue PMPM		\$ 499.73

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2022	2023
Average Age Factor	1.441	1.376
Average Geographic Factor	0.905	0.886
Average Tobacco Factor	1.000	1.000
Average Benefit Richness (induced demand)	0.991	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 543.37	\$ 556.51
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 420.44	\$ 456.74

Table 8. Components of Rate Change

Rate Components	2022	2023	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 375.75	\$ 410.45	\$ 34.70	9.2%
B. Base period allowed claims before normalization	\$ 432.26	\$ 495.39	\$ 63.13	14.6%
C. Normalization factor component of change	\$ (97.79)	\$ (88.81)	\$ 8.98	2.4%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 334.47	\$ 406.58	\$ 72.12	19.2%
D2. URRT Trend	\$ 45.44	\$ 65.50	\$ 20.06	5.3%
D3. URRT Morbidity	\$ -	\$ -	\$ -	0.0%
D4. URRT Other	\$ 4.62	\$ (54.44)	\$ (59.05)	-15.7%
D5. Normalized URRT Risk Adjustment on an allowed basis	\$ 35.13	\$ 38.69	\$ 3.56	0.9%
D6. Normalized Exchange User Fee on an allowed basis	\$ -	\$ -	\$ -	0.0%
D7. Normalized Reinsurance Recoveries on an allowed basis	\$ -	\$ -	\$ -	0.0%
D8. Subtotal - Sum(D1:D7)	\$ 419.66	\$ 456.34	\$ 36.68	9.8%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ -	\$ -	\$ -	0.0%
E2. Pricing AV	\$ (108.69)	\$ (119.13)	\$ (10.43)	-2.8%
E3. Benefit Richness	\$ (2.76)	\$ (0.01)	\$ 2.75	0.7%
E4. Catastrophic Eligibility	\$ -	\$ -	\$ -	0.0%
E5. Subtotal - Sum(E1:E4)	\$ (111.45)	\$ (119.13)	\$ (7.69)	-2.0%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 46.61	\$ 61.29	\$ 14.68	3.9%
F2. Taxes and Fees	\$ 2.54	\$ 2.71	\$ 0.17	0.0%
F3. Profit and/or Contingency	\$ 7.51	\$ 8.20	\$ 0.69	0.2%
F4. Subtotal - Sum(F1:F3)	\$ 56.66	\$ 72.21	\$ 15.55	4.1%
G. Change in Miscellaneous Items	\$ 0.91	\$ 1.27	\$ 0.36	0.1%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 365.79	\$ 410.69	\$ 44.90	11.9%

Table 9. Year-over-Year Data to Support Table 8

	2022	2023	
Paid-to-Allowed	0.740	0.740	
URRT Trend (Total Applied Trend Factor)	1.136	1.161	<- URRT W1, S2
URRT Morbidity	1.000	1.000	<- URRT W1, S2
URRT "Other"	1.012	0.885	<- URRT W1, S2
Risk Adjustment	\$ 33.69	\$ 34.88	<- URRT W1, S3
Exchange User Fee	\$ -	\$ -	<- URRT W1, S3
Reinsurance Recoveries	\$ -	\$ -	<- URRT W1, S3
Capitation	\$ 3.23	\$ 3.82	<- URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.741	0.739	<- For 2022 in cell J81, please include a factor equal to the product of the aver
Benefit Richness	0.991	1.000	
Catastrophic Eligibility	1.000	1.000	
Administrative Expenses	12.41%	14.93%	
Taxes and Fees	0.68%	0.69%	
Profit and/or Contingency	2.00%	2.00%	

PA Rate Template Part III

Table 10. Plan Rates

Carrier Name: UnitedHealthcare of Pennsylvania, Inc
 Product(s): HMO
 Market Segment: Small Group
 Rate Effective Date: 1/1/2023
 Base Period Start Date: 1/1/2021
 Date of Most Recent Membership: 2/1/2022
 Market Adjusted Index Rate: \$ 555.23

45 CFR Part 156.8 (d) (2) Allowable Factors

Plan Number	HIOS Plan ID (Standard Component)	Product Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/2022 Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM, DNM) for 2023	1/1/2023 HIOS Plan ID (If 1/1/2022 Plan Discontinued & Mapped)	Metallic Tier	Metallic Tier Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off	Pricing AV (company-determined AV)	Benefit Richness (induced demand)	Benefits in addition to EHB	Provider Network	Catastrophic Eligibility	Non-Funding of CSR Adjustment	Pure Premium	
Totals - Current Membership							0.731				0.739	1.000	1.003	1.000	1.000	1.000	\$ 412.12
Total - Projected Membership							0.731				0.739	1.000	1.003	1.000	1.000	1.000	\$ 412.12
Transitional Plans	TRANSITIONAL	N/A	TRANSITIONAL	DNM	TRANSITIONAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Plan 1a	24872PA0030002	HMO	UHC Navigate Gold 1500	M		Gold	0.785	Approach 2	Off	0.762	1.009	1.003	1.000	1.000	1.000	\$428.23	
Plan 1b	24872PA0030002	HMO	UHC Navigate HSA Bronze 6850	DM	24872PA0030001	Bronze	0.647	Standard AV	Off	0.676	0.973	1.003	1.000	1.000	1.000	\$366.70	
Plan 2a	24872PA0030003	HMO	UHC Navigate Gold 1000	M		Gold	0.792	Approach 2	Off	0.800	1.029	1.003	1.000	1.000	1.000	\$458.70	
Plan 2b	24872PA0030003	HMO	UHC Navigate HSA Bronze 6850	DM	24872PA0030001	Bronze	0.647	Standard AV	Off	0.676	0.973	1.003	1.000	1.000	1.000	\$366.70	
Plan 3a	24872PA0030004	HMO	UHC Navigate Gold 0	M		Gold	0.783	Approach 2	Off	0.836	1.051	1.003	1.000	1.000	1.000	\$489.12	
Plan 3b	24872PA0030004	HMO	UHC Navigate HSA Bronze 6850	DM	24872PA0030001	Bronze	0.647	Standard AV	Off	0.676	0.973	1.003	1.000	1.000	1.000	\$366.70	
Plan 4a	24872PA0030005	HMO	UHC Navigate Silver 3500	M		Silver	0.718	Approach 2	Off	0.706	0.984	1.003	1.000	1.000	1.000	\$387.08	
Plan 4b	24872PA0030005	HMO	UHC Navigate HSA Bronze 6850	DM	24872PA0030001	Bronze	0.647	Standard AV	Off	0.676	0.973	1.003	1.000	1.000	1.000	\$366.70	
Plan 5a	24872PA0030006	HMO	UHC Navigate Silver 5500	M		Silver	0.689	Approach 2	Off	0.704	0.983	1.003	1.000	1.000	1.000	\$385.42	
Plan 5b	24872PA0030006	HMO	UHC Navigate HSA Bronze 6850	DM	24872PA0030001	Bronze	0.647	Standard AV	Off	0.676	0.973	1.003	1.000	1.000	1.000	\$366.70	
Plan 6a	24872PA0030007	HMO	UHC Navigate HSA Silver 2500	M		Silver	0.696	Approach 2	Off	0.721	0.990	1.003	1.000	1.000	1.000	\$397.39	
Plan 6b	24872PA0030007	HMO	UHC Navigate HSA Bronze 6850	DM	24872PA0030001	Bronze	0.647	Standard AV	Off	0.676	0.973	1.003	1.000	1.000	1.000	\$366.70	
Plan 7a	24872PA0030008	HMO	UHC Navigate Silver 3000	M		Silver	0.709	Approach 2	Off	0.742	1.000	1.003	1.000	1.000	1.000	\$413.26	
Plan 7b	24872PA0030008	HMO	UHC Navigate HSA Bronze 6850	DM	24872PA0030001	Bronze	0.647	Standard AV	Off	0.676	0.973	1.003	1.000	1.000	1.000	\$366.70	
Plan 8a	24872PA0030009	HMO	UHC Navigate HSA Silver 3500	M		Silver	0.691	Approach 2	Off	0.702	0.982	1.003	1.000	1.000	1.000	\$384.13	
Plan 8b	24872PA0030009	HMO	UHC Navigate HSA Bronze 6850	DM	24872PA0030001	Bronze	0.647	Standard AV	Off	0.676	0.973	1.003	1.000	1.000	1.000	\$366.70	
Plan 9	24872PA0030001	HMO	UHC Navigate HSA Bronze 6850	M		Bronze	0.647	Standard AV	Off	0.676	0.973	1.003	1.000	1.000	1.000	\$366.70	

PA Rate Template Part IV B - Small Group Annual
Table 11. Plan Premium Development for 21-Year-Old Non-Tobacco User

Carrier Name: UnitedHealthcare of Pennsylvania, Inc
 Product(s): HMO
 Market Segment: Small Group
 Rate Effective Date: 1/1/2023

Plan Number	HIOS Plan ID (Standard Component)	1/1/2022 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2023	1/1/2023 HIOS Plan ID (If Discontinued & Mapped)	Metallic Tier	Exchange On/Off or Off
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Totals These cells auto-fill using the data entered in Table 10.

Plan 1a	24872PA0030002	UHC Navigate Gold 1500	M	0	Gold	Off
Plan 1b	24872PA0030002	UHC Navigate HSA Bronze 6850	DM	24872PA0030001	Bronze	Off
Plan 2a	24872PA0030003	UHC Navigate Gold 1000	M	0	Gold	Off
Plan 2b	24872PA0030003	UHC Navigate HSA Bronze 6850	DM	24872PA0030001	Bronze	Off
Plan 3a	24872PA0030004	UHC Navigate Gold 0	M	0	Gold	Off
Plan 3b	24872PA0030004	UHC Navigate HSA Bronze 6850	DM	24872PA0030001	Bronze	Off
Plan 4a	24872PA0030005	UHC Navigate Silver 3500	M	0	Silver	Off
Plan 4b	24872PA0030005	UHC Navigate HSA Bronze 6850	DM	24872PA0030001	Bronze	Off
Plan 5a	24872PA0030006	UHC Navigate Silver 5500	M	0	Silver	Off
Plan 5b	24872PA0030006	UHC Navigate HSA Bronze 6850	DM	24872PA0030001	Bronze	Off
Plan 6a	24872PA0030007	UHC Navigate HSA Silver 2500	M	0	Silver	Off
Plan 6b	24872PA0030007	UHC Navigate HSA Bronze 6850	DM	24872PA0030001	Bronze	Off
Plan 7a	24872PA0030008	UHC Navigate Silver 3000	M	0	Silver	Off
Plan 7b	24872PA0030008	UHC Navigate HSA Bronze 6850	DM	24872PA0030001	Bronze	Off
Plan 8a	24872PA0030009	UHC Navigate HSA Silver 3500	M	0	Silver	Off
Plan 8b	24872PA0030009	UHC Navigate HSA Bronze 6850	DM	24872PA0030001	Bronze	Off
Plan 9	24872PA0030001	UHC Navigate HSA Bronze 6850	M	0	Bronze	Off

Quarter 1 2022, 21-year-old Non-Tobacco Premium PMPM

1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
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\$ 251.30 | \$ 285.07 | \$ 366.17 | \$ 268.83 | \$ - | \$ 352.47 | \$ 373.27 | \$ 335.80 | \$ 338.60 | \$ 339.74

\$ 289.56	\$ 328.47	\$ 382.40	\$ 309.76	\$ 287.88	\$ 373.59	\$ 383.98	\$ 338.40	\$ 348.60	\$ 348.18
\$ 251.30	\$ 285.07	\$ 331.88	\$ 268.83	\$ 249.84	\$ 324.23	\$ 333.24	\$ 293.69	\$ 302.53	\$ -
\$ 318.18	\$ 360.93	\$ 420.19	\$ 340.37	\$ 316.32	\$ 410.50	\$ 421.92	\$ 371.84	\$ 383.04	\$ 378.46
\$ 251.30	\$ 285.07	\$ 331.88	\$ 268.83	\$ 249.84	\$ 324.23	\$ 333.24	\$ 293.69	\$ 302.53	\$ -
\$ 341.49	\$ 387.38	\$ 450.98	\$ 365.32	\$ 339.50	\$ 440.58	\$ 452.84	\$ 399.08	\$ 411.11	\$ 399.92
\$ 251.30	\$ 285.07	\$ 331.88	\$ 268.83	\$ 249.84	\$ 324.23	\$ 333.24	\$ 293.69	\$ 302.53	\$ -
\$ 267.58	\$ 303.53	\$ 353.37	\$ 286.24	\$ 266.02	\$ 345.22	\$ 354.82	\$ 312.70	\$ 322.13	\$ 321.78
\$ 251.30	\$ 285.07	\$ 331.88	\$ 268.83	\$ 249.84	\$ 324.23	\$ 333.24	\$ 293.69	\$ 302.53	\$ 251.30
\$ 266.71	\$ 302.54	\$ 352.22	\$ 285.31	\$ 265.15	\$ 344.10	\$ 353.67	\$ 311.69	\$ 321.08	\$ 328.71
\$ 251.30	\$ 285.07	\$ 331.88	\$ 268.83	\$ 249.84	\$ 324.23	\$ 333.24	\$ 293.69	\$ 302.53	\$ 276.33
\$ 275.74	\$ 312.80	\$ 364.16	\$ 294.98	\$ 274.14	\$ 355.76	\$ 365.65	\$ 322.25	\$ 331.96	\$ 331.88
\$ 251.30	\$ 285.07	\$ 331.88	\$ 268.83	\$ 249.84	\$ 324.23	\$ 333.24	\$ 293.69	\$ 302.53	\$ -
\$ 287.92	\$ 326.61	\$ 380.24	\$ 308.01	\$ 286.25	\$ 371.47	\$ 381.80	\$ 336.48	\$ 346.62	\$ 357.98
\$ 251.30	\$ 285.07	\$ 331.88	\$ 268.83	\$ 249.84	\$ 324.23	\$ 333.24	\$ 293.69	\$ 302.53	\$ -
\$ 260.96	\$ 296.03	\$ 344.63	\$ 279.17	\$ 259.44	\$ 336.69	\$ 346.05	\$ 304.98	\$ 314.16	\$ 312.74
\$ 251.30	\$ 285.07	\$ 331.88	\$ 268.83	\$ 249.84	\$ 324.23	\$ 333.24	\$ 293.69	\$ 302.53	\$ -
\$ 251.30	\$ 285.07	\$ 331.88	\$ 268.83	\$ 249.84	\$ 324.23	\$ 333.24	\$ 293.69	\$ 302.53	\$ 278.07

Quarter 1 2023, 21-year-old Non-Tobacco Premium PMPM

1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
\$ 285.78	\$ 280.23	\$ 375.11	\$ 316.68	\$ -	\$ 363.90	\$ 377.86	\$ 362.56	\$ 369.44	\$ 363.41

\$ 333.73	\$ 327.25	\$ 400.22	\$ 369.81	\$ 370.62	\$ 390.62	\$ 395.95	\$ 371.86	\$ 388.58	\$ 377.12
\$ 285.78	\$ 280.23	\$ 342.72	\$ 316.68	\$ 317.37	\$ 334.50	\$ 339.06	\$ 318.43	\$ 332.75	\$ -
\$ 357.48	\$ 350.53	\$ 428.70	\$ 396.13	\$ 396.99	\$ 418.42	\$ 424.13	\$ 398.32	\$ 416.23	\$ 402.83
\$ 285.78	\$ 280.23	\$ 342.72	\$ 316.68	\$ 317.37	\$ 334.50	\$ 339.06	\$ 318.43	\$ 332.75	\$ -
\$ 381.19	\$ 373.78	\$ 457.13	\$ 422.40	\$ 423.32	\$ 446.17	\$ 452.26	\$ 424.74	\$ 443.83	\$ 426.07
\$ 285.78	\$ 280.23	\$ 342.72	\$ 316.68	\$ 317.37	\$ 334.50	\$ 339.06	\$ 318.43	\$ 332.75	\$ -
\$ 301.66	\$ 295.80	\$ 361.77	\$ 334.28	\$ 335.01	\$ 353.09	\$ 357.91	\$ 336.13	\$ 351.24	\$ 342.07
\$ 285.78	\$ 280.23	\$ 342.72	\$ 316.68	\$ 317.37	\$ 334.50	\$ 339.06	\$ 318.43	\$ 332.75	\$ 285.78
\$ 300.36	\$ 294.53	\$ 360.21	\$ 332.84	\$ 333.57	\$ 351.57	\$ 356.37	\$ 334.68	\$ 349.73	\$ 345.19
\$ 285.78	\$ 280.23	\$ 342.72	\$ 316.68	\$ 317.37	\$ 334.50	\$ 339.06	\$ 318.43	\$ 332.75	\$ 299.85
\$ 309.70	\$ 303.68	\$ 371.40	\$ 343.18	\$ 343.93	\$ 362.49	\$ 367.44	\$ 345.08	\$ 360.59	\$ 352.41
\$ 285.78	\$ 280.23	\$ 342.72	\$ 316.68	\$ 317.37	\$ 334.50	\$ 339.06	\$ 318.43	\$ 332.75	\$ -
\$ 322.06	\$ 315.81	\$ 386.23	\$ 356.88	\$ 357.67	\$ 376.97	\$ 382.11	\$ 358.86	\$ 374.99	\$ 373.14
\$ 285.78	\$ 280.23	\$ 342.72	\$ 316.68	\$ 317.37	\$ 334.50	\$ 339.06	\$ 318.43	\$ 332.75	\$ -
\$ 299.36	\$ 293.55	\$ 359.01	\$ 331.73	\$ 332.46	\$ 350.40	\$ 355.18	\$ 333.57	\$ 348.56	\$ 338.73
\$ 285.78	\$ 280.23	\$ 342.72	\$ 316.68	\$ 317.37	\$ 334.50	\$ 339.06	\$ 318.43	\$ 332.75	\$ -
\$ 285.78	\$ 280.23	\$ 342.72	\$ 316.68	\$ 317.37	\$ 334.50	\$ 339.06	\$ 318.43	\$ 332.75	\$ 319.65

Change in Quarter 1, 21-year-old Non-Tobacco Premium PMPM

1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
13.7%	-1.7%	2.5%	17.8%	0.0%	3.2%	1.3%	8.0%	9.2%	7.0%

15.3%	-0.4%	4.7%	19.4%	28.7%	4.6%	3.1%	9.9%	11.5%	8.3%
13.7%	-1.7%	3.3%	17.8%	27.0%	3.2%	1.7%	8.4%	10.0%	6.4%
12.4%	-2.9%	2.0%	16.4%	25.5%	1.9%	0.5%	7.1%	8.7%	6.4%
13.7%	-1.7%	3.3%	17.8%	27.0%	3.2%	1.7%	8.4%	10.0%	6.5%
11.6%	-3.5%	1.4%	15.6%	24.7%	1.3%	-0.1%	6.4%	8.0%	6.5%
13.7%	-1.7%	3.3%	17.8%	27.0%	3.2%	1.7%	8.4%	10.0%	6.3%
12.7%	-2.5%	2.4%	16.8%	25.9%	2.3%	0.9%	7.5%	9.0%	13.7%
13.7%	-1.7%	3.3%	17.8%	27.0%	3.2%	1.7%	8.4%	10.0%	5.0%
12.6%	-2.6%	2.3%	16.7%	25.8%	2.2%	0.8%	7.4%	8.9%	8.5%
13.7%	-1.7%	3.3%	17.8%	27.0%	3.2%	1.7%	8.4%	10.0%	6.2%
12.3%	-2.9%	2.0%	16.3%	25.5%	1.9%	0.5%	7.1%	8.6%	10.0%
13.7%	-1.7%	3.3%	17.8%	27.0%	3.2%	1.7%	8.4%	10.0%	4.2%
11.9%	-3.3%	1.6%	15.9%	25.0%	1.5%	0.1%	6.7%	8.2%	8.3%
13.7%	-1.7%	3.3%	17.8%	27.0%	3.2%	1.7%	8.4%	10.0%	8.3%
14.7%	-0.8%	4.2%	18.8%	28.1%	4.1%	2.6%	9.4%	10.9%	10.0%
13.7%	-1.7%	3.3%	17.8%	27.0%	3.2%	1.7%	8.4%	10.0%	15.0%
13.7%	-1.7%	3.3%	17.8%	27.0%	3.2%	1.7%	8.4%	10.0%	15.0%

Quarter 2 2023, 21-year-old

1	2	3	4	5
\$ 291.40	\$ 285.74	\$ 382.48	\$ 322.90	\$ -

\$ 340.29	\$ 333.68	\$ 408.09	\$ 377.08	\$ 377.91
\$ 291.40	\$ 285.74	\$ 349.46	\$ 322.90	\$ 323.61
\$ 364.51	\$ 357.43	\$ 437.13	\$ 403.91	\$ 404.80
\$ 291.40	\$ 285.74	\$ 349.46	\$ 322.90	\$ 323.61
\$ 388.68	\$ 381.13	\$ 466.12	\$ 430.70	\$ 431.65
\$ 291.40	\$ 285.74	\$ 349.46	\$ 322.90	\$ 323.61
\$ 307.60	\$ 301.62	\$ 368.88	\$ 340.85	\$ 341.60
\$ 291.40	\$ 285.74	\$ 349.46	\$ 322.90	\$ 323.61
\$ 306.27	\$ 300.32	\$ 367.29	\$ 339.38	\$ 340.13
\$ 291.40	\$ 285.74	\$ 349.46	\$ 322.90	\$ 323.61
\$ 315.79	\$ 309.65	\$ 378.70	\$ 349.93	\$ 350.69
\$ 291.40	\$ 285.74	\$ 349.46	\$ 322.90	\$ 323.61
\$ 328.40	\$ 322.02	\$ 393.82	\$ 363.90	\$ 364.70
\$ 291.40	\$ 285.74	\$ 349.46	\$ 322.90	\$ 323.61
\$ 305.25	\$ 299.32	\$ 366.07	\$ 338.25	\$ 338.99
\$ 291.40	\$ 285.74	\$ 349.46	\$ 322.90	\$ 323.61
\$ 291.40	\$ 285.74	\$ 349.46	\$ 322.90	\$ 323.61

Non-Tobacco Premium PMPM

6	7	8	9	Average (weighted by enrollment by rating area)
\$ 371.05	\$ 385.29	\$ 369.68	\$ 376.71	\$ 370.55

\$ 398.30	\$ 403.74	\$ 379.17	\$ 396.22	\$ 384.53
\$ 341.08	\$ 345.73	\$ 324.69	\$ 339.29	\$ -
\$ 426.65	\$ 432.47	\$ 406.15	\$ 424.41	\$ 410.75
\$ 341.08	\$ 345.73	\$ 324.69	\$ 339.29	\$ -
\$ 454.94	\$ 461.15	\$ 433.09	\$ 452.56	\$ 434.45
\$ 341.08	\$ 345.73	\$ 324.69	\$ 339.29	\$ -
\$ 360.03	\$ 364.95	\$ 342.74	\$ 358.15	\$ 348.79
\$ 341.08	\$ 345.73	\$ 324.69	\$ 339.29	\$ 291.40
\$ 358.48	\$ 363.38	\$ 341.26	\$ 356.60	\$ 351.97
\$ 341.08	\$ 345.73	\$ 324.69	\$ 339.29	\$ 305.75
\$ 369.62	\$ 374.67	\$ 351.86	\$ 367.68	\$ 359.34
\$ 341.08	\$ 345.73	\$ 324.69	\$ 339.29	\$ -
\$ 384.38	\$ 389.63	\$ 365.92	\$ 382.37	\$ 380.47
\$ 341.08	\$ 345.73	\$ 324.69	\$ 339.29	\$ -
\$ 357.29	\$ 362.16	\$ 340.12	\$ 355.42	\$ 345.39
\$ 341.08	\$ 345.73	\$ 324.69	\$ 339.29	\$ -
\$ 341.08	\$ 345.73	\$ 324.69	\$ 339.29	\$ 325.93

Quarter 3 2023, 21-year-old Non-Tobacco Premium PMPM

1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
\$ 297.13	\$ 291.36	\$ 390.00	\$ 329.25	\$ -	\$ 378.35	\$ 392.86	\$ 376.95	\$ 384.11	\$ 377.84

\$ 346.98	\$ 340.24	\$ 416.11	\$ 384.50	\$ 385.34	\$ 406.14	\$ 411.68	\$ 386.62	\$ 404.01	\$ 392.10
\$ 297.13	\$ 291.36	\$ 356.33	\$ 329.25	\$ 329.97	\$ 347.78	\$ 352.53	\$ 331.08	\$ 345.96	\$ -
\$ 371.67	\$ 364.45	\$ 445.72	\$ 411.86	\$ 412.76	\$ 435.04	\$ 440.97	\$ 414.14	\$ 432.76	\$ 418.82
\$ 297.13	\$ 291.36	\$ 356.33	\$ 329.25	\$ 329.97	\$ 347.78	\$ 352.53	\$ 331.08	\$ 345.96	\$ -
\$ 396.32	\$ 388.63	\$ 475.29	\$ 439.17	\$ 440.14	\$ 463.89	\$ 470.22	\$ 441.60	\$ 461.46	\$ 442.99
\$ 297.13	\$ 291.36	\$ 356.33	\$ 329.25	\$ 329.97	\$ 347.78	\$ 352.53	\$ 331.08	\$ 345.96	\$ -
\$ 313.64	\$ 307.55	\$ 376.13	\$ 347.55	\$ 348.32	\$ 367.11	\$ 372.12	\$ 349.48	\$ 365.19	\$ 355.65
\$ 297.13	\$ 291.36	\$ 356.33	\$ 329.25	\$ 329.97	\$ 347.78	\$ 352.53	\$ 331.08	\$ 345.96	\$ 297.13
\$ 312.29	\$ 306.23	\$ 374.51	\$ 346.06	\$ 346.81	\$ 365.53	\$ 370.52	\$ 347.97	\$ 363.62	\$ 358.90
\$ 297.13	\$ 291.36	\$ 356.33	\$ 329.25	\$ 329.97	\$ 347.78	\$ 352.53	\$ 331.08	\$ 345.96	\$ 311.76
\$ 322.00	\$ 315.74	\$ 386.15	\$ 356.81	\$ 357.59	\$ 376.89	\$ 382.03	\$ 358.78	\$ 374.91	\$ 366.40
\$ 297.13	\$ 291.36	\$ 356.33	\$ 329.25	\$ 329.97	\$ 347.78	\$ 352.53	\$ 331.08	\$ 345.96	\$ -
\$ 334.85	\$ 328.35	\$ 401.57	\$ 371.06	\$ 371.87	\$ 391.94	\$ 397.29	\$ 373.11	\$ 389.89	\$ 387.95
\$ 297.13	\$ 291.36	\$ 356.33	\$ 329.25	\$ 329.97	\$ 347.78	\$ 352.53	\$ 331.08	\$ 345.96	\$ -
\$ 311.25	\$ 305.21	\$ 373.26	\$ 344.90	\$ 345.66	\$ 364.31	\$ 369.29	\$ 346.81	\$ 362.40	\$ 352.18
\$ 297.13	\$ 291.36	\$ 356.33	\$ 329.25	\$ 329.97	\$ 347.78	\$ 352.53	\$ 331.08	\$ 345.96	\$ -
\$ 297.13	\$ 291.36	\$ 356.33	\$ 329.25	\$ 329.97	\$ 347.78	\$ 352.53	\$ 331.08	\$ 345.96	\$ 332.34

Quarter 4 2023, 21-year-old Non-Tobacco Premium PMPM

1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
\$ 302.97	\$ 297.09	\$ 397.67	\$ 335.73	\$ -	\$ 385.79	\$ 400.59	\$ 384.37	\$ 391.66	\$ 385.27

\$ 353.80	\$ 346.93	\$ 424.29	\$ 392.06	\$ 392.92	\$ 414.12	\$ 419.77	\$ 394.23	\$ 411.95	\$ 399.81
\$ 302.97	\$ 297.09	\$ 363.33	\$ 335.73	\$ 336.46	\$ 354.62	\$ 359.46	\$ 337.59	\$ 352.76	\$ -
\$ 378.98	\$ 371.62	\$ 454.49	\$ 419.95	\$ 420.87	\$ 443.59	\$ 449.64	\$ 422.28	\$ 441.26	\$ 427.06
\$ 302.97	\$ 297.09	\$ 363.33	\$ 335.73	\$ 336.46	\$ 354.62	\$ 359.46	\$ 337.59	\$ 352.76	\$ -
\$ 404.12	\$ 396.27	\$ 484.63	\$ 447.81	\$ 448.79	\$ 473.01	\$ 479.47	\$ 450.29	\$ 470.53	\$ 451.70
\$ 302.97	\$ 297.09	\$ 363.33	\$ 335.73	\$ 336.46	\$ 354.62	\$ 359.46	\$ 337.59	\$ 352.76	\$ -
\$ 319.81	\$ 313.60	\$ 383.53	\$ 354.39	\$ 355.16	\$ 374.33	\$ 379.44	\$ 356.35	\$ 372.37	\$ 362.64
\$ 302.97	\$ 297.09	\$ 363.33	\$ 335.73	\$ 336.46	\$ 354.62	\$ 359.46	\$ 337.59	\$ 352.76	\$ 302.97
\$ 318.43	\$ 312.25	\$ 381.88	\$ 352.86	\$ 353.63	\$ 372.72	\$ 377.81	\$ 354.81	\$ 370.77	\$ 365.95
\$ 302.97	\$ 297.09	\$ 363.33	\$ 335.73	\$ 336.46	\$ 354.62	\$ 359.46	\$ 337.59	\$ 352.76	\$ 317.89
\$ 328.33	\$ 321.95	\$ 393.74	\$ 363.82	\$ 364.62	\$ 384.30	\$ 389.54	\$ 365.84	\$ 382.29	\$ 373.61
\$ 302.97	\$ 297.09	\$ 363.33	\$ 335.73	\$ 336.46	\$ 354.62	\$ 359.46	\$ 337.59	\$ 352.76	\$ -
\$ 341.44	\$ 334.81	\$ 409.46	\$ 378.35	\$ 379.18	\$ 399.65	\$ 405.10	\$ 380.45	\$ 397.55	\$ 395.58
\$ 302.97	\$ 297.09	\$ 363.33	\$ 335.73	\$ 336.46	\$ 354.62	\$ 359.46	\$ 337.59	\$ 352.76	\$ -
\$ 317.37	\$ 311.21	\$ 380.60	\$ 351.68	\$ 352.46	\$ 371.48	\$ 376.55	\$ 353.63	\$ 369.53	\$ 359.11
\$ 302.97	\$ 297.09	\$ 363.33	\$ 335.73	\$ 336.46	\$ 354.62	\$ 359.46	\$ 337.59	\$ 352.76	\$ -
\$ 302.97	\$ 297.09	\$ 363.33	\$ 335.73	\$ 336.46	\$ 354.62	\$ 359.46	\$ 337.59	\$ 352.76	\$ 338.88

Company Name:
Market:
Product:
Effective Date of Rates:

HIOS Plan ID (On Exchange)=>		
HIOS Plan ID (Off Exchange)=>	24872PA0030009	
Plan Marketing Name =>	UHC Navigate HSA Silver 3500	
Form # =>	COC23.INS.2018.SG.PA	
Rating Area =>	Rating Area 9	
Network =>	UHC	
Metal =>	Silver	
Deductible =>	\$3,500	
Coinsurance =>	0%	
Copays =>	\$30-\$60/\$100	
OOP Maximum =>	\$6,500	
Pediatric Dental (Yes/No) =>	Yes	
Age Band	Non-Tobacco	Tobacco
0 - 14	\$266.65	\$266.65
15	\$290.35	\$290.35
16	\$299.41	\$299.41
17	\$308.48	\$308.48
18	\$318.24	\$318.24
19	\$327.99	\$327.99
20	\$338.10	\$338.10
21	\$348.56	\$348.56
22	\$348.56	\$348.56
23	\$348.56	\$348.56
24	\$348.56	\$348.56
25	\$349.95	\$349.95
26	\$356.93	\$356.93
27	\$365.29	\$365.29
28	\$378.88	\$378.88
29	\$390.04	\$390.04
30	\$395.62	\$395.62
31	\$403.98	\$403.98
32	\$412.35	\$412.35
33	\$417.57	\$417.57
34	\$423.15	\$423.15
35	\$425.94	\$425.94
36	\$428.73	\$428.73
37	\$431.52	\$431.52
38	\$434.31	\$434.31
39	\$439.88	\$439.88
40	\$445.46	\$445.46
41	\$453.83	\$453.83
42	\$461.84	\$461.84
43	\$473.00	\$473.00
44	\$486.94	\$486.94
45	\$503.32	\$503.32
46	\$522.84	\$522.84
47	\$544.80	\$544.80
48	\$569.90	\$569.90
49	\$594.64	\$594.64
50	\$622.53	\$622.53
51	\$650.06	\$650.06
52	\$680.39	\$680.39
53	\$711.06	\$711.06
54	\$744.18	\$744.18
55	\$777.29	\$777.29
56	\$813.19	\$813.19
57	\$849.44	\$849.44
58	\$888.13	\$888.13
59	\$907.30	\$907.30
60	\$945.99	\$945.99
61	\$979.45	\$979.45
62	\$1,001.41	\$1,001.41
63	\$1,028.95	\$1,028.95
64+	\$1,045.68	\$1,045.68

UnitedHealthcare of Pennsylvania, Inc.
 Small Group
 Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
24872PA0030001	UHC Navigate HSA Bronze 6850	HMO	Bronze	Off	UHCPA	1,2,3,4,5,6	RA 1-5 - All; RA 6 - Centre Only
24872PA0030002	UHC Navigate Gold 1500	HMO	Gold	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030003	UHC Navigate Gold 1000	HMO	Gold	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030004	UHC Navigate Gold 0	HMO	Gold	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030005	UHC Navigate Silver 3500	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030006	UHC Navigate Silver 5500	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030007	UHC Navigate HSA Silver 2500	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030008	UHC Navigate Silver 3000	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030009	UHC Navigate HSA Silver 3500	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre

Company Name: UnitedHealthcare of Pennsylvania, Inc.
 Market: Small Group
 RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	RATING AREA 1								RATING AREA 2			RATING AREA 3			
					02-01-2022 Number of Covered Lives by Rating County								0			0			
					0	0	3	0	0	0	0	0	0	0	6	0	2	0	0
Crawford	Clarion	Erie	Forest	Mckean	Mercer	Venango	Warren	Elk	Cameron	Potter	Bradford	Carbon	Clinton	Lackawanna					
24872PA0030001	UHC Navigate HSA Bronze 6850	HMO	Bronze	Off															
24872PA0030002	UHC Navigate Gold 1500	HMO	Gold	Off	\$285.80	\$285.80	\$285.80	\$285.80	\$285.80	\$285.80	\$285.80	\$285.80	\$280.25	\$280.25	\$280.25	\$342.75	\$342.75	\$342.75	\$342.75
24872PA0030003	UHC Navigate Gold 1000	HMO	Gold	Off												\$400.21	\$400.21	\$400.21	\$400.21
24872PA0030004	UHC Navigate Gold 0	HMO	Gold	Off												\$428.68	\$428.68	\$428.68	\$428.68
24872PA0030005	UHC Navigate Silver 3500	HMO	Silver	Off												\$457.16	\$457.16	\$457.16	\$457.16
24872PA0030006	UHC Navigate Silver 5500	HMO	Silver	Off												\$361.77	\$361.77	\$361.77	\$361.77
24872PA0030007	UHC Navigate HSA Silver 2500	HMO	Silver	Off												\$360.19	\$360.19	\$360.19	\$360.19
24872PA0030008	UHC Navigate Silver 3000	HMO	Silver	Off												\$371.39	\$371.39	\$371.39	\$371.39
24872PA0030009	UHC Navigate HSA Silver 3500	HMO	Silver	Off												\$386.25	\$386.25	\$386.25	\$386.25
																\$359.01	\$359.01	\$359.01	\$359.01

10	0	34	0	0	7	0	0	0
Luzerne	Lycoming	Monroe	Pike	Sullivan	Susquehanna	Tioga	Wayne	Wyoming
\$342.75	\$342.75	\$342.75	\$342.75	\$342.75	\$342.75	\$342.75	\$342.75	\$342.75
\$400.21	\$400.21	\$400.21	\$400.21	\$400.21	\$400.21	\$400.21	\$400.21	\$400.21
\$428.68	\$428.68	\$428.68	\$428.68	\$428.68	\$428.68	\$428.68	\$428.68	\$428.68
\$457.16	\$457.16	\$457.16	\$457.16	\$457.16	\$457.16	\$457.16	\$457.16	\$457.16
\$361.77	\$361.77	\$361.77	\$361.77	\$361.77	\$361.77	\$361.77	\$361.77	\$361.77
\$360.19	\$360.19	\$360.19	\$360.19	\$360.19	\$360.19	\$360.19	\$360.19	\$360.19
\$371.39	\$371.39	\$371.39	\$371.39	\$371.39	\$371.39	\$371.39	\$371.39	\$371.39
\$386.25	\$386.25	\$386.25	\$386.25	\$386.25	\$386.25	\$386.25	\$386.25	\$386.25
\$359.01	\$359.01	\$359.01	\$359.01	\$359.01	\$359.01	\$359.01	\$359.01	\$359.01

RATING AREA 4

14	0	0	2	0	0	0	2	5	4
Allegheny	Armstrong	Beaver	Butler	Fayette	Greene	Indiana	Lawrence	Washington	Westmoreland
\$316.70	\$316.70	\$316.70	\$316.70	\$316.70	\$316.70	\$316.70	\$316.70	\$316.70	\$316.70

RATING AREA 5

0	0	0	0	0	0	0
Bedford	Blair	Clearfield	Cambria	Huntingdon	Jefferson	Somerset
\$317.39	\$317.39	\$317.39	\$317.39	\$317.39	\$317.39	\$317.39

RATING AREA 6

4	0	23
Centre	Columbia	Lehigh
\$334.52	\$390.61	\$390.61
	\$418.40	\$418.40
	\$446.20	\$446.20
	\$353.09	\$353.09
	\$351.55	\$351.55
	\$362.48	\$362.48
	\$376.98	\$376.98
	\$350.40	\$350.40

							RATING AREA 7				RATING AREA 8					RATING AREA 9							
6	0	69	0	6	0	0	1	22	29	42	248	168	103	142	176	27	47	10	5	15	8	0	
Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union	Adams	Berks	Lancaster	York	Bucks	Chester	Delaware	Montgomery	Philadelphia	Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry	
\$390.61	\$390.61	\$390.61	\$390.61	\$390.61	\$390.61	\$390.61	\$395.94	\$395.94	\$395.94	\$395.94	\$371.84	\$371.84	\$371.84	\$371.84	\$371.84	\$388.56	\$388.56	\$388.56	\$388.56	\$388.56	\$388.56	\$388.56	\$388.56
\$418.40	\$418.40	\$418.40	\$418.40	\$418.40	\$418.40	\$418.40	\$424.11	\$424.11	\$424.11	\$424.11	\$398.30	\$398.30	\$398.30	\$398.30	\$398.30	\$416.21	\$416.21	\$416.21	\$416.21	\$416.21	\$416.21	\$416.21	\$416.21
\$446.20	\$446.20	\$446.20	\$446.20	\$446.20	\$446.20	\$446.20	\$452.29	\$452.29	\$452.29	\$452.29	\$424.76	\$424.76	\$424.76	\$424.76	\$424.76	\$443.86	\$443.86	\$443.86	\$443.86	\$443.86	\$443.86	\$443.86	\$443.86
\$353.09	\$353.09	\$353.09	\$353.09	\$353.09	\$353.09	\$353.09	\$357.91	\$357.91	\$357.91	\$357.91	\$336.13	\$336.13	\$336.13	\$336.13	\$336.13	\$351.24	\$351.24	\$351.24	\$351.24	\$351.24	\$351.24	\$351.24	\$351.24
\$351.55	\$351.55	\$351.55	\$351.55	\$351.55	\$351.55	\$351.55	\$356.35	\$356.35	\$356.35	\$356.35	\$334.66	\$334.66	\$334.66	\$334.66	\$334.66	\$349.71	\$349.71	\$349.71	\$349.71	\$349.71	\$349.71	\$349.71	\$349.71
\$362.48	\$362.48	\$362.48	\$362.48	\$362.48	\$362.48	\$362.48	\$367.43	\$367.43	\$367.43	\$367.43	\$345.07	\$345.07	\$345.07	\$345.07	\$345.07	\$360.58	\$360.58	\$360.58	\$360.58	\$360.58	\$360.58	\$360.58	\$360.58
\$376.98	\$376.98	\$376.98	\$376.98	\$376.98	\$376.98	\$376.98	\$382.13	\$382.13	\$382.13	\$382.13	\$358.87	\$358.87	\$358.87	\$358.87	\$358.87	\$375.01	\$375.01	\$375.01	\$375.01	\$375.01	\$375.01	\$375.01	\$375.01
\$350.40	\$350.40	\$350.40	\$350.40	\$350.40	\$350.40	\$350.40	\$355.18	\$355.18	\$355.18	\$355.18	\$333.56	\$333.56	\$333.56	\$333.56	\$333.56	\$348.56	\$348.56	\$348.56	\$348.56	\$348.56	\$348.56	\$348.56	\$348.56

Company Name: edHealthcare of Pennsylvania
Market: Small Group
Product: HMO
Effective Date of Rates: April 1, 2023

Ending date of Rates: June 30, 2023

Table with columns for HIOS Plan ID, Plan Marketing Name, Rating Area, Network, Metal, Deductible, Coinsurance, Copays, OOP Maximum, Pediatric Dental, and Age Band. It lists rates for various tobacco and non-tobacco categories across different plan options.

Company Name:
Market:
Product:
Effective Date of Rates:

Table with columns for Plan ID, Plan Name, Form #, Rating Area, Network, Metal, Deductible, Coinsurance, Copays, OOP Maximum, and Pediatric Dental. The table includes a detailed grid of rates for various age bands (0-14 to 64+) and tobacco usage categories (Non-Tobacco and Tobacco) across 12 different plan types.

UnitedHealthcare of Pennsylvania, Inc.
Small Group
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
24872PA0030001	UHC Navigate HSA Bronze 6850	HMO	Bronze	Off	UHCPA	1,2,3,4,5,6	RA 1-5 - All; RA 6 - Centre Only
24872PA0030002	UHC Navigate Gold 1500	HMO	Gold	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030003	UHC Navigate Gold 1000	HMO	Gold	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030004	UHC Navigate Gold 0	HMO	Gold	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030005	UHC Navigate Silver 3500	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030006	UHC Navigate Silver 5500	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030007	UHC Navigate HSA Silver 2500	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030008	UHC Navigate Silver 3000	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030009	UHC Navigate HSA Silver 3500	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre

Company Name **UnitedHealthcare of Pennsylvania, Inc.**
 Market **Small Group**
 RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

05-01-2022 Number of Covered Lives by Rating County				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
24872PA0030001	UHC Navigate HSA Bronze 6850	HMO	Bronze	Off
24872PA0030002	UHC Navigate Gold 1500	HMO	Gold	Off
24872PA0030003	UHC Navigate Gold 1000	HMO	Gold	Off
24872PA0030004	UHC Navigate Gold 0	HMO	Gold	Off
24872PA0030005	UHC Navigate Silver 3500	HMO	Silver	Off
24872PA0030006	UHC Navigate Silver 5500	HMO	Silver	Off
24872PA0030007	UHC Navigate HSA Silver 2500	HMO	Silver	Off
24872PA0030008	UHC Navigate Silver 3000	HMO	Silver	Off
24872PA0030009	UHC Navigate HSA Silver 3500	HMO	Silver	Off

RATING AREA 1

0	0	3	0	0	0	0	0
Crawford	Clarion	Erie	Forest	Mckean	Mercer	Venango	Warren
\$291.52	\$291.52	\$291.52	\$291.52	\$291.52	\$291.52	\$291.52	\$291.52

RATING AREA 2

0	0	6
Elk	Cameron	Potter
\$285.85	\$285.85	\$285.85

RATING AREA 3

0	2	0	0	10	0	34
Bradford	Carbon	Clinton	Lackawanna	Luzerne	Lycoming	Monroe
\$349.60	\$349.60	\$349.60	\$349.60	\$349.60	\$349.60	\$349.60
\$408.21	\$408.21	\$408.21	\$408.21	\$408.21	\$408.21	\$408.21
\$437.26	\$437.26	\$437.26	\$437.26	\$437.26	\$437.26	\$437.26
\$466.31	\$466.31	\$466.31	\$466.31	\$466.31	\$466.31	\$466.31
\$369.00	\$369.00	\$369.00	\$369.00	\$369.00	\$369.00	\$369.00
\$367.40	\$367.40	\$367.40	\$367.40	\$367.40	\$367.40	\$367.40
\$378.82	\$378.82	\$378.82	\$378.82	\$378.82	\$378.82	\$378.82
\$393.97	\$393.97	\$393.97	\$393.97	\$393.97	\$393.97	\$393.97
\$366.19	\$366.19	\$366.19	\$366.19	\$366.19	\$366.19	\$366.19

0	0	7	0	0	0
Pike	Sullivan	Susquehanna	Tioga	Wayne	Wyoming
\$349.60	\$349.60	\$349.60	\$349.60	\$349.60	\$349.60
\$408.21	\$408.21	\$408.21	\$408.21	\$408.21	\$408.21
\$437.26	\$437.26	\$437.26	\$437.26	\$437.26	\$437.26
\$466.31	\$466.31	\$466.31	\$466.31	\$466.31	\$466.31
\$369.00	\$369.00	\$369.00	\$369.00	\$369.00	\$369.00
\$367.40	\$367.40	\$367.40	\$367.40	\$367.40	\$367.40
\$378.82	\$378.82	\$378.82	\$378.82	\$378.82	\$378.82
\$393.97	\$393.97	\$393.97	\$393.97	\$393.97	\$393.97
\$366.19	\$366.19	\$366.19	\$366.19	\$366.19	\$366.19

RATING AREA 4

14	0	0	2	0	0	0	2	5	4
Allegheny	Armstrong	Beaver	Butler	Fayette	Greene	Indiana	Lawrence	Washington	Westmoreland
\$323.03	\$323.03	\$323.03	\$323.03	\$323.03	\$323.03	\$323.03	\$323.03	\$323.03	\$323.03

RATING AREA 5

0	0	0	0	0	0	0
Bedford	Blair	Clearfield	Cambria	Huntingdon	Jefferson	Somerset
\$323.74	\$323.74	\$323.74	\$323.74	\$323.74	\$323.74	\$323.74

RATING AREA 6

4	0	23	6
Centre	Columbia	Lehigh	Mifflin
\$341.21	\$398.42	\$398.42	\$398.42
	\$426.77	\$426.77	\$426.77
	\$455.12	\$455.12	\$455.12
	\$360.15	\$360.15	\$360.15
	\$358.58	\$358.58	\$358.58
	\$369.73	\$369.73	\$369.73
	\$384.52	\$384.52	\$384.52
	\$357.41	\$357.41	\$357.41

						RATING AREA 7				RATING AREA 8					RATING AREA 9							
0	69	0	6	0	0	1	22	29	42	248	168	103	142	176	27	47	10	5	15	8	0	
Montour	Northampton	Northumberland	Schuylkill	Snyder	Union	Adams	Berks	Lancaster	York	Bucks	Chester	Delaware	Montgomery	Philadelphia	Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry	
\$398.42	\$398.42	\$398.42	\$398.42	\$398.42	\$398.42	\$403.86	\$403.86	\$403.86	\$403.86	\$379.28	\$379.28	\$379.28	\$379.28	\$379.28	\$396.33	\$396.33	\$396.33	\$396.33	\$396.33	\$396.33	\$396.33	\$396.33
\$426.77	\$426.77	\$426.77	\$426.77	\$426.77	\$426.77	\$432.60	\$432.60	\$432.60	\$432.60	\$406.27	\$406.27	\$406.27	\$406.27	\$406.27	\$424.53	\$424.53	\$424.53	\$424.53	\$424.53	\$424.53	\$424.53	\$424.53
\$455.12	\$455.12	\$455.12	\$455.12	\$455.12	\$455.12	\$461.33	\$461.33	\$461.33	\$461.33	\$433.25	\$433.25	\$433.25	\$433.25	\$433.25	\$452.73	\$452.73	\$452.73	\$452.73	\$452.73	\$452.73	\$452.73	\$452.73
\$360.15	\$360.15	\$360.15	\$360.15	\$360.15	\$360.15	\$365.07	\$365.07	\$365.07	\$365.07	\$342.85	\$342.85	\$342.85	\$342.85	\$342.85	\$358.26	\$358.26	\$358.26	\$358.26	\$358.26	\$358.26	\$358.26	\$358.26
\$358.58	\$358.58	\$358.58	\$358.58	\$358.58	\$358.58	\$363.48	\$363.48	\$363.48	\$363.48	\$341.36	\$341.36	\$341.36	\$341.36	\$341.36	\$356.70	\$356.70	\$356.70	\$356.70	\$356.70	\$356.70	\$356.70	\$356.70
\$369.73	\$369.73	\$369.73	\$369.73	\$369.73	\$369.73	\$374.78	\$374.78	\$374.78	\$374.78	\$351.97	\$351.97	\$351.97	\$351.97	\$351.97	\$367.79	\$367.79	\$367.79	\$367.79	\$367.79	\$367.79	\$367.79	\$367.79
\$384.52	\$384.52	\$384.52	\$384.52	\$384.52	\$384.52	\$389.77	\$389.77	\$389.77	\$389.77	\$366.05	\$366.05	\$366.05	\$366.05	\$366.05	\$382.51	\$382.51	\$382.51	\$382.51	\$382.51	\$382.51	\$382.51	\$382.51
\$357.41	\$357.41	\$357.41	\$357.41	\$357.41	\$357.41	\$362.29	\$362.29	\$362.29	\$362.29	\$340.24	\$340.24	\$340.24	\$340.24	\$340.24	\$355.53	\$355.53	\$355.53	\$355.53	\$355.53	\$355.53	\$355.53	\$355.53

UnitedHealthcare of Pennsylvania, Inc.
Small Group
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
24872PA0030001	UHC Navigate HSA Bronze 6850	HMO	Bronze	Off	UHCPA	1,2,3,4,5,6	RA 1-5 - All; RA 6 - Centre Only
24872PA0030002	UHC Navigate Gold 1500	HMO	Gold	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030003	UHC Navigate Gold 1000	HMO	Gold	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030004	UHC Navigate Gold 0	HMO	Gold	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030005	UHC Navigate Silver 3500	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030006	UHC Navigate Silver 5500	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030007	UHC Navigate HSA Silver 2500	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030008	UHC Navigate Silver 3000	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030009	UHC Navigate HSA Silver 3500	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre

Company Name UnitedHealthcare of Pennsylvania, Inc.
 Market Small Group
 RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

08-01-2022 Number of Covered Lives by Rating County					RATING AREA 1								RATING AREA 2			RATING AREA 3							
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	0	0	3	0	0	0	0	0	0	0	0	0	0	2	0	0	10	0	
					Crawford	Clarion	Erie	Forest	Mckean	Mercer	Venango	Warren	Elk	Cameron	Potter	Bradford	Carbon	Clinton	Lackawanna	Luzerne	Lycoming		
24872PA0030001	UHC Navigate HSA Bronze 6850	HMO	Bronze	Off	\$297.24	\$297.24	\$297.24	\$297.24	\$297.24	\$297.24	\$297.24	\$297.24	\$297.24	\$291.46	\$291.46	\$291.46	\$356.46	\$356.46	\$356.46	\$356.46	\$356.46	\$356.46	\$356.46
24872PA0030002	UHC Navigate Gold 1500	HMO	Gold	Off													\$416.22	\$416.22	\$416.22	\$416.22	\$416.22	\$416.22	\$416.22
24872PA0030003	UHC Navigate Gold 1000	HMO	Gold	Off													\$445.83	\$445.83	\$445.83	\$445.83	\$445.83	\$445.83	\$445.83
24872PA0030004	UHC Navigate Gold 0	HMO	Gold	Off													\$475.45	\$475.45	\$475.45	\$475.45	\$475.45	\$475.45	\$475.45
24872PA0030005	UHC Navigate Silver 3500	HMO	Silver	Off													\$376.24	\$376.24	\$376.24	\$376.24	\$376.24	\$376.24	\$376.24
24872PA0030006	UHC Navigate Silver 5500	HMO	Silver	Off													\$374.60	\$374.60	\$374.60	\$374.60	\$374.60	\$374.60	\$374.60
24872PA0030007	UHC Navigate HSA Silver 2500	HMO	Silver	Off													\$386.25	\$386.25	\$386.25	\$386.25	\$386.25	\$386.25	\$386.25
24872PA0030008	UHC Navigate Silver 3000	HMO	Silver	Off													\$401.70	\$401.70	\$401.70	\$401.70	\$401.70	\$401.70	\$401.70
24872PA0030009	UHC Navigate HSA Silver 3500	HMO	Silver	Off													\$373.37	\$373.37	\$373.37	\$373.37	\$373.37	\$373.37	\$373.37

34	0	0	7	0	0	0
Monroe	Pike	Sullivan	Susquehanna	Tioga	Wayne	Wyoming
\$356.46	\$356.46	\$356.46	\$356.46	\$356.46	\$356.46	\$356.46
\$416.22	\$416.22	\$416.22	\$416.22	\$416.22	\$416.22	\$416.22
\$445.83	\$445.83	\$445.83	\$445.83	\$445.83	\$445.83	\$445.83
\$475.45	\$475.45	\$475.45	\$475.45	\$475.45	\$475.45	\$475.45
\$376.24	\$376.24	\$376.24	\$376.24	\$376.24	\$376.24	\$376.24
\$374.60	\$374.60	\$374.60	\$374.60	\$374.60	\$374.60	\$374.60
\$386.25	\$386.25	\$386.25	\$386.25	\$386.25	\$386.25	\$386.25
\$401.70	\$401.70	\$401.70	\$401.70	\$401.70	\$401.70	\$401.70
\$373.37	\$373.37	\$373.37	\$373.37	\$373.37	\$373.37	\$373.37

RATING AREA 4

14	0	0	2	0	0	0	2	5	4
Allegheny	Armstrong	Beaver	Butler	Fayette	Greene	Indiana	Lawrence	Washington	Westmoreland
\$329.37	\$329.37	\$329.37	\$329.37	\$329.37	\$329.37	\$329.37	\$329.37	\$329.37	\$329.37

RATING AREA 5

0	0	0	0	0	0	0
Bedford	Blair	Clearfield	Cambria	Huntingdon	Jefferson	Somerset
\$330.09	\$330.09	\$330.09	\$330.09	\$330.09	\$330.09	\$330.09

RATING AREA 6

4
Centre
\$347.90

EA 6

0	23	6	0	69	0	6	0	0
Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union

RATING AREA 7

1	22	29	42
Adams	Berks	Lancaster	York

RATING AREA 8

248	168	103	142	176
Bucks	Chester	Delaware	Montgomery	Philadelphia

RATING AREA 9

27	47	10	5	15	8	0
Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry

\$406.23	\$406.23	\$406.23	\$406.23	\$406.23	\$406.23	\$406.23	\$406.23	\$406.23	\$411.78	\$411.78	\$411.78	\$411.78	\$386.71	\$386.71	\$386.71	\$386.71	\$386.71	\$404.10	\$404.10	\$404.10	\$404.10	\$404.10	\$404.10	\$404.10	\$404.10	\$404.10	\$404.10
\$435.14	\$435.14	\$435.14	\$435.14	\$435.14	\$435.14	\$435.14	\$435.14	\$435.14	\$441.08	\$441.08	\$441.08	\$441.08	\$414.23	\$414.23	\$414.23	\$414.23	\$414.23	\$432.86	\$432.86	\$432.86	\$432.86	\$432.86	\$432.86	\$432.86	\$432.86	\$432.86	\$432.86
\$464.04	\$464.04	\$464.04	\$464.04	\$464.04	\$464.04	\$464.04	\$464.04	\$464.04	\$470.38	\$470.38	\$470.38	\$470.38	\$441.75	\$441.75	\$441.75	\$441.75	\$441.75	\$461.61	\$461.61	\$461.61	\$461.61	\$461.61	\$461.61	\$461.61	\$461.61	\$461.61	\$461.61
\$367.21	\$367.21	\$367.21	\$367.21	\$367.21	\$367.21	\$367.21	\$367.21	\$367.21	\$372.23	\$372.23	\$372.23	\$372.23	\$349.57	\$349.57	\$349.57	\$349.57	\$349.57	\$365.29	\$365.29	\$365.29	\$365.29	\$365.29	\$365.29	\$365.29	\$365.29	\$365.29	\$365.29
\$365.61	\$365.61	\$365.61	\$365.61	\$365.61	\$365.61	\$365.61	\$365.61	\$365.61	\$370.61	\$370.61	\$370.61	\$370.61	\$348.05	\$348.05	\$348.05	\$348.05	\$348.05	\$363.70	\$363.70	\$363.70	\$363.70	\$363.70	\$363.70	\$363.70	\$363.70	\$363.70	\$363.70
\$376.98	\$376.98	\$376.98	\$376.98	\$376.98	\$376.98	\$376.98	\$376.98	\$376.98	\$382.13	\$382.13	\$382.13	\$382.13	\$358.87	\$358.87	\$358.87	\$358.87	\$358.87	\$375.01	\$375.01	\$375.01	\$375.01	\$375.01	\$375.01	\$375.01	\$375.01	\$375.01	\$375.01
\$392.06	\$392.06	\$392.06	\$392.06	\$392.06	\$392.06	\$392.06	\$392.06	\$392.06	\$397.42	\$397.42	\$397.42	\$397.42	\$373.23	\$373.23	\$373.23	\$373.23	\$373.23	\$390.01	\$390.01	\$390.01	\$390.01	\$390.01	\$390.01	\$390.01	\$390.01	\$390.01	\$390.01
\$364.41	\$364.41	\$364.41	\$364.41	\$364.41	\$364.41	\$364.41	\$364.41	\$364.41	\$369.39	\$369.39	\$369.39	\$369.39	\$346.91	\$346.91	\$346.91	\$346.91	\$346.91	\$362.50	\$362.50	\$362.50	\$362.50	\$362.50	\$362.50	\$362.50	\$362.50	\$362.50	\$362.50

Company Name: edHealthcare of Pennsylvania
Market: Small Group
Product: HMO
Effective Date of Rates: October 1, 2023

Ending date of Rates: December 31, 2023

Table with columns for HIOS Plan ID, Plan Marketing Name, Form #, Rating Area, Network, Metal, Deductible, Coinsurance, Copays, OOP Maximum, Pediatric Dental, Age Band, and various rate values for different plan configurations.

Company Name:
Market:
Product:
Effective Date of Rates:

Table with columns for Plan ID, Marketing Name, Form, Rating Area, Network, Metal, Deductible, Coinsurance, Copays, OOP Maximum, Pediatric Dental, and Age Band. Each column contains a grid of rates for various plan configurations.

Company Name:
Market:
Product:
Effective Date of Rates:

Table with columns for HIOS Plan ID (On Exchange/Off Exchange), Plan Marketing Name, Form #, Rating Area, Network, Metal, Deductible, Coinsurance, Copays, OOP Maximum, Pediatric Dental, Age Band, and various rate values across multiple plan categories.

Company Name:
Market:
Product:
Effective Date of Rates:

HIOS Plan ID (On Exchange)=>	24872PA0030009		24872PA0030002		24872PA0030003		24872PA0030004		24872PA0030005		24872PA0030006		24872PA0030007		24872PA0030008		24872PA0030009	
HIOS Plan ID (Off Exchange)=>	UHC Navigate HSA Silver 3500		UHC Navigate Gold 1500		UHC Navigate Gold 1000		UHC Navigate Gold 0		UHC Navigate Silver 3500		UHC Navigate Silver 5500		UHC Navigate HSA Silver 2500		UHC Navigate Silver 3000		UHC Navigate HSA Silver 3500	
Plan Marketing Name =>	COC23.INS.2018.SG.PA		COC23.INS.2018.SG.PA		COC23.INS.2018.SG.PA		COC23.INS.2018.SG.PA		COC23.INS.2018.SG.PA		COC23.INS.2018.SG.PA		COC23.INS.2018.SG.PA		COC23.INS.2018.SG.PA		COC23.INS.2018.SG.PA	
Form # =>	Rating Area 8		Rating Area 9		Rating Area 9		Rating Area 9		Rating Area 9		Rating Area 9		Rating Area 9		Rating Area 9		Rating Area 9	
Rating Area =>	UHC		UHC		UHC		UHC		UHC		UHC		UHC		UHC		UHC	
Network =>	Silver		Gold		Gold		Gold		Silver		Silver		Silver		Silver		Silver	
Metal =>	\$3,500		\$1,500		\$1,000		0		\$3,500		\$5,500		\$2,500		\$3,000		\$3,500	
Deductible =>	0%		20%		0%		0%		20%		0%		0%		0%		0%	
Coinsurance =>	\$30-\$60/\$100		\$30-\$60/\$100		\$30-\$60/\$100		\$30-\$60/\$100		\$40-\$80/\$120		\$50-\$100/\$150		\$30-\$60/\$100		\$40-\$80/\$120		\$30-\$60/\$100	
Copays =>	\$6,500		\$7,500		\$9,100		\$8,200		\$9,100		\$9,100		\$7,350		\$9,100		\$6,500	
OOP Maximum =>	Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Pediatric Dental (Yes/No) =>	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco	
Age Band	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco	
0-14	\$270.49	\$270.49	\$315.08	\$315.08	\$337.50	\$337.50	\$359.92	\$359.92	\$284.82	\$284.82	\$283.58	\$283.58	\$292.40	\$292.40	\$304.10	\$304.10	\$282.64	\$282.64
15	\$294.53	\$294.53	\$343.09	\$343.09	\$367.50	\$367.50	\$391.92	\$391.92	\$310.13	\$310.13	\$308.78	\$308.78	\$318.39	\$318.39	\$331.13	\$331.13	\$307.77	\$307.77
16	\$303.73	\$303.73	\$353.80	\$353.80	\$378.97	\$378.97	\$404.15	\$404.15	\$319.81	\$319.81	\$318.42	\$318.42	\$328.33	\$328.33	\$341.46	\$341.46	\$317.37	\$317.37
17	\$312.92	\$312.92	\$364.50	\$364.50	\$390.44	\$390.44	\$416.38	\$416.38	\$329.49	\$329.49	\$328.06	\$328.06	\$338.26	\$338.26	\$351.80	\$351.80	\$326.98	\$326.98
18	\$322.82	\$322.82	\$376.04	\$376.04	\$402.80	\$402.80	\$429.56	\$429.56	\$339.92	\$339.92	\$338.44	\$338.44	\$348.97	\$348.97	\$362.93	\$362.93	\$337.33	\$337.33
19	\$332.72	\$332.72	\$387.57	\$387.57	\$415.15	\$415.15	\$442.73	\$442.73	\$350.34	\$350.34	\$348.82	\$348.82	\$359.67	\$359.67	\$374.06	\$374.06	\$347.67	\$347.67
20	\$342.97	\$342.97	\$399.51	\$399.51	\$427.94	\$427.94	\$456.38	\$456.38	\$361.14	\$361.14	\$359.57	\$359.57	\$370.75	\$370.75	\$385.58	\$385.58	\$358.39	\$358.39
21	\$353.58	\$353.58	\$411.87	\$411.87	\$441.18	\$441.18	\$470.49	\$470.49	\$372.31	\$372.31	\$370.69	\$370.69	\$382.22	\$382.22	\$397.51	\$397.51	\$369.47	\$369.47
22	\$353.58	\$353.58	\$411.87	\$411.87	\$441.18	\$441.18	\$470.49	\$470.49	\$372.31	\$372.31	\$370.69	\$370.69	\$382.22	\$382.22	\$397.51	\$397.51	\$369.47	\$369.47
23	\$353.58	\$353.58	\$411.87	\$411.87	\$441.18	\$441.18	\$470.49	\$470.49	\$372.31	\$372.31	\$370.69	\$370.69	\$382.22	\$382.22	\$397.51	\$397.51	\$369.47	\$369.47
24	\$353.58	\$353.58	\$411.87	\$411.87	\$441.18	\$441.18	\$470.49	\$470.49	\$372.31	\$372.31	\$370.69	\$370.69	\$382.22	\$382.22	\$397.51	\$397.51	\$369.47	\$369.47
25	\$354.99	\$354.99	\$413.52	\$413.52	\$442.94	\$442.94	\$472.37	\$472.37	\$373.80	\$373.80	\$372.17	\$372.17	\$383.75	\$383.75	\$399.10	\$399.10	\$370.95	\$370.95
26	\$362.07	\$362.07	\$421.75	\$421.75	\$451.77	\$451.77	\$481.78	\$481.78	\$381.25	\$381.25	\$379.59	\$379.59	\$391.39	\$391.39	\$407.05	\$407.05	\$378.34	\$378.34
27	\$370.55	\$370.55	\$431.64	\$431.64	\$462.36	\$462.36	\$493.07	\$493.07	\$390.18	\$390.18	\$388.48	\$388.48	\$400.57	\$400.57	\$416.59	\$416.59	\$387.20	\$387.20
28	\$384.34	\$384.34	\$447.70	\$447.70	\$479.56	\$479.56	\$511.42	\$511.42	\$404.70	\$404.70	\$402.94	\$402.94	\$415.47	\$415.47	\$432.09	\$432.09	\$401.61	\$401.61
29	\$395.66	\$395.66	\$460.88	\$460.88	\$493.68	\$493.68	\$526.48	\$526.48	\$416.61	\$416.61	\$414.80	\$414.80	\$427.70	\$427.70	\$444.81	\$444.81	\$413.44	\$413.44
30	\$401.31	\$401.31	\$467.47	\$467.47	\$500.74	\$500.74	\$534.01	\$534.01	\$422.57	\$422.57	\$420.73	\$420.73	\$433.82	\$433.82	\$451.17	\$451.17	\$419.35	\$419.35
31	\$409.80	\$409.80	\$477.36	\$477.36	\$511.33	\$511.33	\$545.30	\$545.30	\$431.51	\$431.51	\$429.63	\$429.63	\$442.99	\$442.99	\$460.71	\$460.71	\$428.22	\$428.22
32	\$418.29	\$418.29	\$487.24	\$487.24	\$521.92	\$521.92	\$556.59	\$556.59	\$440.44	\$440.44	\$438.53	\$438.53	\$452.17	\$452.17	\$470.25	\$470.25	\$437.08	\$437.08
33	\$423.59	\$423.59	\$493.42	\$493.42	\$528.53	\$528.53	\$563.65	\$563.65	\$446.03	\$446.03	\$444.09	\$444.09	\$457.90	\$457.90	\$476.22	\$476.22	\$442.63	\$442.63
34	\$429.25	\$429.25	\$500.01	\$500.01	\$535.59	\$535.59	\$571.17	\$571.17	\$451.98	\$451.98	\$450.02	\$450.02	\$464.02	\$464.02	\$482.58	\$482.58	\$448.54	\$448.54
35	\$432.07	\$432.07	\$503.31	\$503.31	\$539.12	\$539.12	\$574.94	\$574.94	\$454.96	\$454.96	\$452.98	\$452.98	\$467.07	\$467.07	\$485.76	\$485.76	\$451.49	\$451.49
36	\$434.90	\$434.90	\$506.60	\$506.60	\$542.65	\$542.65	\$578.70	\$578.70	\$457.94	\$457.94	\$455.95	\$455.95	\$470.13	\$470.13	\$488.94	\$488.94	\$454.45	\$454.45
37	\$437.73	\$437.73	\$509.90	\$509.90	\$546.18	\$546.18	\$582.47	\$582.47	\$460.92	\$460.92	\$458.91	\$458.91	\$473.19	\$473.19	\$492.12	\$492.12	\$457.40	\$457.40
38	\$440.56	\$440.56	\$513.19	\$513.19	\$549.71	\$549.71	\$586.23	\$586.23	\$463.90	\$463.90	\$461.88	\$461.88	\$476.25	\$476.25	\$495.30	\$495.30	\$460.36	\$460.36
39	\$446.22	\$446.22	\$519.78	\$519.78	\$556.77	\$556.77	\$593.76	\$593.76	\$469.86	\$469.86	\$467.81	\$467.81	\$482.36	\$482.36	\$501.66	\$501.66	\$466.27	\$466.27
40	\$451.88	\$451.88	\$526.37	\$526.37	\$563.83	\$563.83	\$601.29	\$601.29	\$475.81	\$475.81	\$473.74	\$473.74	\$488.48	\$488.48	\$508.02	\$508.02	\$472.18	\$472.18
41	\$460.36	\$460.36	\$536.25	\$536.25	\$574.42	\$574.42	\$612.58	\$612.58	\$484.75	\$484.75	\$482.64	\$482.64	\$497.65	\$497.65	\$517.56	\$517.56	\$481.05	\$481.05
42	\$468.49	\$468.49	\$545.73	\$545.73	\$584.56	\$584.56	\$623.40	\$623.40	\$493.31	\$493.31	\$491.16	\$491.16	\$506.44	\$506.44	\$526.70	\$526.70	\$489.55	\$489.55
43	\$479.81	\$479.81	\$558.91	\$558.91	\$598.68	\$598.68	\$638.45	\$638.45	\$505.22	\$505.22	\$503.03	\$503.03	\$518.67	\$518.67	\$539.42	\$539.42	\$501.37	\$501.37
44	\$493.95	\$493.95	\$575.38	\$575.38	\$616.33	\$616.33	\$657.27	\$657.27	\$520.12	\$520.12	\$517.85	\$517.85	\$533.96	\$533.96	\$555.32	\$555.32	\$516.15	\$516.15
45	\$510.57	\$510.57	\$594.74	\$594.74	\$637.06	\$637.06	\$679.39	\$679.39	\$537.62	\$537.62	\$535.28	\$535.28	\$551.93	\$551.93	\$574.00	\$574.00	\$533.51	\$533.51
46	\$530.37	\$530.37	\$617.81	\$617.81	\$661.77	\$661.77	\$705.74	\$705.74	\$558.47	\$558.47	\$556.04	\$556.04	\$573.33	\$573.33	\$596.27	\$596.27	\$554.21	\$554.21
47	\$552.65	\$552.65	\$643.75	\$643.75	\$689.56	\$689.56	\$738.38	\$738.38	\$581.92	\$581.92	\$579.39	\$579.39	\$597.41	\$597.41	\$621.31	\$621.31	\$577.48	\$577.48
48	\$578.10	\$578.10	\$673.41	\$673.41	\$721.33	\$721.33	\$769.25	\$769.25	\$608.73	\$608.73	\$606.37	\$606.37	\$624.93	\$624.93	\$649.93	\$649.93	\$604.08	\$604.08
49	\$603.21	\$603.21	\$702.65	\$702.65	\$752.65	\$752.65	\$802.66	\$802.66	\$635.16	\$635.16	\$632.40	\$632.40	\$652.07	\$652.07	\$678.15	\$678.15	\$630.32	\$630.32
50	\$631.49	\$631.49	\$735.60	\$735.60	\$787.95	\$787.95	\$840.30	\$840.30	\$664.95	\$664.95	\$662.05	\$662.05	\$682.64	\$682.64	\$709.95	\$709.95	\$659.87	\$659.87
51	\$659.43	\$659.43	\$768.14	\$768.14	\$822.80	\$822.80	\$877.46	\$877.46	\$694.36	\$694.36	\$691.34	\$691.34	\$712.84	\$712.84	\$741.36	\$741.36	\$689.06	\$689.06
52	\$690.19	\$690.19	\$803.97	\$803.97	\$861.18	\$861.18	\$918.40	\$918.40	\$726.75	\$726.75	\$723.59	\$723.59	\$746.09	\$746.09	\$775.94	\$775.94	\$721.21	\$721.21
53	\$721.30	\$721.30	\$840.21	\$840.21	\$900.01	\$900.01	\$959.80	\$959.80	\$759.51	\$759.51	\$756.21	\$756.21	\$779.73	\$779.73	\$810.92	\$810.92	\$753.72	\$753.72
54	\$754.89	\$754.89	\$879.34	\$879.34	\$941.92	\$941.92	\$1,004.50	\$1,004.50	\$794.88	\$794.88	\$791.42	\$791.42	\$816.04	\$816.04	\$848.68	\$848.68	\$788.82	\$788.82
55	\$788.48	\$788.48	\$918.47	\$918.47	\$983.83	\$983.83	\$1,049.19	\$1,049.19	\$830.25	\$830.25	\$826.64	\$826.64	\$852.35	\$852.35	\$886.45	\$886.45	\$823.92	\$823.92
56	\$824.90	\$824.90	\$960.89	\$960.89	\$1,029.27	\$1,029.27	\$1,097.65	\$1,097.65	\$868.60	\$868.60	\$864.82	\$864.82	\$891.72	\$891.72	\$927.39	\$927.39	\$861.97	\$861.97
57	\$861.67	\$861.67	\$1,003.73	\$1,003.73	\$1,075.16	\$1,075.16	\$1,146.58	\$1,146.58	\$907.32	\$907.32	\$903.37	\$903.37	\$931.47	\$931.47	\$968.73	\$968.73	\$900.40	\$900.40
58	\$900.92	\$900.92	\$1,049.44	\$1,049.44	\$1,124.13	\$1,124.13	\$1,198.81	\$1,198.81	\$948.65	\$948.65	\$944.52	\$944.52	\$973.90	\$973.90	\$1,012.86	\$1,012.86	\$941.41	\$941.41
59	\$920.37	\$920.37	\$1,072.10	\$1,072.10	\$1,148.39	\$1,148.39	\$1,224.69	\$1,224.69	\$969.12	\$969.12	\$964.91	\$964.91	\$994.92	\$994.92	\$1,034.72	\$1,034.72	\$961.73	\$961.73
60	\$959.62	\$959.62	\$1,117.82	\$1,117.82	\$1,197.36	\$1,197.36	\$1,276.91	\$1,276.91	\$1,010.45	\$1,010.45	\$1,006.05	\$1,006.05	\$1,037.35	\$1,037.35	\$1,078.84	\$1,078.84	\$1,002.74	\$1,002.74
61	\$993.56	\$993.56	\$1,157.35	\$1,157.35	\$1,239.72	\$1,239.72	\$1,320.08	\$1,320.08	\$1,046.19	\$1,046.19	\$1,041.64	\$1,041.64	\$1,074.04	\$1,074.04	\$1,117.00	\$1,117.00	\$1,038.21	\$1,038.21
62	\$1,015.84	\$1,015.84	\$1,183.30	\$1,183.30	\$1,267.51	\$1,267.51	\$1,351.72</											

UnitedHealthcare of Pennsylvania, Inc.
Small Group
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
24872PA0030001	UHC Navigate HSA Bronze 6850	HMO	Bronze	Off	UHCPA	1,2,3,4,5,6	RA 1-5 - All; RA 6 - Centre Only
24872PA0030002	UHC Navigate Gold 1500	HMO	Gold	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030003	UHC Navigate Gold 1000	HMO	Gold	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030004	UHC Navigate Gold 0	HMO	Gold	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030005	UHC Navigate Silver 3500	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030006	UHC Navigate Silver 5500	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030007	UHC Navigate HSA Silver 2500	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030008	UHC Navigate Silver 3000	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre
24872PA0030009	UHC Navigate HSA Silver 3500	HMO	Silver	Off	UHCPA	3,6,7,8,9	All - Except Centre

Company Name **UnitedHealthcare of Pennsylvania, Inc.**
 Market **Small Group**
 RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

11-01-2022 Number of Covered Lives by Rating County					RATING AREA 1								RATING AREA 2			RATING AREA 3							
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	0	0	3	0	0	0	0	0	0	0	0	0	2	0	0	10	0	34	
					Crawford	Clarion	Erie	Forest	Mckean	Mercer	Venango	Warren	Elk	Cameron	Potter	Bradford	Carbon	Clinton	Lackawanna	Luzerne	Lycoming	Monroe	
24872PA0030001	UHC Navigate HSA Bronze 6850	HMO	Bronze	Off	\$302.95	\$302.95	\$302.95	\$302.95	\$302.95	\$302.95	\$302.95	\$302.95	\$302.95	\$297.06	\$297.06	\$297.06	\$363.31	\$363.31	\$363.31	\$363.31	\$363.31	\$363.31	\$363.31
24872PA0030002	UHC Navigate Gold 1500	HMO	Gold	Off	\$424.22	\$424.22	\$424.22	\$424.22	\$424.22	\$424.22	\$424.22	\$424.22	\$424.22	\$454.41	\$454.41	\$454.41	\$454.41	\$454.41	\$454.41	\$454.41	\$454.41	\$454.41	\$454.41
24872PA0030003	UHC Navigate Gold 1000	HMO	Gold	Off	\$484.59	\$484.59	\$484.59	\$484.59	\$484.59	\$484.59	\$484.59	\$484.59	\$484.59	\$383.47	\$383.47	\$383.47	\$383.47	\$383.47	\$383.47	\$383.47	\$383.47	\$383.47	\$383.47
24872PA0030004	UHC Navigate Gold 0	HMO	Gold	Off	\$381.80	\$381.80	\$381.80	\$381.80	\$381.80	\$381.80	\$381.80	\$381.80	\$381.80	\$393.68	\$393.68	\$393.68	\$393.68	\$393.68	\$393.68	\$393.68	\$393.68	\$393.68	\$393.68
24872PA0030005	UHC Navigate Silver 3500	HMO	Silver	Off	\$409.42	\$409.42	\$409.42	\$409.42	\$409.42	\$409.42	\$409.42	\$409.42	\$409.42	\$380.55	\$380.55	\$380.55	\$380.55	\$380.55	\$380.55	\$380.55	\$380.55	\$380.55	\$380.55
24872PA0030006	UHC Navigate Silver 5500	HMO	Silver	Off																			
24872PA0030007	UHC Navigate HSA Silver 2500	HMO	Silver	Off																			
24872PA0030008	UHC Navigate Silver 3000	HMO	Silver	Off																			
24872PA0030009	UHC Navigate HSA Silver 3500	HMO	Silver	Off																			

0	0	7	0	0	0
Pike	Sullivan	Susquehanna	Tioga	Wayne	Wyoming
\$363.31	\$363.31	\$363.31	\$363.31	\$363.31	\$363.31
\$424.22	\$424.22	\$424.22	\$424.22	\$424.22	\$424.22
\$454.41	\$454.41	\$454.41	\$454.41	\$454.41	\$454.41
\$484.59	\$484.59	\$484.59	\$484.59	\$484.59	\$484.59
\$383.47	\$383.47	\$383.47	\$383.47	\$383.47	\$383.47
\$381.80	\$381.80	\$381.80	\$381.80	\$381.80	\$381.80
\$393.68	\$393.68	\$393.68	\$393.68	\$393.68	\$393.68
\$409.42	\$409.42	\$409.42	\$409.42	\$409.42	\$409.42
\$380.55	\$380.55	\$380.55	\$380.55	\$380.55	\$380.55

RATING AREA 4

14	0	0	2	0	0	0	2	5	4
Allegheny	Armstrong	Beaver	Butler	Fayette	Greene	Indiana	Lawrence	Washington	Westmoreland
\$335.70	\$335.70	\$335.70	\$335.70	\$335.70	\$335.70	\$335.70	\$335.70	\$335.70	\$335.70

RATING AREA 5

0	0	0	0	0	0	0
Bedford	Blair	Clearfield	Cambria	Huntingdon	Jefferson	Somerset
\$336.44	\$336.44	\$336.44	\$336.44	\$336.44	\$336.44	\$336.44

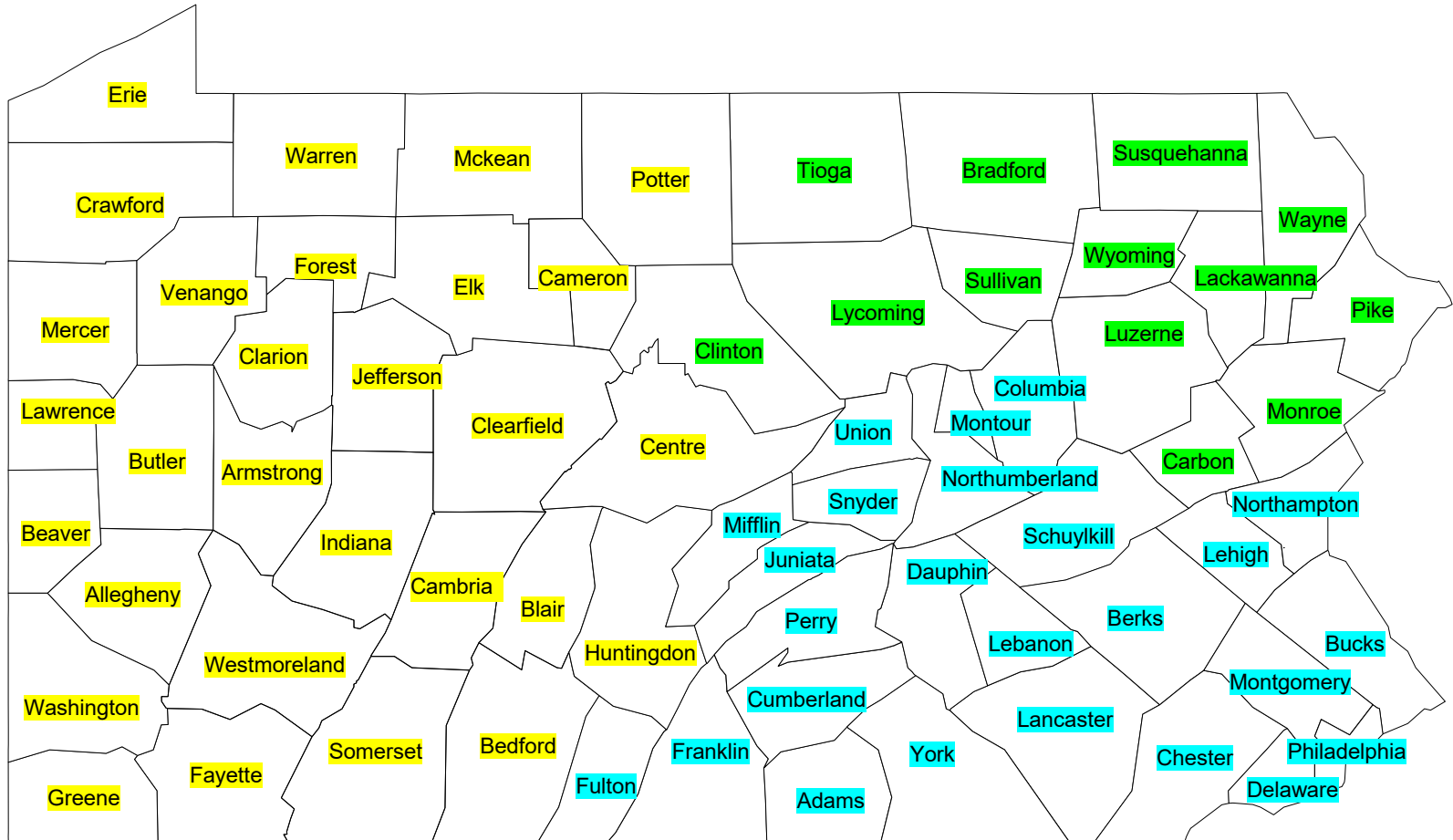
RATING AREA 6

4	0	23	6
Centre	Columbia	Lehigh	Mifflin
\$354.60	\$414.04	\$414.04	\$414.04
	\$443.51	\$443.51	\$443.51
	\$472.97	\$472.97	\$472.97
	\$374.28	\$374.28	\$374.28
	\$372.65	\$372.65	\$372.65
	\$384.23	\$384.23	\$384.23
	\$399.60	\$399.60	\$399.60
	\$371.42	\$371.42	\$371.42

						RATING AREA 7				RATING AREA 8					RATING AREA 9							
0	69	0	6	0	0	1	22	29	42	248	168	103	142	176	27	47	10	5	15	8	0	
Montour	Northampton	Northumberland	Schuylkill	Snyder	Union	Adams	Berks	Lancaster	York	Bucks	Chester	Delaware	Montgomery	Philadelphia	Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry	
\$414.04	\$414.04	\$414.04	\$414.04	\$414.04	\$414.04	\$419.70	\$419.70	\$419.70	\$419.70	\$394.15	\$394.15	\$394.15	\$394.15	\$394.15	\$411.87	\$411.87	\$411.87	\$411.87	\$411.87	\$411.87	\$411.87	\$411.87
\$443.51	\$443.51	\$443.51	\$443.51	\$443.51	\$443.51	\$449.56	\$449.56	\$449.56	\$449.56	\$422.20	\$422.20	\$422.20	\$422.20	\$422.20	\$441.18	\$441.18	\$441.18	\$441.18	\$441.18	\$441.18	\$441.18	\$441.18
\$472.97	\$472.97	\$472.97	\$472.97	\$472.97	\$472.97	\$479.43	\$479.43	\$479.43	\$479.43	\$450.25	\$450.25	\$450.25	\$450.25	\$450.25	\$470.49	\$470.49	\$470.49	\$470.49	\$470.49	\$470.49	\$470.49	\$470.49
\$374.28	\$374.28	\$374.28	\$374.28	\$374.28	\$374.28	\$379.39	\$379.39	\$379.39	\$379.39	\$356.29	\$356.29	\$356.29	\$356.29	\$356.29	\$372.31	\$372.31	\$372.31	\$372.31	\$372.31	\$372.31	\$372.31	\$372.31
\$372.65	\$372.65	\$372.65	\$372.65	\$372.65	\$372.65	\$377.73	\$377.73	\$377.73	\$377.73	\$354.74	\$354.74	\$354.74	\$354.74	\$354.74	\$370.69	\$370.69	\$370.69	\$370.69	\$370.69	\$370.69	\$370.69	\$370.69
\$384.23	\$384.23	\$384.23	\$384.23	\$384.23	\$384.23	\$389.48	\$389.48	\$389.48	\$389.48	\$365.77	\$365.77	\$365.77	\$365.77	\$365.77	\$382.22	\$382.22	\$382.22	\$382.22	\$382.22	\$382.22	\$382.22	\$382.22
\$399.60	\$399.60	\$399.60	\$399.60	\$399.60	\$399.60	\$405.06	\$405.06	\$405.06	\$405.06	\$380.41	\$380.41	\$380.41	\$380.41	\$380.41	\$397.51	\$397.51	\$397.51	\$397.51	\$397.51	\$397.51	\$397.51	\$397.51
\$371.42	\$371.42	\$371.42	\$371.42	\$371.42	\$371.42	\$376.49	\$376.49	\$376.49	\$376.49	\$353.58	\$353.58	\$353.58	\$353.58	\$353.58	\$369.47	\$369.47	\$369.47	\$369.47	\$369.47	\$369.47	\$369.47	\$369.47

Issuer: UHIC & UHCPA

Market: Market Numbers – Plan Availability



Key
[Cyan]: Markets 556 & 558
[Yellow]: Markets 560, 561 & 562
[Green]: Market 557

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1	Unified Rate Review v5.4																			
2																To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.				
3	Company Legal Name:	UnitedHealthcare of Pennsylvania, Inc.													State:	PA	To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.			
4	HIOS Issuer ID:	24872													Market:	Small Group	To validate, select the Validate button or Ctrl + Shift + I.			
5	Effective Date of Rate Change(s):	1/1/2023																		
6																				
7																				
8	Market Level Calculations (Same for all Plans)																			
9																				
10																				
11	Section I: Experience Period Data																			
12	Experience Period:	1/1/2021			to	12/31/2021														
13		Total			PMPM															
14	Allowed Claims	\$6,066,559.61			\$374.36															
15	Reinsurance	\$0.00			\$0.00															
16	Incurred Claims in Experience Period	\$4,496,457.59			\$277.47															
17	Risk Adjustment	-\$2,340,541.45			-\$144.43															
18	Experience Period Premium	\$7,170,174.47			\$442.47															
19	Experience Period Member Months	16,205																		
20																				
21	Section II: Projections																			
22	Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend				Year 2 Trend				Trended EHB Allowed Claims PMPM									
23			Cost	Utilization	Cost	Utilization	Cost	Utilization												
24	Inpatient Hospital	\$86.32	1.039	1.037	1.039	1.037	\$100.21													
25	Outpatient Hospital	\$158.94	1.039	1.037	1.039	1.037	\$184.51													
26	Professional	\$65.18	1.039	1.037	1.039	1.037	\$75.67													
27	Other Medical	\$0.47	1.039	1.037	1.039	1.037	\$0.55													
28	Capitation	\$3.29	1.039	1.037	1.039	1.037	\$3.82													
29	Prescription Drug	\$58.88	1.039	1.037	1.039	1.037	\$68.35													
30	Total	\$373.08					\$433.10													
31																				
32	Morbidity Adjustment				1.000															
33	Demographic Shift				1.000															
34	Plan Design Changes				1.000															
35	Other				0.975															
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2023			\$422.27															
37																				
38	Manual EHB Allowed Claims PMPM				\$513.23															
39	Applied Credibility %				5.76%															
40																				
41																				
42	Projected Period Totals																			
43	Projected Index Rate for	1/1/2023			\$507.99			\$9,804,207.00												
44	Reinsurance				\$0.00			\$0.00												
45	Risk Adjustment Payment/Charge				-\$47.14			-\$909,802.00												
46	Exchange User Fees				0.00%			\$0.00												
47	Market Adjusted Index Rate				\$555.13			\$10,714,009.00												
48	Projected Member Months				19,300															
49																				
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																			
51																				

Product-Plan Data Collection

Company Legal Name: **UnitedHealthcare of Pennsylvania, Inc.**
 HIOS Issuer ID: **24872**
 Effective Date of Rate Change(s): **1/1/2023**

State: **PA**
 Market: **Small Group**

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
 To validate, select the Validate button or Ctrl + Shift + I.
 To finalize, select the Finalize button or Ctrl + Shift + F.
 To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.
 To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Section I: General Product and Plan Information

Field #	PA003 Plans										
	24872PA003										
1.1 Product Name	24872PA003										
1.2 Product ID	24872PA003										
1.3 Plan Name	Products	CVOY	CVOZ	CVO2	CVO3	CVO4	CVO5	CVO6	CVO7	CD3Z	
1.4 Plan ID (Standard Component ID)	24872PA0030000	24872PA0030002	24872PA0030003	24872PA0030004	24872PA0030005	24872PA0030006	24872PA0030007	24872PA0030008	24872PA0030009	24872PA0030001	
1.5 Metal	Not Applicable	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Bronze	
1.6 AV Metal Value	0.000	0.785	0.792	0.783	0.718	0.689	0.720	0.709	0.715	0.647	
1.7 Plan Category	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	
1.8 Plan Type	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	
1.9 Exchange Plan?	No	No	No	No	No	No	No	No	No	No	
1.10 Effective Date of Proposed Rates	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	
1.11 Cumulative Rate Change % (over 12 mos prior)	0.00%	8.38%	7.64%	6.46%	7.41%	5.62%	6.67%	4.97%	9.32%	17.99%	
1.12 Product Rate Increase %	7.59%										
1.13 Submission Level Rate Increase %	7.59%										

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

Field #	Total	24872PA0030000	24872PA0030002	24872PA0030003	24872PA0030004	24872PA0030005	24872PA0030006	24872PA0030007	24872PA0030008	24872PA0030009	24872PA0030001
2.1 Plan ID (Standard Component ID)	Total	\$2,149,201	\$506,775	\$986,767	\$209,706	\$408,502	\$134,497	\$133,640	\$51,583	\$1,451,940	\$33,949
2.2 Allowed Claims	\$6,066,560	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$1,570,102	\$625,922	\$111,048	\$168,413	\$43,993	\$187,825	\$59,251	\$55,616	\$24,881	\$273,153	\$20,001
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$4,496,458	\$1,523,279	\$395,727	\$818,354	\$165,713	\$220,677	\$75,246	\$78,024	\$26,702	\$1,178,787	\$13,948
2.7 Risk Adjustment Transfer Amount	-\$2,340,541	\$0	-\$188,197	-\$578,420	-\$224,947	-\$451,377	-\$225,481	-\$118,669	-\$57,199	-\$479,674	-\$16,575
2.8 Premium	\$7,170,174	\$2,611,887	\$366,521	\$1,126,494	\$438,093	\$879,073	\$439,132	\$231,113	\$111,398	\$934,182	\$32,281
2.9 Experience Period Member Months	16,205	6,127	880	2,142	756	2,215	967	507	253	2,283	75
2.10 Current Enrollment	1,298	13	118	266	86	266	132	79	51	274	13
2.11 Current Premium PMPM	\$449.91	\$407.91	\$424.83	\$521.45	\$567.01	\$384.95	\$448.00	\$488.30	\$471.49	\$408.44	\$385.37
2.12 Loss Ratio	93.10%	58.32%	221.91%	149.31%	77.75%	51.60%	35.22%	69.39%	49.27%	259.35%	88.81%
Per Member Per Month											
2.13 Allowed Claims	\$374.36	\$350.78	\$575.88	\$460.68	\$277.39	\$184.43	\$139.09	\$263.59	\$203.88	\$635.98	\$452.66
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$96.89	\$102.16	\$126.19	\$78.62	\$58.19	\$84.80	\$61.27	\$109.70	\$98.34	\$119.65	\$266.69
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$277.47	\$248.62	\$449.69	\$382.05	\$219.20	\$99.63	\$77.81	\$153.89	\$105.54	\$516.33	\$185.97
2.18 Risk Adjustment Transfer Amount	-\$144.43	\$0.00	-\$213.86	-\$270.04	-\$297.55	-\$203.78	-\$233.18	-\$234.06	-\$226.08	-\$210.11	-\$221.00
2.19 Premium	\$442.47	\$426.29	\$416.50	\$525.91	\$579.49	\$396.87	\$454.12	\$455.84	\$440.31	\$409.19	\$430.41

Section III: Plan Adjustment Factors

Field #	24872PA0030000	24872PA0030002	24872PA0030003	24872PA0030004	24872PA0030005	24872PA0030006	24872PA0030007	24872PA0030008	24872PA0030009	24872PA0030001	
3.1 Plan ID (Standard Component ID)	24872PA0030000										
3.2 Market Adjusted Index Rate	\$555.13										
3.3 AV and Cost Sharing Design of Plan	0.0000	0.7689	0.8236	0.8783	0.6950	0.6920	0.7135	0.7421	0.6897	0.6585	
3.4 Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
3.5 Benefits in Addition to EHB	1.0000	1.0031	1.0031	1.0031	1.0031	1.0031	1.0031	1.0031	1.0031	1.0031	
Administrative Costs											
3.6 Administrative Expense	0.00%	14.93%	14.93%	14.93%	14.93%	14.93%	14.93%	14.93%	14.93%	14.93%	
3.7 Taxes and Fees	0.00%	0.66%	0.66%	0.66%	0.66%	0.66%	0.66%	0.66%	0.66%	0.66%	
3.8 Profit & Risk Load	0.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
3.10 Plan Adjusted Index Rate	\$0.00	\$519.55	\$556.51	\$593.47	\$469.62	\$467.59	\$482.12	\$501.44	\$466.04	\$444.95	
3.11 Age Calibration Factor	0.7268										
3.12 Geographic Calibration Factor	1.1292										
3.13 Tobacco Calibration Factor	1.0000										
3.14 Calibrated Plan Adjusted Index Rate	\$0.00	\$426.40	\$456.73	\$487.07	\$385.42	\$383.75	\$395.68	\$411.54	\$382.48	\$365.17	

Section IV: Projected Plan Level Information

Field #	Total	24872PA0030000	24872PA0030002	24872PA0030003	24872PA0030004	24872PA0030005	24872PA0030006	24872PA0030007	24872PA0030008	24872PA0030009	24872PA0030001
4.1 Plan ID (Standard Component ID)	Total	\$9,834,695	\$1,308,447	\$1,693,099	\$703,619	\$1,926,432	\$663,025	\$678,561	\$507,167	\$2,051,219	\$303,125
4.2 Allowed Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.3 Reinsurance	\$2,557,021	\$0	\$332,855	\$340,878	\$104,331	\$564,995	\$196,497	\$186,255	\$124,489	\$612,643	\$94,078
4.4 Member Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.5 Cost Sharing Reduction	\$7,277,674	\$0	\$975,592	\$1,352,222	\$599,288	\$1,361,437	\$466,529	\$492,306	\$382,677	\$1,438,576	\$209,047
4.6 Incurred Claims	-\$673,253	\$0	-\$86,860	-\$112,395	-\$46,709	-\$134,093	-\$46,151	-\$47,232	-\$35,302	-\$142,779	-\$21,732
4.7 Risk Adjustment Transfer Amount	\$9,650,198	\$0	\$1,293,684	\$1,793,085	\$794,662	\$1,805,208	\$618,621	\$652,787	\$507,460	\$1,907,484	\$277,206
4.8 Premium	19,300	0	2,490	3,222	1,339	3,844	1,323	1,354	1,012	4,093	623
4.9 Projected Member Months	81.07%	#DIV/0!	80.84%	80.46%	80.12%	81.47%	81.30%	81.05%	81.05%	81.52%	81.83%
4.10 Loss Ratio	Per Member Per Month										
4.11 Allowed Claims	\$509.57	#DIV/0!	\$525.48	\$525.48	\$525.48	\$501.15	\$501.15	\$501.15	\$501.15	\$501.15	\$486.56
4.12 Reinsurance	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$132.49	#DIV/0!	\$133.68	\$105.80	\$77.92	\$146.98	\$148.52	\$137.56	\$123.01	\$149.68	\$151.01
4.14 Cost Sharing Reduction	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$377.08	#DIV/0!	\$391.80	\$419.68	\$447.56	\$354.17	\$352.63	\$363.59	\$378.14	\$351.47	\$335.55
4.16 Risk Adjustment Transfer Amount	-\$34.88	#DIV/0!	-\$34.88	-\$34.88	-\$34.88	-\$34.88	-\$34.88	-\$34.88	-\$34.88	-\$34.88	-\$34.88
4.17 Premium	\$500.01	#DIV/0!	\$519.55	\$556.51	\$593.47	\$469.62	\$467.59	\$482.12	\$501.44	\$466.04	\$444.95

Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	0.7825
Rating Area 2	0.7673
Rating Area 3	0.9384
Rating Area 4	0.8671
Rating Area 5	0.8690
Rating Area 6	0.9159
Rating Area 7	0.9284
Rating Area 8	0.8719
Rating Area 9	0.9111

**Federal Rate Filing Justification Part II
Written Description Justifying the Rate Increase**

UnitedHealthcare of Pennsylvania, Inc.

NAIC: 95220

FEIN: 25-1756858

State of Pennsylvania Rate Review

Scope and Range of the Rate Increase

The requested rate change for small group health benefit plans sold in the state of Pennsylvania will be effective January 1, 2023 and impact 1,240 covered lives. The rate change experienced by members will vary depending on plan selection and geographic area. Additional premium changes may occur upon renewal due to changes in member age, changes in plan selection, and changes in geographic location.

Financial Experience of the Product

The benefit care ratio for this product during the 2021 calendar year is 93.1%. This ratio is the portion of premium that is needed to pay medical claims. The complement of the benefit care ratio is the portion of premium needed for taxes and fees, administrative expenses, and margin.

Changes in Medical Service Costs

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

- Increasing cost of medical services: Annual increases in reimbursement rates to healthcare providers, such as hospitals, doctors, and pharmaceutical companies.
- Increased utilization: The number of office visits and other services continues to grow. In addition, total healthcare 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: Healthcare costs continue to rise every year. If deductibles and copayments remain the same, a higher percentage of healthcare costs need to be covered by health insurance premiums each year.
- Cost shifting from the public to the private sector: Reimbursements from the Centers for Medicare and Medicaid Services (CMS) to hospitals do not generally cover the cost of providing care to these patients. Hospitals typically make up this reimbursement shortfall by charging private health plans more.
- Impact of new technology: Improvements to medical technology and clinical practice often result in the use of more expensive services, leading to increased healthcare spending and utilization.

Changes in Benefits

Changes in covered benefits 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 or state law, to respond to consumer feedback, or to address a particular medical cost issue to provide greater long-term affordability of the product.

Administrative Costs and Anticipated Margins

UnitedHealthcare of Pennsylvania, Inc. works to directly control administrative expenses by adopting better processes and technology and developing programs and innovations that make healthcare more affordable. We have led the marketplace by introducing key innovations that make healthcare services more accessible

and affordable for customers, improve the quality and coordination of healthcare services, and help individuals and their physicians make more informed healthcare decisions. Taxes and fees imposed by the State and Federal government are significant factors that impact healthcare spending and have to be included in the administrative costs associated with the plans. These fees include Affordable Care Act taxes and fees which impact health insurance costs and need to be reflected in premium. Another component of premium is margin, which is set to address expected volatility and risk in the market.

The requested rate change is anticipated to be sufficient to cover the projected benefit and administrative costs for the 2023 plan year.

**Federal Rate Filing Justification Part III
Actuarial Memorandum and Certification**

UnitedHealthcare of Pennsylvania, Inc.

NAIC: 95220

FEIN: 25-1756858

State of Pennsylvania Rate Review

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Section 1: Purpose

The following is a rate filing prepared by UnitedHealthcare of Pennsylvania, Inc.. This filing has been prepared to provide the necessary information required by the Department of Health and Human Services and the state of Pennsylvania. The purpose of this memorandum is to provide information relevant to the Federal Part I Unified Rate Review Template (URRT).

This filing establishes rates intended to be used for non-grandfathered PPACA compliant small group health benefit plans sold off the Small Business Health Options Program in Pennsylvania for the 2023 plan year. A rate increase is being filed at this time. The rates and other information in this submission are based on the current regulations and guidance from HHS. Changes to this filing may be necessary if there are revisions to the regulations or updated guidance from HHS.

This memorandum is intended solely for the information of and use by the Department of Health and Human Services and the Pennsylvania Department of Insurance and Financial Services. It will demonstrate compliance with state and federal laws and regulations related to the development of the index rate and allowable rating factors and is not intended to be used for any other purpose.

The attached document contains confidential, proprietary information and trade secrets. This information is strictly confidential and protected from disclosure by 40 P.S. § 65.2-A. If the prohibition against disclosure by the Department of Insurance and Financial Services is reassessed at a later date, it may not be disclosed to any other state or federal regulatory agencies unless the recipient agrees in writing prior to receipt to maintain the confidentiality of the information.

Section 2: General Information

Company Identifying Information

Company Legal Name: UnitedHealthcare of Pennsylvania, Inc.
State: Pennsylvania
HIOS Issuer ID: 24872
Market: Small Business, 1-50
Proposed Effective Date: January 01,2023

Primary Contact Information

Name:
Telephone Number:
Email Address:



Section 3: Proposed Rate Changes

The proposed change in rates for this filing is 7.6% compared to the prior filing. The change in geographic rating factors ranges from -10.5% to 15.7% and averages to -1.9% based on the current inforce population. In total with UHIC experience included the area factor changes are revenue neutral. These changes are applied uniformly to all plans within a rating area. The proposed pricing trend is 8.1% annually.

The primary drivers of the proposed rate changes are the following:

- Changes in medical service costs
 - 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/or use of different types of health services. Patients who are sicker generally have a higher intensity of health care utilization. The price of care can be affected by the use of expensive procedures such as surgery vs. simply monitoring or providing medications.
 - Higher Costs from Deductible Leveraging – 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 all of the cost of care. The cost difference is being shifted to private health plans. Hospitals typically make up this difference by charging private health plans more.
 - Impact of New Technology – Improvements to medical technology and clinical practice often result in the use of more expensive services - leading to increased health care spending and utilization.
- Administrative costs and anticipated profit
 - UnitedHealthcare works to directly control administrative expenses by adopting better processes and technology and through the development of 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.
 - Additionally, UnitedHealthcare indirectly controls medical cost payments by using appropriate payment structures with providers and facilities. UnitedHealthcare’s goal is to control costs, maximize efficiency, and work closely with physicians and providers to obtain the best value and coverage.
 - State and/or Federal government imposed taxation and fees are additional significant factors that impact health care spending. These fees include ACA taxes and fees which will have increased health insurance costs and need to be reflected in premium.
- Changes that vary by plan
 - All plan relativity factors have been updated to reflect UnitedHealthcare’s most recent pricing model.
 - The impact of any changes to plans that have occurred due to uniform modification are also reflected in the updated plan relativity factors. Please see the “Plan Adjusted Index Rate” section of the memorandum for more detail on these changes.

We refined the medical and pharmacy plan price relativities to reflect the most recent pricing methodology and pricing models. The methodology is based on UnitedHealthcare nationwide experience data, which contains utilization frequencies and unit costs by service category, in addition to 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. The expected paid-to-allowed relativities and expected utilization differences due to differences in cost sharing for each plan are then used to develop the plan factors for each benefit plan. All benefit plans are priced consistently with each other, with the rates differing by the estimated value of the benefits and the expected utilization differences due to differences in cost sharing. The utilization differences do not reflect differences due to health status. The net impact of all changes by plan can be found in Worksheet 2, Section I of the Unified Rate Review Template.

Significant factors driving the proposed rate changes are discussed in further detail in Section 6 (*Projection Factors*) and Section 7 (*Credibility Manual Rate Development*) of this memorandum.

Section 4: Experience and Current Period Premium, Claims and Enrollment

Paid Through Date

The experience period is 1/1/2021 through 12/31/2021, with claims paid through 2/28/2022.

Current Date

The current enrollment and premium is reported as of 12/31/2021.

Allowed and Incurred Claims Incurred During the Experience Period

Claims Description	Allowed Claims	Incurred Claims
Claims Paid as of February 28,2022	\$ 5,582,918	\$ 4,137,989
Claims Incurred but Not Reported as of February 28,2022	\$ 483,641	\$ 358,469

The claims data was available directly from company claims records.

Support for Estimate of Incurred but not Reported Claims

Historical claims are categorized both by the month in which they were incurred and the month in which they were adjudicated. For incurral months with sufficient adjudicated claim experience, incurred claims are estimated by applying completion factors derived from the historical claims. Adjustments are made based on specific knowledge of the entity (e.g., catastrophic claims, pended claims, etc.). For incurral months where adjudicated claim experience is not sufficient to rely on completion factors, a PMPM is used to estimate incurred claims. PMPM estimates are based on expected claim seasonality patterns, monthly calendar days and work days, emerging claim trends, and other factors. The same completion factors are applied to both incurred and allowed claim amounts.

Experience Period Risk Adjustment

We are using the risk adjustment transfer amount based on final CMS results. Based on that information our 2021 risk adjustment transfer PMPM is -\$144.43.

Experience Period Index Rates

Experience Period Index Rates are defined as the allowed claims PMPM for Essential Health Benefits during the Experience Period. With the breakout of service level EHB claims, the information provided reflects a reasonable estimate of the EHBs.

Experience Period Index Rates are defined as the allowed claims PMPM for Essential Health Benefits during the Experience Period. With the breakout of service level EHB claims, the information provided reflects a reasonable estimate of the EHBs.

Section 5: Benefit Categories

Claims were assigned to each of the benefit categories based on where services were administered and the types of medical services rendered. The benefit categories were defined by our claims department using standard industry definitions.

Inpatient Hospital

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

Includes non-capitated facility services for surgical, emergency room, laboratory, radiology, therapeutic, observation, and other services provided in an outpatient facility setting and billed by the facility.

Professional

Includes non-capitated primary care, specialist care, therapeutic, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.

Other Medical

Includes non-capitated ambulatory, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services.

Capitation

Includes all services provided under one or more capitated agreements.

Prescription Drug

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

Section 6: Projection Factors

Trend

Two years of annual trend were applied to our 2021 experience to project it to the 2023 rating period. Our most recent analysis indicates annual trend in the state of Pennsylvania for the 2022 and 2023 calendar years will be 7.74% and 7.74%, respectively. The table below details the components of each trend factor.

Trend Component	2022	2023
Unit Cost	3.90%	3.90%
Utilization	3.70%	3.70%
Total	7.74%	7.74%

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, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component. In addition, the costs associated with future treatment, vaccination and testing due to COVID-19 are included in the future trends used in the claims projection.

Utilization rates by category are measured and projected. 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. UnitedHealthcare uses same store analysis to reflect utilization.

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 the mix of procedures. Unit cost is based on our contractual changes with providers.

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.

Demographic Shift

The total Demographic Shift Adjustment is 0%. It is comprised of the following factors:

The HHS-specified age curve was used in rating.

Geographic Shift:

An adjustment of 0% was made to account for the shift in the distribution of members by rating area between the experience period and the rating period. The factor reflects the change in the average geographic rating area factor from the experience period to the rating period, weighted by the respective membership distributions, using the proposed geographic rating area factors. The formula is calculated as: Avg. Geographic Rating Area Factor projected / Avg. Geographic Rating Area Factor experience – 1.

Plan Design Changes

The total Plan Design Adjustment is 0.0%. It is comprised of the following factors:

Shift in Benefit Plan Distribution:

An adjustment of 0.0% was made to account for the expected change in allowed claims due to the shift in the distribution of benefit plans between the experience period and the rating period.

Other Adjustments

The total other adjustments are -2.5%, and it is comprised of the following factors:

Catastrophic Claims Adjustment:

An adjustment was made to account for catastrophic claims experience in the experience period. The claims were adjusted by 3.8% to align with expected catastrophic claim levels in the rating period.

Trend Adjustment

An additional trend adjustment of 0.6% is applied to trend our rates to the mid-point of the quarter rather than the beginning of the quarter

All Other Adjustments:

All other adjustments resulted in an adjustment of -6.6%.

Section 7: Credibility Manual Rate Development

Adjustments Made to the Data

Adjustments similar to the ones described in Section 6 were applied to the experience of the credibility manual to project it to the projection period. In addition, the credibility manual was adjusted to reflect the average age, geography, plan design and morbidity of the adjusted experience period claims.

An adjustment to the credibility manual was made to account for catastrophic claims experience in the experience period.

Inclusion of Capitation Payments

Capitation payments are included in both the experience and projections.

Section 8: Credibility of Experience

The experience for this legal entity contains 16,205 member months. We have assigned 5.8% credibility to the data based on the ratio of UHC of PA experience member months to our total UHC plus UHC of PA experience period member months. We set our rate using the blended experience of both entities weighted by the membership in both entities.

Consideration was given to ASOP #25 when determining the credibility and appropriateness of the experience and the manual rate. The manual rate is sufficiently independent from the experience and can be blended with it for purposes of rate development.

Section 9: Development of Projected Index Rate

The experience period index rate is \$373.08 PMPM.

The Index Rate For the experience period is approximately 99.69% of allowed claims due to benefits in excess of EHBs. The reported percentage amount is based on experience data. The index rate of the experience period has been reported accordingly. The Index Rate in the projection period represents 99.69% of allowed claims due to the benefits in excess of EHBs.

The projected index rate of \$507.99 was calculated by trending and adjusting the experience period index rate to the projection period, including blending the experience with a manual rate if the experience was not fully credible. It is established in accordance with the requirements of 45 CFR §156.80(d). See sections 6, 7, and 8 of this memo for more details.

Section 10: Development of the Market Adjusted Index Rate

Reinsurance

There is no reinsurance program in force for this business, and as a result there are no reinsurance recoveries to report.

Risk Adjustment Payment/Charge

UnitedHealthcare of Pennsylvania, Inc. anticipates paying an average of \$34.88 PMPM for risk adjustment transfers in the state of Pennsylvania for the 2023 plan year, which has been grossed up to \$47.14 PMPM on an allowed basis for purposes of calculating the Market Adjusted Index Rate. We are assuming the risk level of our business relative to that of our competitors for the 2023 plan year will be similar to what it was in the 2021 plan year. Since risk adjustment transfer payments are a function of the market level premium, our 2023 risk adjustment transfer PMPM amount is calculated by adjusting our estimated 2021 risk adjustment transfer PMPM amount for the projected market level trend, changes in reinsurance fees and recoveries, and other adjustments based on the overall financial performance of the market.

Exchange User Fees

There are no plans included in this filing that are offered on the exchange. Therefore there are no exchange user fees.

The market adjusted index rate includes market-wide adjustments for reinsurance, risk adjustment transfers and exchange user fees (if any).

Index Rate	Net Federal or State Reinsurance (allowed basis)	Risk Adjustment Payment/Charge (allowed basis)	Exchange Fee Adjustment (allowed basis)	Market Adjusted Index Rate
\$507.99	\$0.00	(\$47.14)	0.00%	\$555.13

The figures above may not tally exactly due to rounding of the display.

Section 11: Plan Adjusted Index Rate

Actuarial Value and Cost Sharing Adjustment

UnitedHealthcare has a proprietary pricing model that was used in developing the actuarial value and cost sharing adjustment for each plan. The model calculates plan relativity factors for medical and pharmacy benefits. Also included under the actuarial value and cost sharing adjustment are adjustments for leveraging and the difference between the average plan relativity factor and the projected paid to allowed ratio.

UnitedHealthcare does not utilize Induced Demand factors in our rate development. Instead, our plan-specific pricing factors are based on an analysis of UnitedHealthcare's nationwide block of Small Group health insurance, which reflects over 10 million member months of experience. Our approach complies with the prohibition of rating for morbidity differences by normalizing out the cost differences attributable to morbidity as measured by HHS's risk adjustment mechanism.

Historical UnitedHealthcare experience was used to develop the actuarial value and cost sharing adjustment.

Provider network, delivery system and utilization management adjustment

Any adjustments for these items are included in the plan relativity factors.

Distribution and Administrative Costs

Distribution and administrative costs include premium tax, risk adjustment user fees, SG&A, quality improvements, federal income tax, and after-tax income. Risk adjustment transfers, net reinsurance recoveries and exchange fees are excluded because they are accounted for in the market adjusted index rate.

Administrative Expense Load

The administrative expense load is a long-term estimate of administrative expenses, including selling expenses and general administrative expenses. This load does not vary by product or plan. These assumptions are based on the general ledger actual results for 2021 with known adjustments. Known adjustments include, but are not limited to, pay increases/raises for employees and administrative expenses as a result of Healthcare Reform and compliance requirements. The administrative expense allocation methodology used in pricing is appropriate because it is consistent with how UnitedHealthcare runs its business and how it allocates administrative costs for Statutory Filings and the Healthcare Reform Exhibits.

Profit and Risk Margin

The profit and risk margin is shown in Worksheet 2, Section III of the URRT. This target does not vary by product or plan.

The profit and risk margin is derived from the difference between the administrative expenses, taxes and fees, and 1 minus the target loss ratio and the administrative expenses, taxes and fees.

The profit and risk margin results in an anticipated MLR that is above the minimum requirements as described in the Projected Loss Ratio section.

Taxes and Fees

Taxes and fees are expected to be 0.7% and include premium tax, exchange fees (if any), risk adjustment user fees, and federal income tax. The following is a breakdown of the taxes and fees.

Premium Taxes and Fees Allocation	Estimated % of Premium
Federal / State Income Tax on Profit & Risk Load	0.53%
Premium Tax	0.00%
ACA Taxes: Insurer Fee	0.00%
ACA Taxes: PCORI Fee	0.05%
ACA Taxes: Risk Adjustment User Fee	0.04%
ACA Taxes: Exchange User Fee	0.00%
All Other Taxes & Fees	0.03%
Total	0.66%

Section 12: Calibration

Plan Adjusted Index Rates need to be calibrated to apply the allowable rating factors of age and geography in order to calculate the Consumer Adjusted Premium Rates. Calibration factors are applied uniformly to all plans.

Age Calibration

The calculated age curve calibration is 0.727, which equals one divided by the average age factor of the expected member distribution by age. The age factors used in this calculation are the HHS-specified age curve.

Geographic Calibration

The geographic factor calibration is 1.129, which equals one divided by the expected average area factor. A table of the geographic rating factors is below.

Rating Area	Area Factor
1	0.783
2	0.767
3	0.938
4	0.867
5	0.869
6	0.916
7	0.928
8	0.872
9	0.911

Geographic rating factors are reviewed periodically versus UnitedHealthcare claims data that reflects unit cost differences by county. Such a review was conducted as part of our January 1, 2023 rate development.

Based on the analysis of unit cost differences by county, the geographic factors are being adjusted by in rating areas respectively.

Population morbidity by area was not considered when determining geographic area factors.

Tobacco Calibration

Tobacco factors are not used in the rating of these products, and no calibration is needed.

Calibrating the plan adjusted index rate to the age curve and geographic distribution results in the calibrated premium rate for each plan. The calibrated premium rate represents the preliminary premium rate charged to an individual before applying the consumer specific rating adjustments for age and area.

Section 13: Consumer Adjusted Premium Rate Development

The consumer adjusted premium rate is the final premium rate that is charged to an individual. It is developed by calibrating the plan adjusted index rate, and applying the consumer specific age and geographic rating factors. The calculation is provided below.

Plan Adjusted Index Rate
x Age Calibration Factor
x Geographic Calibration Factor
x Consumer Specific Age Rating Factor
x Consumer Specific Geographic Rating Factor
x Small Group Trend Adjustment
= Consumer Adjusted Premium Rate

Section 14: Projected Loss Ratio

The projected loss ratio using the federally prescribed MLR methodology for calendar year 2023 is 83.7%. UnitedHealthcare of Pennsylvania, Inc. agrees to comply with the rebate requirements of 45 CFR Part 158 should the actual market MLR fall below the 80.0% requirement.

Section 15: AV Metal Values

The AV calculator used to calculate the AV metal values is based on a prescribed methodology and, therefore, does not necessarily reflect a reasonable estimate of the portion of allowed costs covered by the associated plan.

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 for individuals in the actuarial value calculation.

The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. Additional details are provided below to describe the types of adjustments that were made for plan designs that are not directly compatible with the AV calculator.

Benefits that Vary Based on Place of Service

For some types of services, our plan designs include different benefit levels based on the place of service (i.e. physician's office, free standing facility, or outpatient hospital facility). To incorporate this differentiation in benefits, the Tiered Network Option was selected within the AV calculator, and utilization was assigned to each tier based on historical experience of affiliated carriers.

Physician Tiering

Select plan designs include lower cost sharing when members utilize providers we designate as meeting cost and efficiency standards. The tiered network functionality of the AV calculator was utilized to account for the cost sharing differences. The utilization of providers was based on a UnitedHealthcare study of differences in cost sharing and their effectiveness at driving utilization patterns.

Laboratory and X-Ray Services

Some plan designs include a copay for minor lab and x-ray services. These copays are applied on a per visit basis. The AV Calculator assumes that the copays are on a per procedure basis. Therefore, the copay amounts are adjusted to reflect the equivalent per procedure amount.

Employer Contributions to HSAs and HRAs

The following plans are offered in conjunction with HSAs or HRAs. The table shows the metal level of each plan and the range of annual employer contribution amounts, as well as the resulting range of AV Metal Values, that allow the plan to achieve the stated metal level. Note that because URRT Worksheet 2 allows only a single AV Metal Value for each plan, the AV Metal Values displayed on Worksheet 2 for these HSA/HRA plans correspond to the upper bound of the AV Metal Value range in the table below.

HIOS Plan ID	Metal	Employer	AV Metal Value
24872PA0030001	Bronze	[\$0, \$0]	[64.7%, 64.7%]
24872PA0030007	Silver	[\$0, \$200]	[69.6%, 72%]
24872PA0030009	Silver	[\$0, \$200]	[69.1%, 71.5%]

Section 16: Membership Projections

The total membership projection for the 2023 plan year was provided by UnitedHealthcare's finance department. Member distribution by plan was then based on current enrollment, taking into consideration changes in the portfolio of plans to be offered in 2023. Strictly for purposes of the URRT, we have projected membership by plan.

Section 17: Terminated Plans and Products

There are no products being terminated in this rate filing.

Terminated plans will be mapped to another plan in the projection period for purposes of completing the URRT.

Section 18: Plan Type

A plan type of HMO has been selected, which describes the plans exactly.

Section 19: Reliance

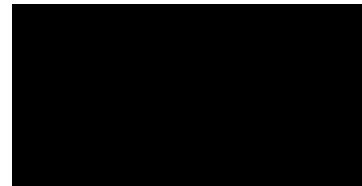
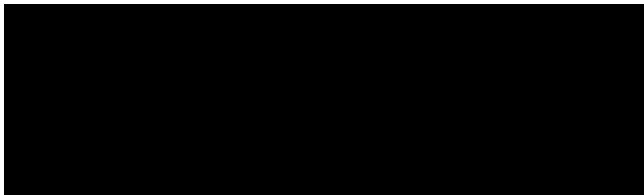
In my professional judgment, the assumptions or methods described in the memorandum do not conflict with what I believe to be reasonable. Therefore, I have not included any reliances.

Section 20: Actuarial Certification

I, [REDACTED] am a Associate Director Actuarial Services for UnitedHealthcare, and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment, I certify that:

- The projected index rate is:
 - In compliance with state and federal statutes and regulations related to the development of the index rate and allowable rating factors (such as 45 CFR 156.80 and 147.102).
 - Developed in compliance with the applicable Actuarial Standards of Practice.
 - Reasonable in relation to the benefits provided and population anticipated to be covered.
 - Neither excessive, deficient, nor unfairly discriminatory.
- 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.
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.
- The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. The unique plan design actuarial certification required by 45 CFR Part 156.135 has been separately attached.
- The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop their rates. 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.



2-50 Rating Factors

START RATES

Medical Product	Base Rate January 1, 2023
HMO	\$599.74

Age Rating: Member Rating using HHS Proposed Age Factors

Age	Factor	Age	Factor	Age	Factor
0-14	0.765	31	1.159	48	1.635
15	0.833	32	1.183	49	1.706
16	0.859	33	1.198	50	1.786
17	0.885	34	1.214	51	1.865
18	0.913	35	1.222	52	1.952
19	0.941	36	1.230	53	2.040
20	0.970	37	1.238	54	2.135
21	1.000	38	1.246	55	2.230
22	1.000	39	1.262	56	2.333
23	1.000	40	1.278	57	2.437
24	1.000	41	1.302	58	2.548
25	1.004	42	1.325	59	2.603
26	1.024	43	1.357	60	2.714
27	1.048	44	1.397	61	2.810
28	1.087	45	1.444	62	2.873
29	1.119	46	1.500	63	2.952
30	1.135	47	1.563	64 & older	3.000

EFFECTIVE DATE ADJUSTMENTS (TREND) - EPA = regions 556, 557, & 558

Effective Date	IND Med	PPO Med	EPO Med	IND Rx	PPO Rx	EPO R/x
Jan-21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Feb-21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Mar-21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Apr-21	1.0200	1.0200	1.0200	1.0200	1.0200	1.0200
May-21	1.0200	1.0200	1.0200	1.0200	1.0200	1.0200
Jun-21	1.0200	1.0200	1.0200	1.0200	1.0200	1.0200
Jul-21	1.0400	1.0400	1.0400	1.0400	1.0400	1.0400
Aug-21	1.0400	1.0400	1.0400	1.0400	1.0400	1.0400
Sep-21	1.0400	1.0400	1.0400	1.0400	1.0400	1.0400
Oct-21	1.0600	1.0600	1.0600	1.0600	1.0600	1.0600
Nov-21	1.0600	1.0600	1.0600	1.0600	1.0600	1.0600
Dec-21	1.0600	1.0600	1.0600	1.0600	1.0600	1.0600

EFFECTIVE DATE ADJUSTMENTS (TREND) - WPA = regions 560, 561, & 562

Effective Date	IND Med	PPO Med	EPO Med	IND Rx	PPO Rx	EPO R/x
Jan-21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Feb-21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Mar-21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Apr-21	1.0200	1.0200	1.0200	1.0200	1.0200	1.0200
May-21	1.0200	1.0200	1.0200	1.0200	1.0200	1.0200
Jun-21	1.0200	1.0200	1.0200	1.0200	1.0200	1.0200
Jul-21	1.0400	1.0400	1.0400	1.0400	1.0400	1.0400
Aug-21	1.0400	1.0400	1.0400	1.0400	1.0400	1.0400
Sep-21	1.0400	1.0400	1.0400	1.0400	1.0400	1.0400
Oct-21	1.0600	1.0600	1.0600	1.0600	1.0600	1.0600
Nov-21	1.0600	1.0600	1.0600	1.0600	1.0600	1.0600
Dec-21	1.0600	1.0600	1.0600	1.0600	1.0600	1.0600

AREA FACTORS		
Rating Area	County	Area Factor
Rating Area 1	Erie	0.7825
Rating Area 1	Crawford	0.7825
Rating Area 1	Mercer	0.7825
Rating Area 1	Venango	0.7825
Rating Area 1	Clarion	0.7825
Rating Area 1	Forest	0.7825
Rating Area 1	Warren	0.7825
Rating Area 1	McKean	0.7825
Rating Area 2	Elk	0.7673
Rating Area 2	Cameron	0.7673
Rating Area 2	Potter	0.7673
Rating Area 3	Clinton	0.9384
Rating Area 3	Lycoming	0.9384
Rating Area 3	Sullivan	0.9384
Rating Area 3	Bradford	0.9384
Rating Area 3	Susquehanna	0.9384
Rating Area 3	Wyoming	0.9384
Rating Area 3	Lackawanna	0.9384
Rating Area 3	Wayne	0.9384
Rating Area 3	Pike	0.9384
Rating Area 3	Monroe	0.9384
Rating Area 3	Carbon	0.9384
Rating Area 3	Luzerne	0.9384
Rating Area 4	Lawrence	0.8671
Rating Area 4	Beaver	0.8671
Rating Area 4	Washington	0.8671
Rating Area 4	Greene	0.8671
Rating Area 4	Butler	0.8671
Rating Area 4	Allegheny	0.8671
Rating Area 4	Westmoreland	0.8671
Rating Area 4	Armstrong	0.8671
Rating Area 4	Indiana	0.8671
Rating Area 4	Fayette	0.8671
Rating Area 5	Jefferson	0.8690
Rating Area 5	Clearfield	0.8690
Rating Area 5	Cambria	0.8690
Rating Area 5	Somerset	0.8690
Rating Area 5	Bedford	0.8690
Rating Area 5	Blair	0.8690
Rating Area 5	Huntingdon	0.8690
Rating Area 6	Centre	0.9159
Rating Area 6	Mifflin	0.9159
Rating Area 6	Snyder	0.9159
Rating Area 6	Northumberland	0.9159
Rating Area 6	Columbia	0.9159
Rating Area 6	Schuylkill	0.9159
Rating Area 6	Lehigh	0.9159
Rating Area 6	Northampton	0.9159
Rating Area 7	Adams	0.9284
Rating Area 7	York	0.9284
Rating Area 7	Lancaster	0.9284
Rating Area 7	Berks	0.9284
Rating Area 8	Chester	0.8719
Rating Area 8	Delaware	0.8719
Rating Area 8	Montgomery	0.8719
Rating Area 8	Bucks	0.8719
Rating Area 8	Philadelphia	0.8719
Rating Area 9	Fulton	0.9111
Rating Area 9	Franklin	0.9111
Rating Area 9	Cumberland	0.9111
Rating Area 9	Perry	0.9111
Rating Area 9	Juniata	0.9111
Rating Area 9	Dauphin	0.9111

Pennsylvania Small Group - UHCPA - 2023 Portfolio

Plan Name			Metal	Market Numbers +	AV*	AV*	HSA Max	In-Network					Out-of-Network					
Product	Medical	Rx	Level	SCID	Available	Min	Max	Contribution	Deductible		Coins	OOP Maximum		Deductible		OOP Maximum		
									Indiv.	Family		Indiv.	Family	Indiv.	Family	Coins	Indiv.	Family
HMO	CD-3Z	E83L	Bronze	24872PA0030001	557, 560, 561, 562	64.7%	64.7%	\$0	\$6,850	\$13,700	0%	\$6,850	\$13,700					
HMO	CV-OY	K95Y	Gold	24872PA0030002	556, 557, 558	78.5%	78.5%		\$1,500	\$3,000	20%	\$7,500	\$15,000					
HMO	CV-OZ	K95Y	Gold	24872PA0030003	556, 557, 558	79.2%	79.2%		\$1,000	\$2,000	0%	\$9,100	\$18,200					
HMO	CV-O2	K95Y	Gold	24872PA0030004	556, 557, 558	78.3%	78.3%		N/A	N/A	0%	\$8,200	\$16,400					
HMO	CV-O3	K95Y	Silver	24872PA0030005	556, 557, 558	71.8%	71.8%		\$3,500	\$7,000	20%	\$9,100	\$18,200					
HMO	CV-O4	K95Y	Silver	24872PA0030006	556, 557, 558	68.9%	68.9%		\$5,500	\$11,000	0%	\$9,100	\$18,200					
HMO	CV-O5	K95Y	Silver	24872PA0030007	556, 557, 558	69.6%	72.0%	\$200	\$2,500	\$5,000	0%	\$7,350	\$14,700					
HMO	CV-O6	K95Y	Silver	24872PA0030008	556, 557, 558	70.9%	70.9%		\$3,000	\$6,000	0%	\$9,100	\$18,200					
HMO	CV-O7	K95Y	Silver	24872PA0030009	556, 557, 558	69.1%	71.5%	\$200	\$3,500	\$7,000	0%	\$6,500	\$13,000					

*AV range based off of maximum HSA contribution
 + Reference 2023 Service Area Map for county availability

Pennsylvania Small Group - UHCPA - 2023 Portfolio

Plan Name			Metal	Physician	Emergency		Hospital			Medical	Rx									
Product	Medical	Rx	Level	SCID	PCP	SPEC	UC	ER	Free-St.	Hospital	IP	Deduct.	Deduct.				Tier 3	Tier 4		
												Type	Type	Deduct.	Tier 1	Tier 2	Tier 3	Spec.	Tier 4	Spec.
HMO	CD-3Z	E83L	Bronze	24872PA0030001								Emb	Comb							
HMO	CV-OY	K95Y	Gold	24872PA0030002	\$30	\$60/\$100	\$60	50%				Emb	Sep	\$15	\$60	\$250	50%/\$500	\$500	50%/\$1,000	
HMO	CV-OZ	K95Y	Gold	24872PA0030003	\$30	\$60/\$100	\$60	50%				Emb	Sep	\$15	\$60	\$250	50%/\$500	\$500	50%/\$1,000	
HMO	CV-O2	K95Y	Gold	24872PA0030004	\$30	\$60/\$100	\$60	50%	\$350	\$750	\$300	Emb	Sep	\$15	\$60	\$250	50%/\$500	\$500	50%/\$1,000	
HMO	CV-O3	K95Y	Silver	24872PA0030005	\$40	\$80/\$120	\$60	50%				Emb	Sep	\$15	\$60	\$250	50%/\$500	\$500	50%/\$1,000	
HMO	CV-O4	K95Y	Silver	24872PA0030006	\$50	\$100/\$150	\$60	50%	\$1,000	\$1,500	\$1,300	Emb	Sep	\$15	\$60	\$250	50%/\$500	\$500	50%/\$1,000	
HMO	CV-O5	K95Y	Silver	24872PA0030007	\$30	\$60/\$100	\$60	50%	\$250	\$500	\$750	Ded NonEmb/OOPM Emb	Comb	\$15	\$60	\$250	50%/\$500	\$500	50%/\$1,000	
HMO	CV-O6	K95Y	Silver	24872PA0030008	\$40	\$80/\$120	\$60	50%	\$500	\$750	\$1,300	Emb	Sep	\$15	\$60	\$250	50%/\$500	\$500	50%/\$1,000	
HMO	CV-O7	K95Y	Silver	24872PA0030009	\$30	\$60/\$100	\$60	50%	\$250	\$500	\$750	Ded NonEmb/OOPM Emb	Comb	\$15	\$60	\$250	50%/\$500	\$500	50%/\$1,000	

Plan Relativity Factors		
HMO		
Medical Code	Rx Code	Total Relativity
CD-3Z	E83L	0.6090
CV-OY	K95Y	0.7111
CV-OZ	K95Y	0.7617
CV-O2	K95Y	0.8123
CV-O3	K95Y	0.6428
CV-O4	K95Y	0.6400
CV-O5	K95Y	0.6599
CV-O6	K95Y	0.6863
CV-O7	K95Y	0.6379

Rate Calculation

<u>Step</u>	<u>Rating Variable</u>	<u>Sample Attributes</u>	<u>Sample Values</u>
A	Base Rate	Network 556 HMO	\$599.74
B	Area Adjustment	Adams County (Rating Area 7)	0.9284
C		Area Adjusted Base Rate (A x B)	\$556.80
D	EDA	January 2023 Effective Date	1.000
E	Benefit Relativity	CVOY-K95Y	0.7111
F		Subtotal of Med & Rx Benefit Adjustment (C x D x E)	\$395.94

G Age/Gender Factors

<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>
0-14	0.765	31	1.159	48	1.635
15	0.833	32	1.183	49	1.706
16	0.859	33	1.198	50	1.786
17	0.885	34	1.214	51	1.865
18	0.913	35	1.222	52	1.952
19	0.941	36	1.230	53	2.040
20	0.970	37	1.238	54	2.135
21	1.000	38	1.246	55	2.230
22	1.000	39	1.262	56	2.333
23	1.000	40	1.278	57	2.437
24	1.000	41	1.302	58	2.548
25	1.004	42	1.325	59	2.603
26	1.024	43	1.357	60	2.714
27	1.048	44	1.397	61	2.810
28	1.087	45	1.444	62	2.873
29	1.119	46	1.500	63	2.952
30	1.135	47	1.563	64 & older	3.000

H Rates

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
0-14	\$302.89	31	\$458.89	48	\$647.36
15	\$329.82	32	\$468.40	49	\$675.47
16	\$340.11	33	\$474.34	50	\$707.15
17	\$350.41	34	\$480.67	51	\$738.43
18	\$361.49	35	\$483.84	52	\$772.87
19	\$372.58	36	\$487.01	53	\$807.72
20	\$384.06	37	\$490.17	54	\$845.33
21	\$395.94	38	\$493.34	55	\$882.95
22	\$395.94	39	\$499.68	56	\$923.73
23	\$395.94	40	\$506.01	57	\$964.91
24	\$395.94	41	\$515.51	58	\$1,008.86
25	\$397.52	42	\$524.62	59	\$1,030.63
26	\$405.44	43	\$537.29	60	\$1,074.58
27	\$414.95	44	\$553.13	61	\$1,112.59
28	\$430.39	45	\$571.74	62	\$1,137.54
29	\$443.06	46	\$593.91	63	\$1,168.81
30	\$449.39	47	\$618.85	64 & older	\$1,187.82

Pennsylvania Small Group - Modified and Existing Plans - UHCPA

2022 Benefit Plans with Plan Changes (Uniform Modification)

SCID	Product	Metal Level	2022 Plan Name		2023 Plan Name	
			Medical	Rx	Medical	Rx
24872PA0030002	HMO	Gold	CODD	K95Y	CVOY	K95Y
24872PA0030003	HMO	Gold	CODE	K95Y	CVOZ	K95Y
24872PA0030004	HMO	Gold	CODF	K95Y	CVO2	K95Y
24872PA0030005	HMO	Silver	CODG	K95Y	CVO3	K95Y
24872PA0030006	HMO	Silver	CODH	K95Y	CVO4	K95Y
24872PA0030007	HMO	Silver	CODI	K95Y	CVO5	K95Y
24872PA0030008	HMO	Silver	CODJ	K95Y	CVO6	K95Y
24872PA0030009	HMO	Silver	CODK	K95Y	CVO7	K95Y

2022 Existing Benefit Plans

SCID	Product	Metal Level	Plan Name	
			Medical	Rx
24872PA0030001	HMO	Bronze	CD3Z	E83L



Healthcare Economics

PENNSYLVANIA SMALL GROUP PRICING TREND DEVELOPMENT
APRIL 2022 RATE FILING SUPPORT

PENNSYLVANIA SMALL GROUP PRICING TREND BY COMPONENT									
	Notes:	<u>Inpatient</u>	<u>Outpatient</u>	<u>Professional</u>	<u>Other</u>	<u>Capitation</u>	<u>Total Medical</u>	<u>Retail Pharmacy</u>	<u>Weighted Aggregate</u>
Component Summary									
Utilization / Service Mix	[1], [2]	3.4%	3.7%	3.3%	3.6%	0.0%	3.4%	4.3%	3.6%
Unit Cost	[3]	4.0%	4.3%	2.0%	1.9%	5.1%	3.5%	3.7%	3.5%
Demographic Change	[5]	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Benefit Leveraging	[4]	0.2%	1.1%	1.0%	0.8%	0.0%	0.8%	0.7%	0.8%
<u>Margin</u>		<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>
Total Proposed Pricing Trend	[6]	7.8%	9.4%	6.4%	6.4%	5.1%	7.9%	8.9%	8.1%
Service Weight - Pennsylvania		20.5%	29.4%	19.1%	5.8%	2.5%	77.4%	22.6%	100.0%

Notes:

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

Exhibit - Age Curve Calibration

State: PA || Market Segment: Small Group
 Company: UnitedHealthcare of Pennsylvania, Inc. || HIOS Issuer ID: 24872
 Proposed Effective Date: 1/1/2023

Age	Proposed Factor	Membership Distribution	Age	Proposed Factor	Membership Distribution
0	0.7650	0.60%	33	1.1980	2.29%
1	0.7650	0.52%	34	1.2140	2.68%
2	0.7650	0.62%	35	1.2220	2.33%
3	0.7650	0.48%	36	1.2300	1.58%
4	0.7650	0.84%	37	1.2380	1.70%
5	0.7650	0.37%	38	1.2460	1.68%
6	0.7650	0.70%	39	1.2620	2.12%
7	0.7650	0.57%	40	1.2780	1.79%
8	0.7650	0.38%	41	1.3020	1.64%
9	0.7650	0.20%	42	1.3250	1.51%
10	0.7650	0.88%	43	1.3570	1.94%
11	0.7650	0.63%	44	1.3970	1.72%
12	0.7650	0.91%	45	1.4440	2.18%
13	0.7650	1.15%	46	1.5000	1.75%
14	0.7650	0.57%	47	1.5630	1.96%
15	0.8330	0.87%	48	1.6350	1.15%
16	0.8590	0.41%	49	1.7060	2.09%
17	0.8850	0.96%	50	1.7860	1.63%
18	0.9130	0.77%	51	1.8650	1.59%
19	0.9410	0.93%	52	1.9520	1.33%
20	0.9700	0.85%	53	2.0400	1.35%
21	1.0000	1.92%	54	2.1350	1.64%
22	1.0000	2.93%	55	2.2300	1.38%
23	1.0000	2.49%	56	2.3330	1.20%
24	1.0000	2.33%	57	2.4370	1.82%
25	1.0040	1.99%	58	2.5480	1.50%
26	1.0240	3.28%	59	2.6030	1.09%
27	1.0480	2.95%	60	2.7140	1.21%
28	1.0870	3.31%	61	2.8100	1.47%
29	1.1190	3.39%	62	2.8730	0.90%
30	1.1350	2.80%	63	2.9520	0.85%
31	1.1590	2.88%	64+	3.0000	1.10%
32	1.1830	2.69%			
Weighted Average Factor	1.3759				

Exhibit - Geographic Factor Calibration

State: PA || Market Segment: Small Group

Company: UnitedHealthcare of Pennsylvania, Inc. || HIOS Issuer ID: 24872

Proposed Effective Date: 1/1/2023

Rating Area	Proposed Factor	Membership Distribution
1	0.7825	0.24%
2	0.7673	0.48%
3	0.9384	4.27%
4	0.8671	2.18%
5	0.8690	0.00%
6	0.9159	8.71%
7	0.9284	7.58%
8	0.8719	67.50%
9	0.9111	9.03%
Weighted Average Factor	0.8856	

Single Risk Pool Adjustment Factors

Legal Entity (Credibility: 5.76%)

Other Adjustment	
Catastrophic Claim Adjustment	0.038
Trend (24 vs 25 months)	0.006
Balancing Item	-0.066
TOTAL Other Adj't	0.975

Site Specific Cat Claim Level	\$4.66
Expected Cat Claims, PMPM	\$22.23
Net Cat Claim Override	60%
Cat Claim Adjustment	\$10.54
Total Experience Period Claim Cost, PMPM	\$288.02
Catastrophic Claim Adjustment	0.037

Trend to Rating Period

Annualized Unit Cost Trend	3.88%
Annualized Utilization Trend	3.73%
Trended to 25 months	1.168
Annualized Cost Trend Year 1	3.90%
Annualized Utilization Trend Year 1	3.70%
Annualized Cost Trend Year 2	3.90%
Annualized Utilization Trend Year 2	3.70%
Trended to 24 months	1.161
Trend (24 vs 25 months)	0.006

Credibility Manual (Credibility: 94.24%)

Other Adjustment	
Catastrophic Claim Adjustment	-0.021
Trend (24 vs 25 months)	0.006
Balancing Item	-0.066
TOTAL Other Adj't	0.920

Site Specific Cat Claim Level	\$39.69
Expected Cat Claims, PMPM	\$30.81
Net Cat Claim Override	100%
Cat Claim Adjustment	(\$8.88)
Total Experience Period Claim Cost, PMPM	\$408.99
Catastrophic Claim Adjustment	-0.022

Trend to Rating Period

Annualized Unit Cost Trend	3.88%
Annualized Utilization Trend	3.73%
Trended to 25 months	1.168
Annualized Cost Trend Year 1	3.90%
Annualized Utilization Trend Year 1	3.70%
Annualized Cost Trend Year 2	3.90%
Annualized Utilization Trend Year 2	3.70%
Trended to 24 months	1.161
Trend (24 vs 25 months)	0.006

2023 AV Pricing Value Calculation

Table 10
Column K Column L

	0.684		1.000	0.739	1.049	0.953	1.000	0.684	19,300	
HIOS ID	Relativity	Paid-to-Allowed Adjustment	Cost Sharing (relative to average)	Total (AV)	PID Formula	Normalize Factor	PID Formula x Normalize Factor	Final Plan Relativity	Projected Membership	Metal Level
24872PA0030002	0.7048	0.739	1.0311	0.762	1.059	0.953	1.009	0.7111	2,484	Gold
24872PA0030003	0.7400	0.739	1.0826	0.800	1.080	0.953	1.029	0.7617	3,214	Gold
24872PA0030004	0.7729	0.739	1.1308	0.836	1.103	0.953	1.051	0.8123	1,351	Gold
24872PA0030005	0.6532	0.739	0.9556	0.706	1.033	0.953	0.984	0.6428	3,835	Silver
24872PA0030006	0.6510	0.739	0.9524	0.704	1.032	0.953	0.983	0.6400	1,320	Silver
24872PA0030007	0.6666	0.739	0.9752	0.721	1.039	0.953	0.990	0.6599	1,382	Silver
24872PA0030008	0.6866	0.739	1.0045	0.742	1.049	0.953	1.000	0.6863	1,009	Silver
24872PA0030009	0.6493	0.739	0.9499	0.702	1.031	0.953	0.982	0.6379	4,084	Silver
24872PA0030001	0.6257	0.739	0.9154	0.676	1.021	0.953	0.973	0.6090	621	Bronze

	0.739	1.000
Pricing AV (company-determined AV)	Benefit Richness (induced demand)	
0.762	1.009	
0.800	1.029	
0.836	1.051	
0.706	0.984	
0.704	0.983	
0.721	0.990	
0.742	1.000	
0.702	0.982	
0.676	0.973	

Plan Adjusted Index Rate (PAIR) Exhibit

Market: Pennsylvania Small Group
 License: UnitedHealthcare of Pennsylvania, Inc.

	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Bronze
	UHCPA	UHCPA	UHCPA	UHCPA	UHCPA	UHCPA	UHCPA	UHCPA	UHCPA
Plan Name	CVOY	CVOZ	CVO2	CVO3	CVO4	CVO5	CVO6	CVO7	CD3Z
Effective Date	1Q23	1Q23	1Q23	1Q23	1Q23	1Q23	1Q23	1Q23	1Q23
Index Rate	\$507.99	\$507.99	\$507.99	\$507.99	\$507.99	\$507.99	\$507.99	\$507.99	\$507.99
Risk Adjustment	-9.28%	-9.28%	-9.28%	-9.28%	-9.28%	-9.28%	-9.28%	-9.28%	-9.28%
Reinsurance Assessment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Market Adjusted Index Rate	\$555.13	\$555.13	\$555.13	\$555.13	\$555.13	\$555.13	\$555.13	\$555.13	\$555.13
Provider Network Savings	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Benefit Extra EHB	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003
Actuarial Value and Cost Sharing	0.762	0.800	0.836	0.706	0.704	0.721	0.742	0.702	0.676
Benefit Richness (Induced Demand)	1.009	1.029	1.051	0.984	0.983	0.990	1.000	0.982	0.973
Distribution And Administrative cost	17.6%	17.6%	17.6%	17.6%	17.6%	17.6%	17.6%	17.6%	17.6%
Plan Adjusted Index Rate	\$519.58	\$556.54	\$593.43	\$469.64	\$467.61	\$482.14	\$501.40	\$466.06	\$444.91
Calibration									
Age Factor Calibration	1.3759	1.3759	1.3759	1.3759	1.3759	1.3759	1.3759	1.3759	1.3759
Area Factor Calibration	0.8856	0.8856	0.8856	0.8856	0.8856	0.8856	0.8856	0.8856	0.8856
Tobacco Factor Calibration	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Calibrated PAIR without Normalization	\$426.43	\$456.75	\$487.03	\$385.43	\$383.77	\$395.69	\$411.50	\$382.50	\$365.14
Trend Normalization									
Calibrated Plan Adjusted Index Rate	\$426.43	\$456.75	\$487.03	\$385.43	\$383.77	\$395.69	\$411.50	\$382.50	\$365.14

Consumer Adjusted Prem Rates - Area 1 (Age 21)									\$285.72
Consumer Adjusted Prem Rates - Area 2 (Age 21)									\$280.17
Consumer Adjusted Prem Rates - Area 3 (Age 21)	\$400.16	\$428.62	\$457.03	\$361.69	\$360.13	\$371.32	\$386.15	\$358.93	\$342.65
Consumer Adjusted Prem Rates - Area 4 (Age 21)									\$316.61
Consumer Adjusted Prem Rates - Area 5 (Age 21)									\$317.31
Consumer Adjusted Prem Rates - Area 6 (Age 21)	\$390.57	\$418.34	\$446.07	\$353.02	\$351.49	\$362.42	\$376.89	\$350.33	
Consumer Adjusted Prem Rates - Area 7 (Age 21)	\$395.90	\$424.05	\$452.16	\$357.84	\$356.29	\$367.36	\$382.04	\$355.11	
Consumer Adjusted Prem Rates - Area 8 (Age 21)	\$371.81	\$398.24	\$424.64	\$336.06	\$334.61	\$345.01	\$358.79	\$333.50	
Consumer Adjusted Prem Rates - Area 9 (Age 21)	\$388.52	\$416.15	\$443.73	\$351.17	\$349.65	\$360.52	\$374.92	\$348.49	

Rate Tables Template Rates - Area 1 (Age 21)									\$285.80
Rate Tables Template Rates - Area 2 (Age 21)									\$280.25
Rate Tables Template Rates - Area 3 (Age 21)	\$400.21	\$428.68	\$457.16	\$361.77	\$360.19	\$371.39	\$386.25	\$359.01	\$342.75
Rate Tables Template Rates - Area 4 (Age 21)									\$316.70
Rate Tables Template Rates - Area 5 (Age 21)									\$317.39
Rate Tables Template Rates - Area 6 (Age 21)	\$390.61	\$418.40	\$446.20	\$353.09	\$351.55	\$362.48	\$376.98	\$350.40	
Rate Tables Template Rates - Area 7 (Age 21)	\$395.94	\$424.11	\$452.29	\$357.91	\$356.35	\$367.43	\$382.13	\$355.18	
Rate Tables Template Rates - Area 8 (Age 21)	\$371.84	\$398.30	\$424.76	\$336.13	\$334.66	\$345.07	\$358.87	\$333.56	
Rate Tables Template Rates - Area 9 (Age 21)	\$388.56	\$416.21	\$443.86	\$351.24	\$349.71	\$360.58	\$375.01	\$348.56	

Plan Revenue Neutrality Calculation

Group:	PA 2-50
Effective Date:	1/1/2023

Avg Rel	Avg Rel	Rev Neutrality
0.7986	0.7866	1.5%

License	Product	Medical Plan Code	Rx Plan Code	Integrated Rx?	Membership	Current Combined Med+Rx Plan Rel	Resloped Combined Med+Rx Plan Rel	Model Difference
UHC	EPO	BIDL	575	Y	0	0.6107	0.6602	8.1%
UHC	EPO	BIDI	911	Y	0	0.6413	0.6439	0.4%
UHC	EPO	CD3N	E83L	Y	762	0.6136	0.6200	1.0%
UHC	EPO	BIEI	911	Y	670	0.7979	0.7896	-1.0%
UHC	EPO	BRBQ	911	N	1,357	0.8105	0.8068	-0.5%
UHC	EPO	BID5	912	N	10	0.7512	0.7702	2.5%
UHC	EPO	BRBU	911	N	3,193	0.7512	0.7559	0.6%
UHC	EPO	BRB5	911	N	3,835	0.7962	0.7952	-0.1%
UHC	EPO	BIC4	911	Y	1,023	0.8579	0.8300	-3.3%
UHC	EPO	BICZ	911	N	0	0.8631	0.8360	-3.1%
UHC	EPO	BRAN	911	N	246	0.8532	0.8532	-1.1%
UHC	EPO	BRAR	911	Y	2	0.8770	0.8365	-4.6%
UHC	EPO	BRBF	B55V	N	67	0.7619	0.7504	-1.5%
UHC	EPO	BRBH	B55V	N	274	0.7238	0.7181	-0.8%
UHC	EPO	BRAO	B54V	N	3,802	0.8143	0.7947	-2.4%
UHC	EPO	BRAT	B56	N	282	0.8196	0.8128	-0.8%
UHC	EPO	BRBM	B55V	N	710	0.7655	0.7558	-1.3%
UHC	EPO	BRBO	911	N	1,269	0.8252	0.8198	-0.7%
UHC	EPO	CD2I	F53L	N	2,487	0.8161	0.7976	-2.3%
UHC	EPO	CD2K	F51L	N	207	0.7918	0.7781	-1.7%
UHC	EPO	CD2O	F53L	Y	2,410	0.8196	0.8062	-1.6%
UHC	EPO	CD2T	F54L	N	167	0.7563	0.7487	-1.0%
UHC	EPO	CD2V	F53L	N	3,759	0.7609	0.7495	-1.5%
UHC	EPO	CD2X	F53L	N	2,313	0.7614	0.7508	-1.4%
UHC	EPO	CD2Z	F53L	N	4,703	0.7532	0.7443	-1.2%
UHC	EPO	CD23	F53L	N	3,119	0.6942	0.6931	-0.2%
UHC	EPO	CD3I	F53L	Y	872	0.7473	0.7434	-0.5%
UHC	EPO	CD35	F54L	N	502	0.7324	0.7277	-0.6%
UHC	EPO	CD3U	F54L	N	383	0.7193	0.7161	-0.4%
UHC	EPO	BIEF	917	N	50	0.9865	0.9005	-8.7%
UHC	EPO	BRBX	917	N	2,040	0.9865	0.9608	-2.6%
UHC	EPO	BID9	916	N	0	0.9554	0.8843	-7.4%
UHC	EPO	BRBZ	916	N	3,249	0.9554	0.9326	-2.4%
UHC	EPO	BRA4	916	N	276	0.9949	0.9671	-2.8%
UHC	EPO	BRA3	B56	N	36	0.9307	0.9079	-2.4%
UHC	EPO	CD2L	F51L	N	157	0.9026	0.8724	-3.3%
UHC	EPO	CD2M	F53L	N	937	0.9526	0.9158	-3.9%
UHC	EPO	CD26	F53L	N	2,550	0.9500	0.9137	-3.8%
UHC	EPO	CD28	F53L	N	3,038	0.9347	0.9007	-3.6%
UHC	EPO	BRAW	B54V	N	4,683	0.6538	0.6550	0.2%
UHC	EPO	BIC8	911	Y	0	0.7163	0.7108	-0.8%
UHC	EPO	BIC8	B54V	Y	1,658	0.7163	0.7108	-0.8%
UHC	EPO	BRAY	B54V	Y	1,024	0.6551	0.6567	0.2%
UHC	EPO	BIDE	B54V	Y	1,177	0.6920	0.6902	-0.3%
UHC	EPO	BRBJ	B55V	N	145	0.6429	0.6477	0.7%
UHC	EPO	BRAU	B54V	N	1,023	0.7021	0.6970	-0.7%
UHC	EPO	BRB3	B55V	N	128	0.6466	0.6528	1.0%
UHC	EPO	BRB9	B54V	N	553	0.6764	0.6742	-0.3%
UHC	EPO	CD3A	F53L	N	6,680	0.6545	0.6566	0.3%
UHC	EPO	CD3B	F54L	N	964	0.6422	0.6492	1.1%
UHC	EPO	CD3E	F54L	N	1,286	0.6424	0.6503	1.2%
UHC	EPO	CD3G	F53L	Y	2,625	0.7123	0.7094	-0.4%
UHC	EPO	CD3L	F53L	N	72	0.6387	0.6427	0.6%
UHC	EPO	CD3O	F53L	N	2,012	0.6718	0.6710	-0.1%
UHC	EPO	CD3Q	F53L	N	761	0.6648	0.6650	0.0%
UHC	EPO	CD3W	F53L	Y	2,804	0.6843	0.6845	0.0%
UHCPA	HMO	BIDO	910V	Y	0	0.5989	0.6270	4.7%
UHCPA	HMO	CD3Z	E83L	Y	75	0.6016	0.6112	1.6%
UHCPA	HMO	BRA7	B54V	N	390	0.6931	0.6941	0.1%
UHCPA	HMO	BRA8	B54V	N	1,388	0.7681	0.7597	-1.1%
UHCPA	HMO	BRBD	B54V	N	21	0.8338	0.8174	-2.0%
UHCPA	HMO	CD32	F53L	N	880	0.6827	0.6855	0.4%
UHCPA	HMO	CD33	F53L	N	2,142	0.7494	0.7439	-0.7%
UHCPA	HMO	CD34	F53L	N	756	0.8042	0.7917	-1.6%
UHCPA	HMO	BRA9	B54V	N	2,705	0.6382	0.6444	1.0%
UHCPA	HMO	BRBA	B54V	N	601	0.6361	0.6423	1.0%
UHCPA	HMO	BRBB	B54V	Y	78	0.6792	0.6812	0.3%
UHCPA	HMO	BRBC	B54V	N	286	0.6892	0.6890	0.0%
UHCPA	HMO	BRBE	B54V	Y	658	0.6316	0.6378	1.0%
UHCPA	HMO	CD35	F53L	N	2,215	0.6313	0.6392	1.3%
UHCPA	HMO	CD36	F53L	N	967	0.6275	0.6355	1.3%
UHCPA	HMO	CD37	F53L	Y	507	0.6621	0.6666	0.7%
UHCPA	HMO	CD38	F53L	N	253	0.6786	0.6808	0.3%
UHCPA	HMO	CD39	F53L	Y	2,283	0.6233	0.6308	1.2%
UHCPA	POS	CD3Y	E83L	Y	498	0.6229	0.6286	0.9%
UHC	POS	BIEH	911	Y	18	0.8147	0.8040	-1.3%
UHC	POS	BRBV	911	Y	2,264	0.8147	0.8045	-1.3%
UHC	POS	BID4	912	N	0	0.7645	0.7788	1.9%
UHC	POS	BRBW	911	N	9,241	0.7645	0.7680	0.5%
UHC	POS	BID3	911	N	20	0.8290	0.8166	-1.5%
UHC	POS	BRBR	911	N	7,783	0.8290	0.8233	-0.7%
UHC	POS	BID6	912	N	1	0.8121	0.8073	-0.6%
UHC	POS	BRBT	911	N	7,003	0.8121	0.8094	-0.3%
UHC	POS	BIC5	911	Y	2,040	0.8723	0.8426	-3.4%
UHC	POS	BICY	911	N	0	0.8795	0.8452	-3.9%
UHC	POS	BRAP	911	N	7,674	0.8795	0.8678	-1.3%
UHC	POS	BRAS	911	Y	73	0.8922	0.8496	-4.8%
UHC	POS	BIC3	914	N	7	0.7789	0.7785	-0.1%
UHC	POS	BIDV	915	N	0	0.7762	0.7753	-0.1%
UHC	POS	BRBG	B55V	N	461	0.7762	0.7631	-1.7%
UHC	POS	BRBI	B55V	N	558	0.7373	0.7301	-1.0%
UHC	POS	BRBP	911	N	1,058	0.8415	0.8345	-0.8%
UHC	POS	CD2J	F53L	N	9,225	0.8321	0.8116	-2.5%
UHC	POS	CD2P	F53L	Y	4,600	0.8338	0.8188	-1.8%
UHC	POS	CD2W	F53L	N	4,891	0.7764	0.7632	-1.7%
UHC	POS	CD2Y	F53L	N	9,058	0.7830	0.7692	-1.8%
UHC	POS	CD22	F53L	N	9,943	0.7687	0.7579	-1.4%
UHC	POS	CD24	F53L	Y	4,490	0.7686	0.7624	-0.8%
UHC	POS	CD25	F53L	N	11,704	0.7070	0.7045	-0.4%
UHC	POS	CD3T	F54L	N	1,194	0.7467	0.7406	-0.8%
UHC	POS	CD3V	F54L	N	666	0.7332	0.7286	-0.6%
UHC	POS	BIEG	917	N	6	1.0094	0.9115	-9.7%
UHC	POS	BRBY	917	N	9,471	1.0094	0.9805	-2.9%
UHC	POS	BID8	916	N	39	0.9748	0.8941	-8.3%
UHC	POS	BRB2	916	N	6,131	0.9748	0.9496	-2.6%
UHC	POS	BIDM	916	N	0	1.0166	0.9145	-10.0%
UHC	POS	BRA5	916	N	3,215	1.0166	0.9859	-3.0%
UHC	POS	CD2N	F53L	N	4,703	0.9741	0.9343	-4.1%
UHC	POS	CD27	F53L	N	13,808	0.9725	0.9332	-4.0%
UHC	POS	CD29	F53L	N	14,723	0.9544	0.9176	-3.9%
UHC	POS	BIDB	913	N	2	0.6649	0.7007	5.4%
UHC	POS	BRAX	B54V	N	2,748	0.6649	0.6650	0.0%
UHC	POS	BIC9	911	Y	0	0.7288	0.7221	-0.9%
UHC	POS	BIC9	B54V	Y	6,130	0.7288	0.7221	-0.9%
UHC	POS	BRAZ	B54V	Y	488	0.6660	0.6666	0.1%
UHC	POS	BIDF	B54V	Y	1,171	0.7037	0.7007	-0.4%
UHC	POS	BRBK	B55V	N	565	0.6524	0.6563	0.6%
UHC	POS	BIEA	911	N	53	0.6860	0.7153	4.3%
UHC	POS	BRAV	B54V	N	2,524	0.7141	0.7077	-0.9%
UHC	POS	BRB4	B55V	N	71	0.6562	0.6616	0.8%
UHC	POS	BRCA	B54V	N	838	0.6873	0.6841	-0.5%
UHC	POS	CD3C	F53L	N	5,160	0.6660	0.6670	0.2%
UHC	POS	CD3D	F54L	N	2,548	0.6520	0.6582	1.0%
UHC	POS	CD3F	F54L	N	383	0.6522	0.6593	1.1%
UHC	POS	CD3H	F53L	Y	9,576	0.7251	0.7209	-0.6%
UHC	POS	CD3P	F53L	N	4,341	0.6835	0.6815	-0.3%
UHC	POS	CD3R	F53L	N	586	0.6813	0.6797	-0.2%
UHC	POS	CD3X	F53L	Y	3,228	0.6962	0.6954	-0.1%

Projected Risk Adjustment PMPM

a	Billable Member Months	16,255
b	Plan Liability Risk Score	0.7352
c	Allowable Rating Factor	1.3825
d	Geographic Cost Factor	1.0270
e	Induced Demand Factor	1.0470
f	Actuarial Value	0.7338
g	PA UHC Total – Product for All Plans with Risk	0.7820
h	PA UHC Total – Product for All Plans without Risk	1.0908
i	State Avg – Product for All Plans with Risk	1.3370
j	State Avg – Product for All Plans without Risk	1.2182
k	State Average Premium	\$544.56
l	Administrative Cost Adjustment to State Average Premium	86%
m	Transfer PMPM	(\$145.44)
n	PA UHC Average Premium	\$446.76
o	Transfer as a Percent of PA UHC Average Premium	-9.3%
p	Proj Inc Claims, before ACA rein & Risk Adj't, PMPM (URRT Wksht 1)	\$507.99
q	Risk Adjustment User Fee	\$0.22
r	Projected Risk Adjustments PMPM	(\$47.14)

$$T_i = \left[\frac{PLRS_i \times IDF_i \times GCF_i}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV_i \times ARF_i \times IDF_i \times GCF_i}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}_s$$

$$m = \left[\frac{g}{i} - \frac{h}{j} \right] k \times l$$

- T_i = Plan *i* Transfer PMPM
- $PLRS_i$ = Plan *i* Plan Liability Risk Score
- AV_i = Plan *i* Actuarial Value
- ARF_i = Plan *i* Average Rating Factor
- IDF_i = Plan *i* Induced Demand Factor
- GCF_i = Plan *i* Geographic Cost Factor
- s_i = Plan *i* Share of State Enrollment

Notes:

- Values are estimated based on 2021 RATEE files as of 05/04/2022, RATEE survey results from PID, and WNRAR 202112
- Values do not include any estimated model change for 2022 or 2023
- UHCPA only

Healthcare Economics

PENNSYLVANIA SMALL GROUP PRICING TREND DEVELOPMENT APRIL 2022 RATE FILING SUPPORT

PENNSYLVANIA SMALL GROUP PRICING TREND BY COMPONENT									
	Notes:	<u>Inpatient</u>	<u>Outpatient</u>	<u>Professional</u>	<u>Other</u>	<u>Capitation</u>	<u>Total Medical</u>	<u>Retail Pharmacy</u>	<u>Weighted Aggregate</u>
Component Summary									
Utilization / Service Mix	[1], [2]	3.5%	3.8%	3.3%	3.6%	0.0%	3.5%	4.6%	3.7%
Unit Cost	[3]	4.5%	4.7%	2.0%	2.0%	10.3%	3.9%	3.7%	3.9%
Demographic Change	[5]	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Benefit Leveraging	[4]	0.2%	1.2%	1.0%	0.8%	0.0%	0.8%	0.7%	0.8%
<u>Margin</u>		<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>
Total Proposed Pricing Trend	[6]	8.4%	10.0%	6.4%	6.5%	10.3%	8.4%	9.2%	8.6%
Service Weight - Pennsylvania		20.5%	29.4%	19.1%	5.8%	2.5%	77.4%	22.6%	100.0%

Notes:

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

Federal MLR Development

Estimated Federal MLR Calculation		
Claims		
(A)	Projected Claims	\$411.97
(B)	<u>QI-IT Initiatives, Fraud, Medical Management</u>	<u>\$3.97</u>
(C)	Total Projected Claims for MLR (A + B)	\$415.94
Premium		
(D)	Avg Single Risk Pool Gross Premium	\$500.01
(E)	<u>Total Taxes and Fees</u>	<u>\$3.30</u>
(F)	Total Premium for MLR (D - E)	\$496.71
MLR (C / F)		83.7%

Premium Taxes and Fees Allocation		Estimated % of Premium
	Federal / State Income Tax on Profit & Risk Load	0.53%
	Premium Tax	0.00%
	ACA Taxes: Insurer Fee	0.00%
	ACA Taxes: PCORI Fee	0.05%
	ACA Taxes: Risk Adjustment User Fee	0.04%
	ACA Taxes: Exchange User Fee	0.00%
	All Other Taxes & Fees	0.03%
Total		0.66%

Paid to Allowed Ratio Calculation

Projected Paid to Allowed Ratio - Projection Period	74.0%
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Blended Experience Period Paid to Allowed Ratio	71.6%
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Legal Entity:

Experience Period Incurred Claim, PMPM	\$ 277.47
Experience Period Allowed Claim, PMPM	\$ 374.36
Experience Period Paid to Allowed Ratio	74.1%

Allowed Claims (Non-Capitated)	\$ 6,390,976
Total Prescription Drug Rebates*	\$ (377,731)
Total EHB Capitation	\$ 53,314
Experience Period Allowed Claim	\$ 6,066,560
Member Months	16,205
Experience Period Allowed Claim, PMPM	\$ 374.36

Credibility Manual:

Experience Period Incurred Claim, PMPM	\$ 417.87
Experience Period Allowed Claim, PMPM	\$ 504.44
Experience Period Paid to Allowed Ratio	82.8%
Experience Period Adjusted Paid to Allowed Ratio	71.4%

Starting Point - Relativity Differential	0.8328
Normalized for Induced Demand and Network Differentials	
Induced Demand	0.9661
Needed P/A adj't to Cred Man. to Match Filing Entity	0.8620

Leveraging Impact	1.0165
Re-Sloping/Revenue Neutrality Adjustment	1.0000
Cost Sharing Distr. Shift (Includes Re-Sloping/Revenue Neutrality Adj't)	1.0170

Leveraging Impact Calculation:

Leveraging Trend	0.8%
Months of Trend Applied	25
Leveraging Impact	1.0165

Cost Sharing Distr. Shift*Filed 1/1/2023*

Current Medical Manual Rate	\$ 599.74
Average Med & Rx Rel	0.6844
<i>Pending Approval 10/1/2022</i>	
Current Medical Manual Rate	\$ 578.07
Average Med Rel	0.6728
Cost Sharing Distr. Shift	1.0170

Metal Tier	Avg Sloping Adj	Projected Mbr Months
Bronze	1.000	623
Silver	1.030	11,626
Gold	1.080	7,051
Platinum	1.150	0
Projected Avg IDF:	1.047	

Metal Tier	Avg Sloping Adj	Experience Mbr Months
Bronze	1.000	75
Silver	1.030	10,553
Gold	1.080	5,577
Platinum	1.150	0
Legal Entity Avg IDF:	1.047	

Metal Tier	Avg Sloping Adj	Experience Mbr Months
Bronze	1.000	1,260
Silver	1.030	68,007
Gold	1.080	131,634
Platinum	1.150	64,429
Credibility Manual Avg IDF:	1.084	

Legal Entity Med Rel:	0.6728
Credibility Manual Med Rel:	0.8079
Starting Point - Relativity Differential	0.8328

PA Area Factor Analysis

Rating Area	Total (UHIC + UHCPA) Member Months CY 2021	A. Current Pricing Area Factors	HCE Area Factors 202101 - 202112	UCRT Adjustment	B. HCE Area Factors 202101 - 202112	B. Indicated Area Factors	C. Indicated Change C = (B/A)-1
1	6,373	0.7554	0.8266	1.0164	0.872	0.7825	3.6%
2	72	0.8569	0.8177	1.0014	0.855	0.7673	-10.5%
3	9,891	0.9976	1.0354	1.0211	1.046	0.9384	-5.9%
4	63,323	0.8081	0.9294	1.0307	0.966	0.8671	7.3%
5	3,687	0.7510	0.9674	0.9928	0.968	0.8690	15.7%
6	17,375	0.9746	1.0377	0.9886	1.021	0.9159	-6.0%
7	15,836	1.0017	1.0592	0.9850	1.035	0.9284	-7.3%
8	146,710	0.8828	0.9820	0.9822	0.972	0.8719	-1.2%
9	18,268	0.9094	1.0192	1.0000	1.015	0.9111	0.2%
Totals	281,535	0.8795	0.9785	0.9971	0.9801	0.8795	0.0%

2023 Rates Table Template v12.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	24872				
Rate Effective Date*	1/1/2023				
Rate Expiration Date*	3/31/2023				
Rating Method*	Age-Based Rates				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	
<small>Required: Enter the 14-character Plan ID</small>	<small>Required: Select the Rating Area ID</small>	<small>Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan</small>	<small>Required: Select the age of a subscriber eligible for the rate</small>	<small>Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan</small>	
24872PA0030001	Rating Area 1	No Preference	0-14	218.64	
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24872PA0030001	Rating Area 1	No Preference	20	277.23	
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24872PA0030001	Rating Area 1	No Preference	22	285.80	
24872PA0030001	Rating Area 1	No Preference	23	285.80	
24872PA0030001	Rating Area 1	No Preference	24	285.80	
24872PA0030001	Rating Area 1	No Preference	25	286.94	
24872PA0030001	Rating Area 1	No Preference	26	292.66	
24872PA0030001	Rating Area 1	No Preference	27	299.52	
24872PA0030001	Rating Area 1	No Preference	28	310.66	
24872PA0030001	Rating Area 1	No Preference	29	319.81	
24872PA0030001	Rating Area 1	No Preference	30	324.38	
24872PA0030001	Rating Area 1	No Preference	31	331.24	
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24872PA0030001	Rating Area 1	No Preference	33	342.39	
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24872PA0030001	Rating Area 1	No Preference	37	353.82	
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24872PA0030001	Rating Area 1	No Preference	39	360.68	
24872PA0030001	Rating Area 1	No Preference	40	365.25	
24872PA0030001	Rating Area 1	No Preference	41	372.11	
24872PA0030001	Rating Area 1	No Preference	42	378.69	
24872PA0030001	Rating Area 1	No Preference	43	387.83	
24872PA0030001	Rating Area 1	No Preference	44	399.26	
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24872PA0030009	Rating Area 7	No Preference	51	662.41
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24872PA0030009	Rating Area 7	No Preference	62	1020.43
24872PA0030009	Rating Area 7	No Preference	63	1048.49
24872PA0030009	Rating Area 7	No Preference	64 and over	1065.54
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24872PA0030009	Rating Area 8	No Preference	15	277.86
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24872PA0030009	Rating Area 9	No Preference	58	888.13
24872PA0030009	Rating Area 9	No Preference	59	907.30
24872PA0030009	Rating Area 9	No Preference	60	945.99

24872PA0030009 Rating Area 9	No Preference	61	979.45
24872PA0030009 Rating Area 9	No Preference	62	1001.41
24872PA0030009 Rating Area 9	No Preference	63	1028.95
24872PA0030009 Rating Area 9	No Preference	64 and over	1045.68

2023 Rates Table Template v12.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.		
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.		
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.		
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.		
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.		
HIOS Issuer ID*	24872			
Rate Effective Date*	4/1/2023			
Rate Expiration Date*	6/30/2023			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
24872PA0030001	Rating Area 1	No Preference	0-14	223.01
24872PA0030001	Rating Area 1	No Preference	15	242.84
24872PA0030001	Rating Area 1	No Preference	16	250.42
24872PA0030001	Rating Area 1	No Preference	17	258.00
24872PA0030001	Rating Area 1	No Preference	18	266.16
24872PA0030001	Rating Area 1	No Preference	19	274.32
24872PA0030001	Rating Area 1	No Preference	20	282.77
24872PA0030001	Rating Area 1	No Preference	21	291.52
24872PA0030001	Rating Area 1	No Preference	22	291.52
24872PA0030001	Rating Area 1	No Preference	23	291.52
24872PA0030001	Rating Area 1	No Preference	24	291.52
24872PA0030001	Rating Area 1	No Preference	25	292.69
24872PA0030001	Rating Area 1	No Preference	26	298.52
24872PA0030001	Rating Area 1	No Preference	27	305.51
24872PA0030001	Rating Area 1	No Preference	28	316.88
24872PA0030001	Rating Area 1	No Preference	29	326.21
24872PA0030001	Rating Area 1	No Preference	30	330.88
24872PA0030001	Rating Area 1	No Preference	31	337.87
24872PA0030001	Rating Area 1	No Preference	32	344.87
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24872PA0030001	Rating Area 1	No Preference	36	358.57
24872PA0030001	Rating Area 1	No Preference	37	360.90
24872PA0030001	Rating Area 1	No Preference	38	363.23
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24872PA0030001	Rating Area 1	No Preference	40	372.56
24872PA0030001	Rating Area 1	No Preference	41	379.56
24872PA0030001	Rating Area 1	No Preference	42	386.26
24872PA0030001	Rating Area 1	No Preference	43	395.59
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24872PA0030001	Rating Area 1	No Preference	45	420.95
24872PA0030001	Rating Area 1	No Preference	46	437.28
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24872PA0030001	Rating Area 1	No Preference	52	569.05
24872PA0030001	Rating Area 1	No Preference	53	594.70
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24872PA0030001	Rating Area 1	No Preference	56	680.12
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24872PA0030001	Rating Area 1	No Preference	58	742.79
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24872PA0030001	Rating Area 1	No Preference	62	837.54
24872PA0030001	Rating Area 1	No Preference	63	860.57
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24872PA0030001	Rating Area 2	No Preference	30	324.44
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24872PA0030001	Rating Area 2	No Preference	38	356.17
24872PA0030001	Rating Area 2	No Preference	39	360.74
24872PA0030001	Rating Area 2	No Preference	40	365.32
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24872PA0030001	Rating Area 2	No Preference	43	387.90
24872PA0030001	Rating Area 2	No Preference	44	399.33
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24872PA0030001	Rating Area 2	No Preference	52	557.98
24872PA0030001	Rating Area 2	No Preference	53	583.13

24872PA0030001	Rating Area 2	No Preference	54	610.29
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24872PA0030001	Rating Area 2	No Preference	58	728.35
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24872PA0030001	Rating Area 3	No Preference	20	339.11
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24872PA0030001	Rating Area 4	No Preference	60	876.70
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24872PA0030001	Rating Area 4	No Preference	64 and over	969.09
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24872PA0030001	Rating Area 5	No Preference	16	278.09
24872PA0030001	Rating Area 5	No Preference	17	286.51
24872PA0030001	Rating Area 5	No Preference	18	295.57
24872PA0030001	Rating Area 5	No Preference	19	304.64
24872PA0030001	Rating Area 5	No Preference	20	314.03
24872PA0030001	Rating Area 5	No Preference	21	323.74
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24872PA0030001	Rating Area 5	No Preference	24	323.74
24872PA0030001	Rating Area 5	No Preference	25	325.03
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24872PA0030001	Rating Area 5	No Preference	28	351.91
24872PA0030001	Rating Area 5	No Preference	29	362.27
24872PA0030001	Rating Area 5	No Preference	30	367.44
24872PA0030001	Rating Area 5	No Preference	31	375.21
24872PA0030001	Rating Area 5	No Preference	32	382.98
24872PA0030001	Rating Area 5	No Preference	33	387.84
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24872PA0030001	Rating Area 5	No Preference	35	395.61
24872PA0030001	Rating Area 5	No Preference	36	398.20
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24872PA0030001	Rating Area 5	No Preference	45	467.48
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24872PA0030001	Rating Area 5	No Preference	47	506.01
24872PA0030001	Rating Area 5	No Preference	48	529.31
24872PA0030001	Rating Area 5	No Preference	49	552.30
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24872PA0030001	Rating Area 5	No Preference	51	603.78
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24872PA0030001	Rating Area 5	No Preference	53	660.43
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24872PA0030001	Rating Area 5	No Preference	55	721.94
24872PA0030001	Rating Area 5	No Preference	56	755.29
24872PA0030001	Rating Area 5	No Preference	57	788.95
24872PA0030001	Rating Area 5	No Preference	58	824.89
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24872PA0030001	Rating Area 5	No Preference	62	930.11
24872PA0030001	Rating Area 5	No Preference	63	956.68
24872PA0030001	Rating Area 5	No Preference	64 and over	971.22
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24872PA0030003	Rating Area 6	No Preference	63	1259.83
24872PA0030003	Rating Area 6	No Preference	64 and over	1280.31
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24872PA0030008	Rating Area 3	No Preference	16	338.42
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24872PA0030008	Rating Area 3	No Preference	19	370.73
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24872PA0030008	Rating Area 3	No Preference	21	393.97
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24872PA0030009	Rating Area 7	No Preference	43	491.63
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24872PA0030009	Rating Area 7	No Preference	45	523.15
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24872PA0030009	Rating Area 7	No Preference	48	592.34
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24872PA0030009	Rating Area 7	No Preference	53	739.07
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24872PA0030009	Rating Area 7	No Preference	63	1069.48
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24872PA0030009	Rating Area 8	No Preference	15	283.42
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24872PA0030009	Rating Area 8	No Preference	20	330.03
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24872PA0030009	Rating Area 9	No Preference	59	925.44
24872PA0030009	Rating Area 9	No Preference	60	964.91

24872PA0030009 Rating Area 9	No Preference	61	999.04
24872PA0030009 Rating Area 9	No Preference	62	1021.44
24872PA0030009 Rating Area 9	No Preference	63	1049.52
24872PA0030009 Rating Area 9	No Preference	64 and over	1066.59

2023 Rates Table Template v12.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.		
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.		
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.		
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.		
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.		
HIOS Issuer ID*	24872			
Rate Effective Date*	7/1/2023			
Rate Expiration Date*	9/30/2023			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
<small>Required: Enter the 14-character Plan ID</small>	<small>Required: Select the Rating Area ID</small>	<small>Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan</small>	<small>Required: Select the age of a subscriber eligible for the rate</small>	<small>Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan</small>
24872PA0030001	Rating Area 1	No Preference	0-14	227.39
24872PA0030001	Rating Area 1	No Preference	15	247.60
24872PA0030001	Rating Area 1	No Preference	16	255.33
24872PA0030001	Rating Area 1	No Preference	17	263.06
24872PA0030001	Rating Area 1	No Preference	18	271.38
24872PA0030001	Rating Area 1	No Preference	19	279.70
24872PA0030001	Rating Area 1	No Preference	20	288.32
24872PA0030001	Rating Area 1	No Preference	21	297.24
24872PA0030001	Rating Area 1	No Preference	22	297.24
24872PA0030001	Rating Area 1	No Preference	23	297.24
24872PA0030001	Rating Area 1	No Preference	24	297.24
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24872PA0030001	Rating Area 1	No Preference	26	304.37
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24872PA0030001	Rating Area 1	No Preference	28	323.10
24872PA0030001	Rating Area 1	No Preference	29	332.61
24872PA0030001	Rating Area 1	No Preference	30	337.37
24872PA0030001	Rating Area 1	No Preference	31	344.50
24872PA0030001	Rating Area 1	No Preference	32	351.63
24872PA0030001	Rating Area 1	No Preference	33	356.09
24872PA0030001	Rating Area 1	No Preference	34	360.85
24872PA0030001	Rating Area 1	No Preference	35	363.23
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24872PA0030001	Rating Area 1	No Preference	37	367.98
24872PA0030001	Rating Area 1	No Preference	38	370.36
24872PA0030001	Rating Area 1	No Preference	39	375.12
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24872PA0030001	Rating Area 1	No Preference	41	387.01
24872PA0030001	Rating Area 1	No Preference	42	393.84
24872PA0030001	Rating Area 1	No Preference	43	403.35
24872PA0030001	Rating Area 1	No Preference	44	415.24
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24872PA0030001	Rating Area 1	No Preference	47	464.59
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24872PA0030001	Rating Area 1	No Preference	50	530.87
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24872PA0030001	Rating Area 1	No Preference	55	662.85
24872PA0030001	Rating Area 1	No Preference	56	693.46
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24872PA0030001	Rating Area 1	No Preference	59	773.72
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24872PA0030001	Rating Area 1	No Preference	62	853.97
24872PA0030001	Rating Area 1	No Preference	63	877.45
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24872PA0030001	Rating Area 2	No Preference	15	242.79
24872PA0030001	Rating Area 2	No Preference	16	250.36
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24872PA0030001	Rating Area 2	No Preference	18	266.10
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24872PA0030001	Rating Area 2	No Preference	28	316.82
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24872PA0030001	Rating Area 2	No Preference	32	344.80
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24872PA0030001	Rating Area 2	No Preference	36	358.50
24872PA0030001	Rating Area 2	No Preference	37	360.83
24872PA0030001	Rating Area 2	No Preference	38	363.16
24872PA0030001	Rating Area 2	No Preference	39	367.82
24872PA0030001	Rating Area 2	No Preference	40	372.49
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24872PA0030001	Rating Area 2	No Preference	42	386.18
24872PA0030001	Rating Area 2	No Preference	43	395.51
24872PA0030001	Rating Area 2	No Preference	44	407.17
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24872PA0030001	Rating Area 2	No Preference	52	568.93
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24872PA0030001	Rating Area 2	No Preference	56	679.98
24872PA0030001	Rating Area 2	No Preference	57	710.29
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24872PA0030001	Rating Area 4	No Preference	53	671.91
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24872PA0030001	Rating Area 4	No Preference	60	893.91
24872PA0030001	Rating Area 4	No Preference	61	925.53

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24872PA0030001	Rating Area 4	No Preference	63	972.30
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24872PA0030001	Rating Area 5	No Preference	39	416.57
24872PA0030001	Rating Area 5	No Preference	40	421.86
24872PA0030001	Rating Area 5	No Preference	41	429.78
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24872PA0030001	Rating Area 5	No Preference	47	515.93
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24872PA0030001	Rating Area 5	No Preference	63	974.43
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24872PA0030009	Rating Area 7	No Preference	31	428.12
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24872PA0030009	Rating Area 7	No Preference	33	442.53
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24872PA0030009	Rating Area 7	No Preference	45	533.40
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24872PA0030009	Rating Area 7	No Preference	47	577.36
24872PA0030009	Rating Area 7	No Preference	48	603.95
24872PA0030009	Rating Area 7	No Preference	49	630.18
24872PA0030009	Rating Area 7	No Preference	50	659.73
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24872PA0030009	Rating Area 8	No Preference	15	288.98
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24872PA0030009	Rating Area 9	No Preference	58	923.65
24872PA0030009	Rating Area 9	No Preference	59	943.59
24872PA0030009	Rating Area 9	No Preference	60	983.83

24872PA0030009 Rating Area 9	No Preference	61	1018.63
24872PA0030009 Rating Area 9	No Preference	62	1041.46
24872PA0030009 Rating Area 9	No Preference	63	1070.10
24872PA0030009 Rating Area 9	No Preference	64 and over	1087.50

2023 Rates Table Template v12.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.		
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.		
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.		
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.		
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.		
HIOS Issuer ID*	24872			
Rate Effective Date*	10/1/2023			
Rate Expiration Date*	12/31/2023			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
<small>Required: Enter the 14-character Plan ID</small>	<small>Required: Select the Rating Area ID</small>	<small>Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan</small>	<small>Required: Select the age of a subscriber eligible for the rate</small>	<small>Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan</small>
24872PA0030001	Rating Area 1	No Preference	0-14	231.76
24872PA0030001	Rating Area 1	No Preference	15	252.36
24872PA0030001	Rating Area 1	No Preference	16	260.23
24872PA0030001	Rating Area 1	No Preference	17	268.11
24872PA0030001	Rating Area 1	No Preference	18	276.59
24872PA0030001	Rating Area 1	No Preference	19	285.08
24872PA0030001	Rating Area 1	No Preference	20	293.86
24872PA0030001	Rating Area 1	No Preference	21	302.95
24872PA0030001	Rating Area 1	No Preference	22	302.95
24872PA0030001	Rating Area 1	No Preference	23	302.95
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24872PA0030001	Rating Area 1	No Preference	26	310.22
24872PA0030001	Rating Area 1	No Preference	27	317.49
24872PA0030001	Rating Area 1	No Preference	28	329.31
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24872PA0030001	Rating Area 1	No Preference	30	343.85
24872PA0030001	Rating Area 1	No Preference	31	351.12
24872PA0030001	Rating Area 1	No Preference	32	358.39
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24872PA0030001	Rating Area 1	No Preference	34	367.78
24872PA0030001	Rating Area 1	No Preference	35	370.20
24872PA0030001	Rating Area 1	No Preference	36	372.63
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24872PA0030001	Rating Area 1	No Preference	38	377.48
24872PA0030001	Rating Area 1	No Preference	39	382.32
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24872PA0030001	Rating Area 1	No Preference	41	394.44
24872PA0030001	Rating Area 1	No Preference	42	401.41
24872PA0030001	Rating Area 1	No Preference	43	411.10
24872PA0030001	Rating Area 1	No Preference	44	423.22
24872PA0030001	Rating Area 1	No Preference	45	437.46
24872PA0030001	Rating Area 1	No Preference	46	454.43
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24872PA0030001	Rating Area 1	No Preference	48	495.32
24872PA0030001	Rating Area 1	No Preference	49	516.83
24872PA0030001	Rating Area 1	No Preference	50	541.07
24872PA0030001	Rating Area 1	No Preference	51	565.00
24872PA0030001	Rating Area 1	No Preference	52	591.36
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24872PA0030001	Rating Area 1	No Preference	54	646.80
24872PA0030001	Rating Area 1	No Preference	55	675.58
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24872PA0030001	Rating Area 1	No Preference	60	822.21
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24872PA0030001	Rating Area 2	No Preference	15	247.45
24872PA0030001	Rating Area 2	No Preference	16	255.17
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24872PA0030001	Rating Area 2	No Preference	33	355.88
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24872PA0030001	Rating Area 2	No Preference	40	379.64
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24872PA0030001	Rating Area 2	No Preference	42	393.60
24872PA0030001	Rating Area 2	No Preference	43	403.11
24872PA0030001	Rating Area 2	No Preference	44	414.99
24872PA0030001	Rating Area 2	No Preference	45	428.95
24872PA0030001	Rating Area 2	No Preference	46	445.59
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24872PA0030001	Rating Area 2	No Preference	50	530.55
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24872PA0030001	Rating Area 2	No Preference	52	579.86
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24872PA0030001	Rating Area 2	No Preference	61	834.74
24872PA0030001	Rating Area 2	No Preference	62	853.45
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24872PA0030001	Rating Area 2	No Preference	64 and over	891.18
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24872PA0030001	Rating Area 3	No Preference	16	312.08
24872PA0030001	Rating Area 3	No Preference	17	321.53
24872PA0030001	Rating Area 3	No Preference	18	331.70
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24872PA0030001	Rating Area 4	No Preference	62	964.47
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24872PA0030002	Rating Area 9	No Preference	63	1215.84
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24872PA0030003	Rating Area 3	No Preference	63	1341.42
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24872PA0030003	Rating Area 7	No Preference	16	386.17
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24872PA0030003	Rating Area 7	No Preference	62	1291.59
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24872PA0030004	Rating Area 9	No Preference	51	877.46
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24872PA0030009	Rating Area 7	No Preference	18	343.74
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24872PA0030009	Rating Area 7	No Preference	20	365.20
24872PA0030009	Rating Area 7	No Preference	21	376.49
24872PA0030009	Rating Area 7	No Preference	22	376.49
24872PA0030009	Rating Area 7	No Preference	23	376.49
24872PA0030009	Rating Area 7	No Preference	24	376.49
24872PA0030009	Rating Area 7	No Preference	25	378.00
24872PA0030009	Rating Area 7	No Preference	26	385.53
24872PA0030009	Rating Area 7	No Preference	27	394.56
24872PA0030009	Rating Area 7	No Preference	28	409.24
24872PA0030009	Rating Area 7	No Preference	29	421.29
24872PA0030009	Rating Area 7	No Preference	30	427.32
24872PA0030009	Rating Area 7	No Preference	31	436.35
24872PA0030009	Rating Area 7	No Preference	32	445.39
24872PA0030009	Rating Area 7	No Preference	33	451.04
24872PA0030009	Rating Area 7	No Preference	34	457.06
24872PA0030009	Rating Area 7	No Preference	35	460.07
24872PA0030009	Rating Area 7	No Preference	36	463.08
24872PA0030009	Rating Area 7	No Preference	37	466.09
24872PA0030009	Rating Area 7	No Preference	38	469.11
24872PA0030009	Rating Area 7	No Preference	39	475.13
24872PA0030009	Rating Area 7	No Preference	40	481.15
24872PA0030009	Rating Area 7	No Preference	41	490.19
24872PA0030009	Rating Area 7	No Preference	42	498.85
24872PA0030009	Rating Area 7	No Preference	43	510.90
24872PA0030009	Rating Area 7	No Preference	44	525.96
24872PA0030009	Rating Area 7	No Preference	45	543.65
24872PA0030009	Rating Area 7	No Preference	46	564.74
24872PA0030009	Rating Area 7	No Preference	47	588.45
24872PA0030009	Rating Area 7	No Preference	48	615.56
24872PA0030009	Rating Area 7	No Preference	49	642.29
24872PA0030009	Rating Area 7	No Preference	50	672.41
24872PA0030009	Rating Area 7	No Preference	51	702.15
24872PA0030009	Rating Area 7	No Preference	52	734.91

24872PA0030009	Rating Area 7	No Preference	53	768.04
24872PA0030009	Rating Area 7	No Preference	54	803.81
24872PA0030009	Rating Area 7	No Preference	55	839.57
24872PA0030009	Rating Area 7	No Preference	56	878.35
24872PA0030009	Rating Area 7	No Preference	57	917.51
24872PA0030009	Rating Area 7	No Preference	58	959.30
24872PA0030009	Rating Area 7	No Preference	59	980.00
24872PA0030009	Rating Area 7	No Preference	60	1021.79
24872PA0030009	Rating Area 7	No Preference	61	1057.94
24872PA0030009	Rating Area 7	No Preference	62	1081.66
24872PA0030009	Rating Area 7	No Preference	63	1111.40
24872PA0030009	Rating Area 7	No Preference	64 and over	1129.47
24872PA0030009	Rating Area 8	No Preference	0-14	270.49
24872PA0030009	Rating Area 8	No Preference	15	294.53
24872PA0030009	Rating Area 8	No Preference	16	303.73
24872PA0030009	Rating Area 8	No Preference	17	312.92
24872PA0030009	Rating Area 8	No Preference	18	322.82
24872PA0030009	Rating Area 8	No Preference	19	332.72
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24872PA0030009	Rating Area 8	No Preference	26	362.07
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24872PA0030009	Rating Area 8	No Preference	28	384.34
24872PA0030009	Rating Area 8	No Preference	29	395.66
24872PA0030009	Rating Area 8	No Preference	30	401.31
24872PA0030009	Rating Area 8	No Preference	31	409.80
24872PA0030009	Rating Area 8	No Preference	32	418.29
24872PA0030009	Rating Area 8	No Preference	33	423.59
24872PA0030009	Rating Area 8	No Preference	34	429.25
24872PA0030009	Rating Area 8	No Preference	35	432.07
24872PA0030009	Rating Area 8	No Preference	36	434.90
24872PA0030009	Rating Area 8	No Preference	37	437.73
24872PA0030009	Rating Area 8	No Preference	38	440.56
24872PA0030009	Rating Area 8	No Preference	39	446.22
24872PA0030009	Rating Area 8	No Preference	40	451.88
24872PA0030009	Rating Area 8	No Preference	41	460.36
24872PA0030009	Rating Area 8	No Preference	42	468.49
24872PA0030009	Rating Area 8	No Preference	43	479.81
24872PA0030009	Rating Area 8	No Preference	44	493.95
24872PA0030009	Rating Area 8	No Preference	45	510.57
24872PA0030009	Rating Area 8	No Preference	46	530.37
24872PA0030009	Rating Area 8	No Preference	47	552.65
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24872PA0030009	Rating Area 8	No Preference	54	754.89
24872PA0030009	Rating Area 8	No Preference	55	788.48
24872PA0030009	Rating Area 8	No Preference	56	824.90
24872PA0030009	Rating Area 8	No Preference	57	861.67
24872PA0030009	Rating Area 8	No Preference	58	900.92
24872PA0030009	Rating Area 8	No Preference	59	920.37
24872PA0030009	Rating Area 8	No Preference	60	959.62
24872PA0030009	Rating Area 8	No Preference	61	993.56
24872PA0030009	Rating Area 8	No Preference	62	1015.84
24872PA0030009	Rating Area 8	No Preference	63	1043.77
24872PA0030009	Rating Area 8	No Preference	64 and over	1060.74
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24872PA0030009	Rating Area 9	No Preference	15	307.77
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24872PA0030009	Rating Area 9	No Preference	20	358.39
24872PA0030009	Rating Area 9	No Preference	21	369.47
24872PA0030009	Rating Area 9	No Preference	22	369.47
24872PA0030009	Rating Area 9	No Preference	23	369.47
24872PA0030009	Rating Area 9	No Preference	24	369.47
24872PA0030009	Rating Area 9	No Preference	25	370.95
24872PA0030009	Rating Area 9	No Preference	26	378.34
24872PA0030009	Rating Area 9	No Preference	27	387.20
24872PA0030009	Rating Area 9	No Preference	28	401.61
24872PA0030009	Rating Area 9	No Preference	29	413.44
24872PA0030009	Rating Area 9	No Preference	30	419.35
24872PA0030009	Rating Area 9	No Preference	31	428.22
24872PA0030009	Rating Area 9	No Preference	32	437.08
24872PA0030009	Rating Area 9	No Preference	33	442.63
24872PA0030009	Rating Area 9	No Preference	34	448.54
24872PA0030009	Rating Area 9	No Preference	35	451.49
24872PA0030009	Rating Area 9	No Preference	36	454.45
24872PA0030009	Rating Area 9	No Preference	37	457.40
24872PA0030009	Rating Area 9	No Preference	38	460.36
24872PA0030009	Rating Area 9	No Preference	39	466.27
24872PA0030009	Rating Area 9	No Preference	40	472.18
24872PA0030009	Rating Area 9	No Preference	41	481.05
24872PA0030009	Rating Area 9	No Preference	42	489.55
24872PA0030009	Rating Area 9	No Preference	43	501.37
24872PA0030009	Rating Area 9	No Preference	44	516.15
24872PA0030009	Rating Area 9	No Preference	45	533.51
24872PA0030009	Rating Area 9	No Preference	46	554.21
24872PA0030009	Rating Area 9	No Preference	47	577.48
24872PA0030009	Rating Area 9	No Preference	48	604.08
24872PA0030009	Rating Area 9	No Preference	49	630.32
24872PA0030009	Rating Area 9	No Preference	50	659.87
24872PA0030009	Rating Area 9	No Preference	51	689.06
24872PA0030009	Rating Area 9	No Preference	52	721.21
24872PA0030009	Rating Area 9	No Preference	53	753.72
24872PA0030009	Rating Area 9	No Preference	54	788.82
24872PA0030009	Rating Area 9	No Preference	55	823.92
24872PA0030009	Rating Area 9	No Preference	56	861.97
24872PA0030009	Rating Area 9	No Preference	57	900.40
24872PA0030009	Rating Area 9	No Preference	58	941.41
24872PA0030009	Rating Area 9	No Preference	59	961.73
24872PA0030009	Rating Area 9	No Preference	60	1002.74

24872PA0030009 Rating Area 9	No Preference	61	1038.21
24872PA0030009 Rating Area 9	No Preference	62	1061.49
24872PA0030009 Rating Area 9	No Preference	63	1090.68
24872PA0030009 Rating Area 9	No Preference	64 and over	1108.41

Objection Letter Date:06/15/2022

Respond By Date:06/24/2022



RE: United Healthcare of Pennsylvania, Inc., Small Group HMO, ACA Filing for PY2023
Pennsylvania Insurance Department ID # UHLC-133267509

Dear [REDACTED]:

The Pennsylvania Insurance Department has received and conducted a preliminary review of the above captioned filing. In order to complete the review, we are requesting the following information. To facilitate a timely review, we request this information be provided June 24, 2022. If you have any questions or difficulties in providing the data within this time frame, please contact me.

1. The following questions concern your proposed area factor changes for PY2023:

(a) Please confirm that Table 18 of your supporting exhibits demonstrates that the proposed area factor changes are revenue neutral based upon the projected PY2023 membership distribution.

The changes are revenue neutral based on same CY21 experience that is used in this filing in our rate development. We feel this is most consistent approach as we also use CY21 experience in our revenue neutral resloping adjustment. Using CY21 experience is consistent with membership being used in rate filing.

(b) Please describe how the proposed area factors were derived.

We are using our Healthcare Economic (HCE) data for calendar year 2021. The data represents Unit Costs by geographic split; we select the data at the County level. The data from HCE is normalized for utilization levels and service mix - resulting in one rate per county that is intended to reflect relative charge levels only. We have updated Exhibit 18 to have formulas. As shown in Column G "UCRT Adjusted HCE Area Factors 202101 - 202112", we weight this number by 80% and add in a flat 20% (1.00 x 20%) to represent Rx costs, resulting in a relative cost index for each county. The data is then aggregated at the state level and compared to current pricing factors. This compares the emerging experience to the current pricing factors to possibly recalibrate the area factors.

(c) Further describe how differences in morbidity between rating areas did not affect the derivation of the proposed factors.

As mentioned in Section 12 of the Part III Memos, morbidity by area rating was not considered. The process of developing Rating Area Factors starts by analyzing normalized cost metrics within each rating area. Allowed claims were first gathered by rating area and then normalized for the risk profile in each rating area. This normalizes the impact of morbidity between rating areas to gain a true view of unit cost differentials between rating area.

2. Please explain the unusual mapping structure found in Table 10. Please discuss the metallic plans offered in PY2021 in Western PA (Areas 1, 2, and 4) and how that changed in PY2022 (i.e. only bronze was offered).

Starting in 2022 and continuing in 2023 we offer only one Bronze plan in Western PA [HIOS ID: 24872PA0030001]. The experience period being used is CY2021 which means that the membership is in plans from 2020 and 2021. During PY2020 and PY2021 we offered the same plans in both Eastern PA and Western PA. Table 10 shows the mapping for each of the plans offered in PA, into the Bronze plans available for Western PA for only Western PA membership. Per PID rate filing guidance all members from experience period need to be mapped into a 2023 plan.

3. Table 6 indicates the commission is \$21.84 PMPM. Please provide the quantitative development for determining the commission PMPM.

Commission and Broker Fee % x Projected Required Revenue PMPM = 0.0437 x \$499.73 = \$21.84 PMPM
Please see "3-Commission" tab of the "UHCPA Round 1 Objection Response 6-15-22" excel file.

4. The following questions concern COVID 19:

(a) What impact, if any, is COVID having on the Plan Year 2023 rates. If the rates are impacted, please provide a qualitative explanation and quantitative exhibit demonstrating the effect of COVID.

Covid impact is built into the trends.

(b) In particular, did Covid 19 affect the trend? Yes.

If so, how much did it affect the trend? Please see "4-Covid" tab of the "UHCPA Round 1 Objection Response 6-15-22" excel file.

(c) Also, did Covid 19 affect the base experience period? If so, how much did it affect the base experience period claims?

No explicit adjustment made to CY21 base experience period as in previous filings. Covid impact built into trends.

5. Please confirm that you have tested to ensure that the rates in Table 11 of the PAAM Exhibits, PA Plan Design Summary and Rate Table, Federal Rates Template, and binder are identical.

We confirm we have tested to ensure that the rates between the noted files are identical with the exception of instances where there are immaterial differences of a penny or so due to rounding.

6. Per HHS Final Notice of Benefit and Payment Parameters, the federal medical rebate loss ratio is prohibited from including indirect quality improvement activity (QIA) expenses. Please confirm that in the calculation of the rebate MLR that indirect quality improvement activity (QIA) expenses have been excluded.

We have confirmed with our Finance department that indirect expenses will be removed from QIA in our 2021 Rebate Filing.

7. Please provide an exhibit showing the commission PMPM amount to be paid to brokers in the following situations: Open-Enrollment Enrollee – Renewing, Open Enrollment Enrollee – New, Special Enrollment Period Enrollee – New, Special Enrollment Enrollee – Renewing. If the commission PMPM is not consistent between the four options above, please explain in detail the reason for the difference. Note that federal law prohibits different compensation to agents and brokers for coverage in the same benefit year based on whether the enrollment is during an SEP or during OEP.

We are not on the Exchange in PA so these situations noted do not apply. We have included our 2022 Producer Performance Guides for PA that highlight the 2-50 commissions as a Supporting Document.

8. Please provide a current copy of the broker contract agreements for plan year 2023.

We have included our 2022 Producer Performance Guides for PA that highlight the 2-50 commissions as a Supporting Document. These guides are what we send brokers to highlight commissions around medical and specialty. The Producer Performance Guides are typically created and released late Q4, but might not be available until January of the actual commission year. At this time we do not have the 2023 Producer Performance Guides for PA. We are not planning to make changes to commission in 2023 as far as we know.

9. With the Public Health Emergency scheduled to end on July 15th, how has the rate development been affected? Please provide support for any adjustments.

Yes, this is factored into the total expected Covid costs for 2022 and 2023 that are noted in "4-Covid" of "UHCPA Round 1 Objection Response 6-15-22" excel file.

10. Please provide an exhibit which demonstrates that the criteria for the expanded bronze plan(s) have been met.

Our 3 filed bronze plans for 2023 [UHIC: 23489PA0130023, 23489PA0140023; UHCPA: 24872PA0030001] are all HSA plans so they all qualify as High Deductible Health Plans (HDHPs).

11. How are drug rebates projected to change from the base period to the rating period? How has this change been reflected in the rate development?

In the rate development there is no explicit adjustment for how drug rebates are projected to change from the base period to the rating period. However, anticipated changes in drug rebates are built into trend through our initiatives numbers.

12. Please explain how a change in member behavior to use service types such as telehealth more frequently than in the past and how a reversion back to more traditional service types is considered in your trend development.

Our abatement calculation assumes a growth in Non-Covid claims for 2022 and 2023 which includes telehealth.

13. Per the PAAM Exhibits, Table 6, the cost of Quality Improvement Initiatives is \$3.97. Please qualitatively and quantitatively show the development of the quality improvement initiative amount.

Quality Improvement Initiatives % x Projected Required Revenue PMPM = $0.0079 \times \$499.73 = \3.97 PMPM
Please see "13-QIA" tab of the "UHCPA Round 1 Objection Response 6-15-22" Excel file.

14. The administrative expenses for UHC and UHCPA are a larger percent of premium (11.9% and 14.9%) than found in other small group issuers in Pennsylvania. Please give some reasons why the administrative expenses are high for these companies.

Our general administrative expenses are 9.0% for UHIC and 10.6% UHCPA. The percentages noted in the question include Commissions/Broker Fees and Quality Improvement Initiatives.

Please be advised that there may be additional questions based on the responses to the above. Towards this end, please provide complete detailed and thorough responses including supporting data and narrative.

Response to this request should be provided via SERFF in Microsoft Excel spreadsheets. Please retain all formulas.

Upon receipt of your responses to the above requested data, the Department will continue to review your filing. Please note that there may be additional questions and/or requirements as the Department conducts a more in-depth review.

Should you have any questions regarding this correspondence, please contact me at scarmody@pa.gov.

Sincerely,

Sean Carmody
Actuarial Associate
Bureau of Life, Accident and Health Insurance

Response to Objection Question 3

Commission and Broker Fee	4.37%	
Projected Required Revenue	\$499.73	<-Table 6 in PAAM
Commission PMPM	\$21.84	

Response to Objection Question 4	
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PA Small Group Covid Costs

	2021 Incurred %	2022 Incurred %	2023 Incurred %
Treatment_Hosp	3.0%	1.0%	0.1%
Treatment_NonHosp	2.5%	1.3%	0.2%
Testing_Diagnostic	1.9%	0.9%	0.1%
Testing_Antibody	0.0%	0.0%	0.0%
Vaccines	0.7%	0.3%	0.5%
Total	8.1%	3.6%	0.9%
Abatement	-8.3%	-3.1%	-0.3%
Net Cost PMPM	-0.2%	0.5%	0.6%
Trend Impact	-0.2%	0.7%	0.2%

Response to Objection Question 13

Quality Improvement Initiatives	0.79%	
Projected Required Revenue	\$499.73	<- Table 6 in PAAM
QIA PMPM	\$3.97	

Our trend setting process is outlined by the following narrative and exhibits. 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. Depending on the amount of underlying experience, additional markets may be added together to limit the variability of small blocks of experience. Historical patterns will produce highly variable results with limited credibility. National utilization/mix assumptions along with local contract assessment will be used to produce a more stable and reliable trend estimate. In 2020, the impact of the COVID pandemic requires an additional adjustment to our claim development process and is included in **Schedule B1**.

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. **Schedule A1** summarizes our PA and non-PA market contract assessment by service category for PA residents. Regional provider assignments are an internal process only and do not correspond to allowable rating areas.

In determining our projected utilization/mix assumption, we first examine our national historical experience for medical and pharmacy. In order to eliminate business mix issues, our national experience is limited to accounts that exist in both the prior and current period of experience. We call this a "Same Store" assessment. **Schedule B1** compares "Same Store" allowed claim cost between the most complete years. The change in allowed cost is adjusted for demographics, working day differences, COVID abatement, and other minor changes. Our estimated national unit cost (**Schedule A2**) is subtracted from this total to determine a national historic utilization/mix trend. In order to develop our forward looking utilization/mix component, we must now assess the expected changes that will occur from administrative initiatives, provider contracting, economic conditions, environmental impact, policy provisions, regulatory change, and technological advancements. (**Schedule B2**) Given the complexity of some of these estimates, many of the expected changes are applied uniformly across all service categories. The aggregate utilization mix change is determined and then applied at the service level to create our service level splits. (**Schedule B3**) Given the variation in service level trends, aggregate medical and pharmacy projected trends are developed and service level splits are based on proportional historical experience.

Our final step is to determine a trend estimate for benefit leveraging. Since our analysis is based on allowed cost differences, we must also include a component for which recognizes the benefit leveraging impact from fixed deductibles, copays, and stop loss limits. **Schedule D** includes a process that simulates a net trend calculation assuming the impact of various cost sharing components at the service level.

In general, we're seeing our contract costs or unit cost percentage increase slightly due to financial requirements by various facilities. Since we fix our pharmacy unit cost pricing at 3.7%, a portion of the new pricing schedules both for existing and new drugs flow through into our mix of service category. Pharmacy trends have been higher and are expected to stay that way.



Healthcare Economics

PENNSYLVANIA SMALL GROUP PRICING TREND DEVELOPMENT
APRIL 2022 RATE FILING SUPPORT

PENNSYLVANIA SMALL GROUP PRICING TREND BY COMPONENT									
Component Summary	Notes:	Inpatient	Outpatient	Professional	Other	Capitation	Total Medical	Retail Pharmacy	Weighted Aggregate
Utilization / Service Mix	[1], [2]	3.5%	3.8%	3.3%	3.6%	0.0%	3.5%	4.6%	3.7%
Unit Cost	[3]	4.5%	4.7%	2.0%	2.0%	10.3%	3.9%	3.7%	3.9%
Demographic Change	[5]	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Benefit Leveraging	[4]	0.2%	1.2%	1.0%	0.8%	0.0%	0.8%	0.7%	0.8%
<u>Margin</u>		<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>
Total Proposed Pricing Trend	[6]	8.4%	10.0%	6.4%	6.5%	10.3%	8.4%	9.2%	8.6%
Service Weight - Pennsylvania		20.5%	29.4%	19.1%	5.8%	2.5%	77.4%	22.6%	100.0%

Notes:

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

UNITED HEALTHCARE
HEALTHCARE ECONOMICS
PENNSYLVANIA SMALL GROUP RATE FILING

SCHEDULE A1 – UNIT COST DEVELOPMENT - PENNSYLVANIA

INPATIENT			Region	Service	
Facility	Contract % Chg	Weight	Weight		<== Pennsylvania service weights(Schedule E)
Region A	4.8%	25.3%			
Region B	6.5%	1.7%			
Region C	3.3%	41.9%			
Region D	5.8%	26.9%			
Region E	2.6%	1.7%			
Region F	5.8%	2.6%			
Total	4.5%	100%	20.5%		<== Summary Exhibit - Inpatient Unit Cost
OUTPATIENT			Region	Service	
Facility	Contract % Chg	Weight	Weight		<== Pennsylvania service weights(Schedule E)
Region A	3.4%	29.7%			
Region B	6.6%	3.8%			
Region C	3.0%	29.7%			
Region D	7.6%	29.1%			
Region E	2.5%	3.6%			
Region F	6.2%	4.1%			
Total	4.7%	100%	29.4%		<== Summary Exhibit - Outpatient Unit Cost
PROFESSIONAL			Region	Service	
Provider	Contract % Chg	Weight	Weight		
Region A	1.0%	20.0%			
Region B	2.3%	2.1%			
Region C	2.1%	45.5%			
Region D	2.4%	27.3%			
Region E	1.3%	2.1%			
Region F	1.0%	3.0%			
Total	2.0%	100%	19.1%		<== Summary Exhibit - Professional Unit Cost
OTHER/ANCILLARY			Region	Service	
Provider	Contract % Chg	Weight	Weight		
Region A	2.0%	16.9%			
Region B	1.6%	2.2%			
Region C	1.7%	44.9%			
Region D	2.3%	27.8%			
Region E	3.5%	3.8%			
Region F	1.5%	4.4%			
Total	2.0%	100%	5.8%		<== Summary Exhibit - Other Unit Cost
CAPITATION			Weight	Service	
Contracts	Contract % Chg	Weight	Weight		
Group A	10.3%	100%	2.5%		
PHARMACY			Weight	Service	
Total	3.7%		22.6%		<== Summary Exhibit - Pharmacy Unit Cost <== "Unit Cost estimates are Fixed"
ALL SERVICES			Weight	Service	
	3.9%		100.0%		<== Summary Exhibit - All Services Unit Cost
MEDICAL WO PHARMACY			Weight	Service	
	3.9%		77.4%		<== Summary Exhibit - Total Medical

Regional information includes all in-state and out-of-state facilities and providers with contract changes weighted by claim dollars.
The contract % change represents all provider changes both in-state and out-of-state over the projection period.
Regional provider assignments are an internal process only and do not correspond to allowable rating areas.

**UNITED HEALTHCARE
HEALTHCARE ECONOMICS**

PENNSYLVANIA SMALL GROUP RATE FILING

SCHEDULE A2 -- 2021 UNIT COST DEVELOPMENT - NATIONAL NON-CAPITATED SERVICES

	National Unit Cost	National Weight	<= Weights - Schedule E - National Non-Capitated Services	
Inpatient	3.4%	22.3%		
Outpatient	2.8%	26.8%		
Professional	0.0%	21.0%		
Other/Ancillary	2.2%	5.9%		
Pharmacy	3.7%	24.0%		
Total	<table border="1"><tr><td>2.5%</td></tr></table>	2.5%	100.0%	
2.5%				
Medical Only	<table border="1"><tr><td>2.1%</td></tr></table>	2.1%	76.0%	
2.1%				

Nationwide contract summaries by Service category for Non-Capitated Services only.

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PENNSYLVANIA SMALL GROUP RATE FILING

SCHEDULE B1 -- UTILIZATION / SERVICE MIX COST DEVELOPMENT - NATIONAL HISTORIC

	Medical		
	Year	Year	Annual Trend
	1/2020 - 12/2020	1/2021 - 12/2021	
Baseline Medical Expense			
Member Months	36,072,889	35,717,668	-1.0%
Average Demo Factor	1.099	1.108	0.8%
Allowed Claim Costs	13,510,496,730	15,246,643,691	
Allowed Claim Costs PMPM	\$ 374.53	\$ 426.87	14.0%
Adjusted Baseline Medical Expense			
Allowed Claim Costs PMPM			14.0%
Certificate of Coverage Changes		/	0.0%
Impact of COVID on Utilization		/	7.9%
Demographic change		/	0.8%
Impact of Work Day Changes		/	-0.3%
National Historic Unit Cost		/	<u>2.1%</u>
National Historic Utilization/Mix Trend - 2021			2.9%

Baseline experience represents a national fixed exposure base which is in-force for both experience periods.
Baseline experience does not include any capitated expenses.

PROPRIETARY & CONFIDENTIAL INFORMATION

Pharmacy		
Year	Year	Annual
1/2020 -	1/2021 -	Trend
12/2020	12/2021	
36,072,889	35,717,668	-1.0%
1.099	1.108	0.8%
4,120,029,424	4,450,252,792	
\$ 114.21	\$ 124.60	9.1%

<== Combined Medical/Pharmacy Demo Factor

9.1%

/

0.0%

<== Represents national certificate of coverage changes on 2021 utilization.

/

0.5%

<== Represents an adjustment for COVID abatement.

/

0.8%

<== Based on fixed age/sex table applied to the common experience base.

/

-0.3%

<== Represents the difference in work days between 2020 and 2021.

/

3.7%

<== Nationwide Contract Averages(Schedule A2)

4.1%

**UNITED HEALTHCARE
HEALTHCARE ECONOMICS**

PENNSYLVANIA SMALL GROUP RATE FILING

SCHEDULE B2 -- UTILIZATION COST DEVELOPMENT - NATIONAL PROJECTED

Projected Utilization Trend	Medical	
	2021	2022
Utilization Trend	2.9%	3.6%
	<u>2021 - 2022</u>	<u>2022 - 2023</u>
	<u>Run Rate Adj.</u>	<u>Run Rate Adj.</u>
Administrative Initiatives	0.27%	0.11%
Contracting	0.25%	0.18%
Economic	-0.25%	0.00%
Environmental	0.38%	-0.31%
Policy	0.00%	0.22%
Regulatory	-0.29%	0.00%
Technology	0.00%	-0.01%
Workdays	<u>0.35%</u>	<u>-0.32%</u>
Subtotal	0.71%	-0.13%
	2022	2023
Projected Utilization Trend	3.6%	3.5%
50/50 Blended Utilization/Service Mix Trend		3.5%

Run Rate adjustments represent differences in trend changes from year to year.

Pharmacy	
2021	2022
4.1%	4.9%
2021 - 2022 Run Rate Adj.	2022 - 2023 Run Rate Adj.

0.27%

0.11%

<== The starting 2021 Utilization Trend is taken from Schedule B1

0.25%

0.18%

<== Includes impact from any administrative or procedural changes

<== Includes impact from changes in mix of providers and services provided

-0.25%

0.00%

<== Includes expected utilization changes due to changes in economic conditions

0.38%

-0.31%

<== Includes impact from flu, storms, etc..

0.00%

0.22%

<== Includes impact for any policy provision changes except for mandates

-0.29%

0.00%

<== Includes impact from mandate changes

0.05%

-0.45%

<== Includes impact from any new medical technologies including new drugs

0.35%

-0.32%

<== Includes impact from Work day differences between years

0.75%

-0.58%

<== The total run rate adjustment from year to year

(This total is applied the to previous year utilization to project next year's utilization trend)

2022

2023

4.9%

4.3%

<== Projected Utilization uses 2021 and adjusts for any anticipated changes in run rate

4.6%

<== Blending occurs to match the experience period with the projected date of rate change

**UNITED HEALTHCARE
HEALTHCARE ECONOMICS**

PENNSYLVANIA SMALL GROUP RATE FILING

SCHEDULE B3 -- UTILIZATION COST DEVELOPMENT - NATIONAL SERVICE LEVEL SPLIT

	Year		Annual	COC Chgs
	1/2020 -	1/2021 -	Trend	on Util
Baseline Medical Expense	12/2020	12/2021		
Allowed Claim Costs PMPM			(F)	(G)
Inpatient	\$ 95.93	\$ 109.03	13.7%	0.0%
Outpatient	\$ 134.30	\$ 154.26	14.9%	0.0%
Professional	\$ 115.22	\$ 129.12	12.1%	0.0%
<u>Ancillary/Other</u>	<u>\$ 29.08</u>	<u>\$ 34.45</u>	<u>18.5%</u>	<u>0.0%</u>
Medical	\$ 374.53	\$ 426.87	14.0%	0.0%
50/50 Blended Utilization/Service Mix Trend			3.5%	
Historic 2021 Utilization/Service Mix Trend			<u>2.9%</u>	
Historic to Projected Blend Adjustment			0.6%	
Service Level	2021 Utilization/ Mix Trend	Historic to Projected Adjustment	Projected Utilization/ Service Mix	
Inpatient	2.8%	0.6%	3.5%	
Outpatient	3.1%	0.6%	3.8%	
Professional	2.7%	0.6%	3.3%	
<u>Ancillary/Other</u>	<u>3.0%</u>	<u>0.6%</u>	<u>3.6%</u>	
Medical	2.9%	0.6%	3.5%	
Capitation			0.0%	
Pharmacy			4.6%	

Baseline experience represents a national fixed exposure base which is in-force for both experience periods.

Baseline experience does not include any capitated expenses.

Medical				
Impact of COVID on Util	Demo	Impact of Working Days	2021 Unit Cost	2021 Utilization/ Mix Trend
(H)	(I)	(J)	(K)	(L)
6.3%	0.8%	-0.3%	3.4%	2.8%
7.8%	0.8%	-0.3%	2.8%	3.1%
8.6%	0.8%	-0.3%	0.0%	2.7%
<u>12.0%</u>	<u>0.8%</u>	<u>-0.3%</u>	<u>2.2%</u>	<u>3.0%</u>
7.9%	0.8%	-0.3%	2.1%	2.9%

<==(F)/(G)/(H)/(I)/(J)/(K) = (L)

<== 2021 Unit Cost - Schedule A2

<== Schedule B1

<== Schedule B2

<== Schedule B2



Healthcare Economics

PENNSYLVANIA SMALL GROUP PRICING TREND DEVELOPMENT
APRIL 2022 RATE FILING SUPPORT

PENNSYLVANIA SMALL GROUP PRICING TREND BY COMPONENT									
Component Summary	Notes:	Inpatient	Outpatient	Professional	Other	Capitation	Total Medical	Retail Pharmacy	Weighted Aggregate
Utilization / Service Mix	[1], [2]	3.4%	3.7%	3.3%	3.6%	0.0%	3.4%	4.3%	3.6%
Unit Cost	[3]	4.0%	4.3%	2.0%	1.9%	5.1%	3.5%	3.7%	3.5%
Demographic Change	[5]	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Benefit Leveraging	[4]	0.2%	1.1%	1.0%	0.8%	0.0%	0.8%	0.7%	0.8%
<u>Margin</u>		<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>
Total Proposed Pricing Trend	[6]	7.8%	9.4%	6.4%	6.4%	5.1%	7.9%	8.9%	8.1%
Service Weight - Pennsylvania		20.5%	29.4%	19.1%	5.8%	2.5%	77.4%	22.6%	100.0%

Notes:

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

UNITED HEALTHCARE
HEALTHCARE ECONOMICS
PENNSYLVANIA SMALL GROUP RATE FILING

SCHEDULE A1 – UNIT COST DEVELOPMENT - PENNSYLVANIA

INPATIENT			Region	Service	
Facility	Contract % Chg	Weight	Weight	Weight	<== Pennsylvania service weights(Schedule E)
Region A	4.5%	25.3%			
Region B	6.2%	1.7%			
Region C	3.2%	41.6%			
Region D	4.8%	27.1%			
Region E	2.0%	1.6%			
Region F	4.0%	2.7%			
Total	4.0%	100%	20.5%		<== Summary Exhibit - Inpatient Unit Cost
OUTPATIENT			Region	Service	
Facility	Contract % Chg	Weight	Weight	Weight	<== Pennsylvania service weights(Schedule E)
Region A	4.3%	29.3%			
Region B	6.4%	3.8%			
Region C	3.1%	29.4%			
Region D	5.6%	29.6%			
Region E	1.9%	3.6%			
Region F	3.8%	4.2%			
Total	4.3%	100%	29.4%		<== Summary Exhibit - Outpatient Unit Cost
PROFESSIONAL			Region	Service	
Provider	Contract % Chg	Weight	Weight	Weight	
Region A	1.5%	19.9%			
Region B	1.4%	2.1%			
Region C	2.1%	45.6%			
Region D	2.5%	27.3%			
Region E	0.9%	2.1%			
Region F	0.6%	3.0%			
Total	2.0%	100%	19.1%		<== Summary Exhibit - Professional Unit Cost
OTHER/ANCILLARY			Region	Service	
Provider	Contract % Chg	Weight	Weight	Weight	
Region A	1.8%	17.0%			
Region B	3.0%	2.2%			
Region C	2.0%	44.8%			
Region D	1.7%	27.9%			
Region E	3.2%	3.8%			
Region F	1.0%	4.4%			
Total	1.9%	100%	5.8%		<== Summary Exhibit - Other Unit Cost
CAPITATION			Weight	Service	
Contracts	Contract % Chg	Weight	Weight	Weight	
Group A	10.5%	100%	2.5%		
PHARMACY			Weight	Service	
Total	3.7%		22.6%		<== Summary Exhibit - Pharmacy Unit Cost <== "Unit Cost estimates are Fixed"
ALL SERVICES			Weight	Service	
Total	3.7%		100.0%		<== Summary Exhibit - All Services Unit Cost
MEDICAL WO PHARMACY			Weight	Service	
Total	3.7%		77.4%		<== Summary Exhibit - Total Medical

Regional information includes all in-state and out-of-state facilities and providers with contract changes weighted by claim dollars.
The contract % change represents all provider changes both in-state and out-of-state over the projection period.
Regional provider assignments are an internal process only and do not correspond to allowable rating areas.

**UNITED HEALTHCARE
HEALTHCARE ECONOMICS**

PENNSYLVANIA SMALL GROUP RATE FILING

SCHEDULE A2 -- 2021 UNIT COST DEVELOPMENT - NATIONAL NON-CAPITATED SERVICES

	National Unit Cost	National Weight	<= Weights - Schedule E - National Non-Capitated Services	
Inpatient	3.4%	22.3%		
Outpatient	2.8%	26.8%		
Professional	0.0%	21.0%		
Other/Ancillary	2.2%	5.9%		
Pharmacy	3.7%	24.0%		
Total	<table border="1"><tr><td>2.5%</td></tr></table>	2.5%	100.0%	
2.5%				
Medical Only	<table border="1"><tr><td>2.1%</td></tr></table>	2.1%	76.0%	
2.1%				

Nationwide contract summaries by Service category for Non-Capitated Services only.

UNITED HEALTHCARE
HEALTHCARE ECONOMICS

PENNSYLVANIA SMALL GROUP RATE FILING

SCHEDULE B1 -- UTILIZATION / SERVICE MIX COST DEVELOPMENT - NATIONAL HISTORIC

	Medical		Annual Trend
	Year 1/2020 - 12/2020	Year 1/2021 - 12/2021	
Baseline Medical Expense			
Member Months	36,072,889	35,717,668	-1.0%
Average Demo Factor	1.099	1.108	0.8%
Allowed Claim Costs	13,510,496,730	15,246,643,691	
Allowed Claim Costs PMPM	\$ 374.53	\$ 426.87	14.0%
Adjusted Baseline Medical Expense			
Allowed Claim Costs PMPM			14.0%
Certificate of Coverage Changes		/	0.0%
Impact of COVID on Utilization		/	7.9%
Demographic change		/	0.8%
Impact of Work Day Changes		/	-0.3%
National Historic Unit Cost		/	<u>2.1%</u>
National Historic Utilization/Mix Trend - 2021			2.9%

Baseline experience represents a national fixed exposure base which is in-force for both experience periods.
Baseline experience does not include any capitated expenses.

Pharmacy		
Year	Year	Annual
1/2020 -	1/2021 -	Trend
12/2020	12/2021	
36,072,889	35,717,668	-1.0%
1.099	1.108	0.8%
4,120,029,424	4,450,252,792	
\$ 114.21	\$ 124.60	9.1%

<== Combined Medical/Pharmacy Demo Factor

9.1%

/

0.0%

<== Represents national certificate of coverage changes on 2021 utilization.

/

0.5%

<== Represents an adjustment for COVID abatement.(Schedule F)

/

0.8%

<== Based on fixed age/sex table applied to the common experience base.

/

-0.3%

<== Represents the difference in work days between 2020 and 2021.

/

3.7%

<==Nationwide Contract Averages(Schedule A2)

4.1%

**UNITED HEALTHCARE
HEALTHCARE ECONOMICS**

PENNSYLVANIA SMALL GROUP RATE FILING

SCHEDULE B2 -- UTILIZATION COST DEVELOPMENT - NATIONAL PROJECTED

Projected Utilization Trend	Medical	
	2021	2022
Utilization Trend	2.9%	3.6%
	<u>2021 - 2022</u>	<u>2022 - 2023</u>
	<u>Run Rate Adj.</u>	<u>Run Rate Adj.</u>
Administrative Initiatives	0.27%	0.11%
Contracting	0.25%	0.18%
Economic	-0.25%	0.00%
Environmental	0.38%	-0.31%
Policy	0.00%	0.22%
Regulatory	-0.29%	0.00%
Technology	0.00%	-0.01%
Workdays	<u>0.35%</u>	<u>-0.32%</u>
Subtotal	0.71%	-0.13%
	2022	2023
Projected Utilization Trend	3.6%	3.5%
0/100 Blended Utilization/Service Mix Trend		3.5%

Run Rate adjustments represent differences in trend changes from year to year.

Pharmacy	
2021	2022
4.1%	4.9%
2021 - 2022 Run Rate Adj.	2023 - 2024 Run Rate Adj.

0.27%

0.11%

<== The starting 2021 Utilization Trend is taken from Schedule B1

0.25%

0.18%

<== Includes impact from any administrative or procedural changes

<== Includes impact from changes in mix of providers and services provided

-0.25%

0.00%

<== Includes expected utilization changes due to changes in economic conditions

0.38%

-0.31%

<== Includes impact from flu, storms, etc..

0.00%

0.22%

<== Includes impact for any policy provision changes except for mandates

-0.29%

0.00%

<== Includes impact from mandate changes

0.05%

-0.45%

<== Includes impact from any new medical technologies including new drugs

0.35%

-0.32%

<== Includes impact from Work day differences between years

0.75%

-0.58%

<== The total run rate adjustment from year to year

(This total is applied the to previous year utilization to project next year's utilization trend)

2022

2023

4.9%

4.3%

<== Projected Utilization uses 2021 and adjusts for any anticipated changes in run rate

4.3%

<== Blending occurs to match the experience period with the projected date of rate change

**UNITED HEALTHCARE
HEALTHCARE ECONOMICS**

PENNSYLVANIA SMALL GROUP RATE FILING

SCHEDULE B3 -- UTILIZATION COST DEVELOPMENT - NATIONAL SERVICE LEVEL SPLIT

	Medical				
	Year 1/2020 - 12/2020	Year 1/2021 - 12/2021	Annual Trend	COC Chgs on Util	Impact of COVID on Util
Baseline Medical Expense					
Allowed Claim Costs PMPM			(F)	(G)	(H)
Inpatient	\$ 95.93	\$ 109.03	13.7%	0.0%	6.3%
Outpatient	\$ 134.30	\$ 154.26	14.9%	0.0%	7.8%
Professional	\$ 115.22	\$ 129.12	12.1%	0.0%	8.6%
<u>Ancillary/Other</u>	<u>\$ 29.08</u>	<u>\$ 34.45</u>	<u>18.5%</u>	<u>0.0%</u>	<u>12.0%</u>
Medical	\$ 374.53	\$ 426.87	14.0%	0.0%	7.9%
0/100 Blended Utilization/Service Mix Trend			3.5%		
Historic 2021 Utilization/Service Mix Trend			<u>2.9%</u>		
Historic to Projected Blend Adjustment			0.6%		
Service Level	2021 Utilization/ Mix Trend	Historic to Projected Adjustment	Projected Utilization/ Service Mix		
Inpatient	2.8%	0.6%	3.4%		
Outpatient	3.1%	0.6%	3.7%		
Professional	2.7%	0.6%	3.3%		
<u>Ancillary/Other</u>	<u>3.0%</u>	<u>0.6%</u>	<u>3.6%</u>		
Medical	2.9%	0.6%	3.5%		
Capitation			0.0%		
Pharmacy			4.3%		

Baseline experience represents a national fixed exposure base which is in-force for both experience periods.
Baseline experience does not include any capitated expenses.

Demo	Impact of Working Days	2021 Unit Cost	2021 Utilization/ Mix Trend
(I)	(J)	(K)	(L)
0.8%	-0.3%	3.4%	2.8%
0.8%	-0.3%	2.8%	3.1%
0.8%	-0.3%	0.0%	2.7%
<u>0.8%</u>	<u>-0.3%</u>	<u>2.2%</u>	<u>3.0%</u>
0.8%	-0.3%	2.1%	2.9%

<== (F)/(G)/(H)/(I)/(J)/(K) = (L)

<== 2021 Unit Cost - Schedule A2

<== Schedule B1

<== Schedule B2

<== Schedule B2

**UNITED HEALTHCARE
HEALTHCARE ECONOMICS**

PENNSYLVANIA SMALL GROUP RATE FILING

SCHEDULE D -- BENEFIT LEVERAGING DEVELOPMENT - PENNSYLVANIA SMALL GROUP

A. Baseline Claims --- Year 1/2020 - 12/2020

	Inpatient	Outpatient	Professional	Other
Allowed \$	\$27,471,303	\$46,259,805	\$31,639,529	\$8,903,131
Deductible \$	\$416,155	\$5,597,719	\$4,163,106	\$1,019,463
Copay \$	\$281,162	\$1,033,406	\$2,378,127	\$233,396
Coins \$	<u>\$686,595</u>	<u>\$2,269,033</u>	<u>\$739,993</u>	<u>\$237,491</u>
Net \$	\$26,087,392	\$37,359,647	\$24,358,304	\$7,412,781

B. Estimated Trend CY 2021 --- Same Exposure Membership

Core Util / Mix	3.4%	3.7%	3.3%	3.6%
Core Network Unit \$	4.0%	4.0%	2.0%	1.9%
<u>Demographic Trend</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>
Allowed Claims Trend	7.6%	7.9%	5.3%	5.6%
Copay Util Trend	3.4%	3.7%	3.3%	3.6%

C. Simulated Net Trend CY 2021 With Common Membership @ Same Benefit Design

Allowed \$	\$29,557,756	\$49,918,505	\$33,321,936	\$9,398,245
Deductible \$	\$416,155	\$5,597,719	\$4,163,106	\$1,019,463
Copay \$	\$290,803	\$1,071,963	\$2,455,579	\$241,742
Coins \$	\$739,853	\$2,476,313	\$787,313	\$252,602
Net \$	\$28,110,945	\$40,772,510	\$25,915,939	\$7,884,438
Net Trend	7.8%	9.1%	6.4%	6.4%
Implied Benefit Leveraging	0.20%	1.10%	1.00%	0.80%
Projected Leverage Change	0.00%	0.00%	0.00%	0.00%
Projected Benefit Leveraging	0.2%	1.1%	1.0%	0.8%

Using the Cost sharing component percentage from a completed experience period, the appropriate trend factors are applied to the various components in

PROPRIETARY & CONFIDENTIAL INFORMATION

Capitation	Rx	
\$0	\$33,571,191	<== Baseline Allowed claims for Pennsylvania Small Group
\$0	\$1,036,384	
\$0	\$3,728,914	
<u>\$0</u>	<u>\$0</u>	
\$0	\$28,805,893	
	4.3%	<-- Estimated Same Exposure Membership Util / Srvc Mix Trend
	3.7%	<-- Normalized Unit \$ Trend, Sched A1
	<u>0.0%</u>	<-- Estimated Same Exposure Membership Demographic Trend, Sched C
	8.2%	
	4.3%	<-- Estimated Util Trend on Services w/ Copay
\$0	\$36,311,470	
\$0	\$1,036,384	
\$0	\$3,889,382	
\$0	\$0	
\$0	\$31,385,703	
0.0%	9.0%	
0.00%	0.70%	<-- Net Trend v Allowed Trend, Common Membership @ Same Benefit Design
0.00%	0.00%	<-- Includes any anticipated changes including ACA requirements (Higher pharmacy trend through high cost drugs requires leverage reduction)
0.0%	0.7%	<-- Final Projected Benefit Leveraging by Service Category

in order to simulate the benefit leveraging component under no change in benefits.

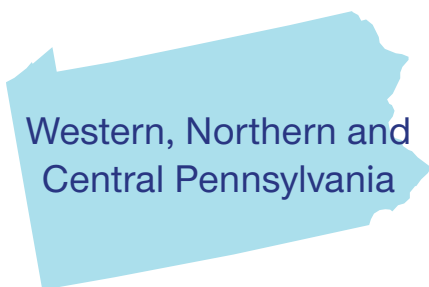
PENNSYLVANIA SMALL GROUP RATE FILING

SCHEDULE E -- SERVICE TYPE WEIGHTING

	<u>National</u>	<u>National Non-Capitated</u>	<u>Pennsylvania Small Group</u>
Inpatient	22.1%	22.7%	20.5%
Outpatient	26.2%	26.9%	29.4%
Professional	20.4%	21.0%	19.1%
Ancillary	5.7%	5.9%	5.8%
Capitation	2.5%	0%	2.5%
Pharmacy	<u>23.0%</u>	<u>23.6%</u>	<u>22.6%</u>
Total	100.0%	100.0%	100.0%



2022 Producer Performance Guide



United
Healthcare

Welcome



Dear Producer,

We are pleased to present UnitedHealthcare's 2022 Producer Performance Guide. Please keep this guide and refer to it whenever you have a commission or bonus-related question.

As you review the guide, you'll notice there are key sections that will help you sell UnitedHealthcare and build your relationship with your clients:



Resources

Features websites, resources and guide terminology to help you find the information you need quickly and efficiently.



Medical commission and bonus programs

Outlines our competitive base commission, with additional opportunities available through our bonus programs.



Specialty products commission and bonus programs

Provides details on Small Business and Key Accounts specialty products base commission and bonus programs, including Dental, Vision, AD&D, Life, Disability and more.



Policies and practices

Presents important, detailed information on all of our broker compensation programs.

As you read through the guide, we think you'll see that these commission and bonus programs offer fair compensation for offering UnitedHealthcare to your clients. We look forward to strengthening our relationship and working together to grow our mutual business.

Thank you,
UnitedHealthcare

Resources

Our commitment

UnitedHealthcare is committed to being a reliable source of information, training and broker support. These online resources help brokers gain the knowledge, skills and confidence to keep pace with today's changing health care benefits marketplace. Let us know how we can support you.

United eServices®

Located at UnitedeServices.com, United eServices is our producer website designed to help you meet the demands of your business. Whether you're looking for online quoting, case status, renewals, network information, plan information or commission statements, we've got it at United eServices.

Employer eServices®

Located at EmployereServices.com, Employer eServices helps make benefit administration easy with online eligibility updates, enrollment, billing and claims reporting.

uhceservices.com: New broker and employer portal

Some markets will have access to the new uhceservices.com in 2022 and beyond. Similar to Employer eServices and United eServices, uhceservices.com helps make benefit administration easier with quoting, online eligibility updates, enrollment, billing and claims reporting. This new portal is designed to help simplify your work and to better support benefits administration. Reach out to your UnitedHealthcare representative to find out when you and your clients will have access to the new portal.

Communication Resources for Employers

Located through uhc.com/cr or uhc.com/communicationresources, easy-to-use communication resources are available for you and employer benefit administrators to share with employees so they can better understand how to get the most out of their health benefit plan and live a healthier life.

United Advantage®

Located at UnitedAdvantage.com, this website contains agency rewards and benefits designed for our United Advantage agencies to help you grow and retain your book of business.

Broker Publications and Important Notices

To receive UnitedHealthcare email communications such as our BrokerConnect newsletter, please contact your UnitedHealthcare representative.

Get news, product information and other valuable resources for your clients

We've created a new website, uhc.com/broker-consultant, presenting health benefit strategies for brokers and consultants. This site is all about making your job easier, providing you with the right information for your clients—when you need it.

Featuring a comprehensive view of UnitedHealthcare's products and solutions, it presents succinct breakdowns of our medical, dental, specialty, Rx and behavioral products and gives you access to sell sheets and other 1-pagers you can download and send directly to your clients.

It also includes a section on the latest news and strategies from UnitedHealthcare. You'll find information on everything from recent COVID-19 developments to our strategic approach to lowering costs for your clients and their employees.

We encourage you to bookmark and use this site as part of doing business with us. We'll be updating it regularly to ensure you have the latest information from UnitedHealthcare, as soon as it's available.



BrokerConnect

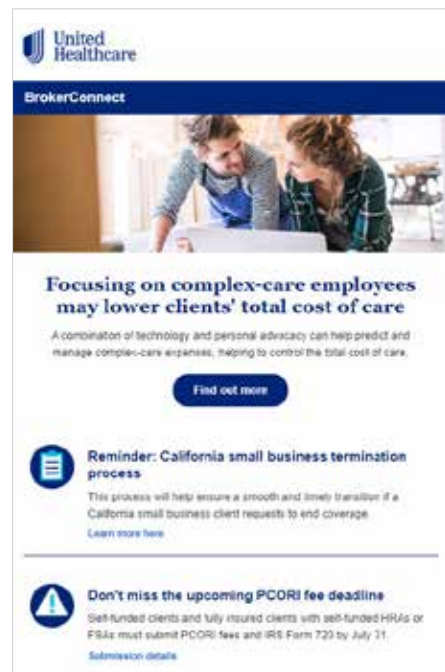
Stay connected with our BrokerConnect newsletter

BrokerConnect is your essential guide to the latest news from UnitedHealthcare. This monthly email delivers timely and valuable information about:

- Reform, compliance and legislative alerts
- Incentive and bonus programs
- Local news and network updates
- Underwriting and administrative changes
- New products and services
- Invitations to informative events
- Successful sales practices
- Wellness programs and case studies
- United Advantage program offerings

Subscribe to broker communications

To receive UnitedHealthcare email communications including BrokerConnect, please contact your UnitedHealthcare representative.



United eServices[®]



UnitedeServices.com is designed to help you grow your business as a resource for online quoting, case status, renewals, plan resources, network information or commission statements.

Manage user roles and permissions

Accessibility to all functions and information on the website is based on user login credentials, which are categorized as either broker or representative of the plan sponsor group. You have access to information pertinent to supporting the broker-client relationship, with the ability to delegate certain permissions to credentialed colleague(s) or administrative assistant(s) for the purpose of assisting clients.

Explore key functions

For brokers:

- Quote and install business groups
- Access and manage annual policy renewals—and review, download and email clients' renewal packages (small group only)
- Check your commissions
- Enroll and manage plan participant eligibility, which includes a family enrollment option
- Request plan participant lists
- Request replacement health plan ID cards
- Review client billing information
- Find important business forms and key marketing materials

For group clients:

- Review annual policy renewals, look up plan benefit information and access plan documents
- Manage eligibility with same-day processing:
 - Add, terminate, reinstate, inquire or change a plan participant's status
 - View plan participant count
 - Get adjusted invoices 48 hours after online eligibility changes
- Request plan participant lists and health plan ID cards
- Electronic billing:
 - View current and prior-period invoices, current balance and payment history
 - Download invoices and make online payments
 - Request adjustment invoices after enrollment updates
- Conduct a network provider search
- Find important forms and key marketing materials

Sales Automation Management (SAM) quoting and online enrollment

SAM and SAMx are online tools designed to help make every part of the quoting, selling and installation process simpler and faster—allowing you to sell more, serve more and satisfy more clients, in less time.

With SAM and SAMx, you can:

- Input minimal group data and plan requirements
- Quote, generate and email medical and specialty proposals in minutes
- Filter and compare multiple plan options for your client
- Continue the process using online enrollment when your client is ready to move forward

Geography, case size designations, terms

Area covered by this guide

The bonus programs in this guide apply only to agents with permanent addresses in **Pennsylvania** except Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton and Philadelphia.

Case size designations

Many of the commission and bonus programs in this guide apply to specific case size segments (for example, “groups with up to 50 employees” or “51 or more employees”). In most situations, these labels will coincide with the actual number of employees in the group that are eligible (but not necessarily enrolled) for coverage. However, the actual case size segment designation for commission and bonus program purposes will be made in accordance with state and federal regulations and may be based on the employee count at some point in time, the average number of employees over some period of time or other factors such as the rating formula used, underwriting rules or operating system indicators. That means the specific assignment of any group to one of these classifications may not reflect the actual number of employees at a specified time. Once classified, groups do not automatically change classification for these purposes if their employee count grows or shrinks. That means that some groups with (for example) more than 50 employees will be included in the “up to 50 employees” commission and bonus programs, and some groups with fewer than 51 eligible employees will not. We reserve the right to classify any group in any of these designations for these purposes according to our rules and in accordance with state and federal regulations, regardless of the group’s actual enrollment or eligible employee count.

Terms used in this guide

- **Agent, agency, broker, producer, you and yours** are interchangeable and refer to a licensed agent or agency
- **UnitedHealthcare, we, our or us** are interchangeable and refer to UnitedHealthcare or associated subsidiaries and affiliates
- **Customer, client, group, case or policy** are interchangeable and refer to the policyholder or entity purchasing the insurance product
- **Enrolled employee, covered employee and subscriber** are interchangeable and refer to the employee enrolled for coverage in the insurance plan referenced
- **Members** are the employees and their covered dependents enrolled for coverage by the insurance plan referenced

- A **Writing Agent** is a licensed and appointed agent who actually performs the activities related to the solicitation and sale of the insurance plan
- An **Agent of Record (AOR)** is the agent or agency receiving the commissions on a case. The term is interchangeable with “payee.”
- A **consultant or service provider** is a person or agency who is paid a fee directly by the client instead of carrier-paid commissions, including cases where we administer the collection and payment of a service fee on behalf of, and as a courtesy to, the customer
- **Affiliated cases** is the term used when larger employer groups with multiple sites or multiple segments are divided into several different policies or group numbers. Those subgroups are combined and considered to be 1 case for commission and bonus purposes.
- **Commissionable and non-commissionable cases:** Non-commissionable cases are cases where no commissions, or minimal commissions, are paid by the carrier. A case is considered “commissionable” when reasonable base commissions are paid to the agent on a fully insured case, or reasonable commissions are paid to the agent on the administrative fee of a self-funded case. Our processing of a “service fee” or similar payment related to a service agreement between the policyholder and the service provider does not make a case commissionable. Adding minimal or “token” commissions to a case does not make it commissionable, and commissions paid on stop-loss coverage only do not make a case commissionable. UnitedHealthcare reserves the right, at our sole discretion, to determine whether any case is commissionable. Each line of business is considered separately when determining whether a case is commissionable.

Some restrictions apply to non-commissionable cases in bonus, override and recognition programs. All non-commissionable cases in some jurisdictions are excluded from bonus and override programs. Other non-commissionable cases may be included in bonus, override and recognition programs if the customer gives written approval for the case to be included in such programs and other conditions are met (see details in the Policy Section of this guide).



Please refer to the producer compensation policies and practices in the back of this guide for important information.

Medical benefits



Medical base commissions

for fully insured groups with up to 50 eligible employees

This commission schedule is effective for new fully insured medical groups with up to 50 eligible employees* in Western, Northern and Central Pennsylvania* with effective dates on or after January 1, 2022, and existing fully insured groups in the same area on their first renewal on or after January 1, 2022. The number of enrolled medical employees in the case determines the commission rate paid per employee.

Medical case size	First-year payment per enrolled employee per month	Renewal payment per enrolled employee per month
Up to 4 enrolled employees	\$3	\$3
5 or more enrolled employees	\$23	\$20

- “First-year” commissions are paid for period from the original effective date up to the first renewal date. The payment tier used for new groups is established using the enrolled medical employee count at the time of initial enrollment as determined by us. This commission rate will be used for the entire plan year regardless of any changes to the enrolled medical employee count that occur during the year.
- The “Renewal” commission rates are paid for all months starting on and subsequent to the first renewal date. The payment tier used for renewing cases will be established using the enrolled medical employee count at a time determined by us, usually reflecting the billed employee count for the first month of the new contract period. The new commission rate will be used for the entire renewal period regardless of any changes to the enrolled employee count that occur during the renewal period.

How to calculate monthly commissions

The monthly commission payment is calculated by multiplying the actual number of enrolled medical employees in the case during any month by the appropriate commission rate from the commission table. For example, a first-year case with an effective date in March with an initial enrollment of 22 enrolled employees will be paid \$23 per enrolled employee per month, which equals \$506 for the first month. If the actual enrollment in June is 26 employees, the commissions for June will be 26 multiplied by \$23, which equals \$598.

***This commission schedule applies to all of the counties in Pennsylvania except:** Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton and Philadelphia.

Commissions vary by the group’s location. Please contact your UnitedHealthcare sales office for base commission schedules in other areas. Some medical products may have a specified commission schedule that replaces and supersedes this schedule.

All UnitedHealthcare commissions and bonus programs are subject to the Agent/Agency Agreement and the policies contained in other sections of this guide. Please refer to that information for complete guidelines related to our producer compensation programs.

All Savers Alternate Funding Commissions: Please contact your UnitedHealthcare sales office or reference the online producer portal (UHOne.com/broker) for the most current All Savers Alternate Funding commission schedule for your area.

*Classification as a group of “up to 50 eligible employees” is determined by us considering a number of factors. Please see Case Size Designations on page 6 for details.

Quarterly medical bonus program for groups with up to 100 employees

UnitedHealthcare will award a bonus to brokers with higher volumes of cases with up to 100 employees. Brokers having the required minimum number of enrolled medical employees in eligible cases on the last day of the calendar quarter and who meet minimum net growth requirements will qualify for a bonus. The bonus is paid as an amount per employee determined by the number of enrolled employees in eligible cases on the last day of the calendar quarter according to the following table:

Bonus payment table — initial bonus paid per enrolled employee per calendar quarter

Enrolled employees in eligible groups with up to 100 employees	Groups with up to 50 enrolled employees	Groups with 51 or more enrolled employees
100 to 199 enrolled employees	\$4	\$1
200 to 449 enrolled employees	\$6	\$2
450 to 649 enrolled employees	\$8	\$3
650 to 849 enrolled employees	\$12	\$4
850 or more enrolled employees	\$14	\$5

Eligible cases are fully insured, level-funded and All Savers Alternate Funding medical groups with up to 100 eligible employees that are active on the last day of the calendar quarter. Enrolled employee counts used to determine group size and payment amounts are UnitedHealthcare's actual counts for eligible groups on the last day of the calendar quarter. Some cases require written customer approval before being eligible for bonus programs, and some cases are excluded from all bonus programs by regulations and our policies. Only agents permanently located in the area indicated on page 6 of this guide are eligible for this bonus.

Net growth: The bonus you receive will be modified by a factor determined by the change in the number of enrolled medical employees eligible for the Quarterly Medical Bonus program from the same calendar quarter in the prior year, according to the following table:

Net change percent	Net growth factor
125% or more	1.3
115% to 124.9%	1.2
105% to 114.9%	1.1
100.0% to 104.9%	1.0
Under 100%	No bonus

The percentages in the left-hand column of the net change table above are the total of the enrolled employees in eligible medical cases at the end of the current quarter divided by the same count at the end of the same calendar quarter in the prior year, rounded to the nearest 1/10 of 1%. The prior year count of eligible cases will include groups that were active with us in the prior year but may not have been included in the prior year's Quarterly Medical Bonus calculation due to changes in program rules, segment transfers, AOR changes or other situations.

Specialty Benefits: The bonus you receive will be modified by a factor that is determined by the ratio that results from dividing the number of enrolled employees in group dental, life, vision, short-term disability, long-term disability, critical illness, hospital indemnity and accident cases with up to 100 eligible employees* (including stand-alone cases) at the end of the current calendar quarter by the number of medical enrolled employees in eligible cases at the end of the current calendar quarter, according to the following table:

Ratio of Specialty Benefits enrolled employees to medical enrolled employees	Bonus amount is multiplied by:
1.25 or more	1.3
1.0 to 1.249	1.2
0.75 to 0.999	1.0
0.5 to 0.749	0.8
Under 0.5	0.7

Agent of Record (AOR) changes: Cases that are removed from the agency's block of eligible business due to an AOR change during the bonus period will be removed from the prior year enrollment count (and therefore will not count against the agency in the net change percentage calculation) unless the group cancels at the time of the AOR change. Cases that are acquired by the agency due to an AOR change during the bonus period will be included in both the beginning and ending count for all bonus calculations, regardless of the original effective date of the acquired case.

Quarterly Medical Bonus calculation. You can calculate your Quarterly Medical Bonus by following these steps:

1. Determine Bonus Level and Initial Bonus Amount

- Find the appropriate row in the Bonus Payment Table on the previous page for the total number of enrolled employees in all eligible groups as of the end of the current quarter.
- Multiply the enrolled employee counts by the appropriate rates in the payment table to determine the Initial Bonus Amount.

2. Determine the Net Growth Factor

- Calculate the Net Change in medical lives from the prior year by dividing the current enrolled employee count in eligible groups for the current quarter by the enrolled employee count for the same quarter in the prior year.
- Find the appropriate Net Growth Factor from the table on the previous page.
- If the Net Change in medical lives is high enough to qualify for a bonus, multiply the Initial Bonus Amount by the Net Growth Factor from the table on the previous page.

3. Determine Specialty Bonus Factor and Quarterly Medical Bonus Amount

- Calculate the ratio of Specialty Benefits employees to medical employees by dividing the Specialty Benefits enrolled employee count by the medical enrolled employee count for the current quarter.
- Find the appropriate Specialty Benefits Factor from the table on this page.
- Multiply the amount from step 2c above by the Specialty Benefits Factor to determine the Quarterly Medical Bonus payment.

*Classification as a group with "up to 100 employees" is determined by us considering a number of factors. Please see "Case Size Designations" on page 6 for details.

Group Retiree Medicare Advantage & Part D



Group Retiree benefits

for groups with 50 or more post-65 eligible retirees (and group subsidy)

Group Medicare Advantage (MA) commissions

\$11 PMPM

Group Medicare Advantage with Part D (MAPD) commissions

\$11 PMPM

Group Part D (PDP Only) commissions

\$4 PMPM

Group Medicare Advantage plans provide the potential for employers to materially reduce costs while providing better benefits, improved clinical and wellness care, and little to no disruption for their retirees.



Near-universal provider access

Access to all willing medical providers nationally.



Plan administration

Single payer plan that provides coverage for all benefits covered by traditional Medicare.



Benefit design

National coverage with consistent member cost share both in and out-of-network.



Clinical and wellness programs

- HouseCalls— in-home checkup
- Renew Active®— largest national Medicare fitness program focusing on body, mind and social
- UnitedHealthcare Healthy at Home— post-discharge in-home care, meals and transportation
- Retiree-designated critical care and remote monitoring programs



Streamlined experience

Simplified benefit design with 1 ID card and call center.

Contact your UnitedHealthcare representative to get a Group Retiree quote proposal

UnitedHealthcare Group Medicare Advantage® plans are offered by UnitedHealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by employer group. Group must represent to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d) (5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan. Classification of a group with "50 or more post-65 eligible retirees" assumes anticipated new enrollment is 50 or more; custom plan design threshold is 50 members. Group Retiree commissions must be within CMS limits and can be quoted net of commissions; decisions to include commissions must be determined prior to (or during) the underwriting premium rating process.

Broker on-boarding and compensation payment for Group Retiree plans managed separate from the United eServices Sales Automation Management (SAM), Employer eServices and United Advantage systems and processes. Your Group Retiree quote proposal contact can help you navigate the Group Retiree on-boarding. Group Retiree plans do not accumulate toward commercial quarterly or annual Medical/Specialty Bonus program thresholds.

Specialty Benefits



Basic and Supplemental Life base commissions for groups with up to 50 eligible employees

10% of paid premium

Dental base commissions for groups with up to 50 eligible employees

10% of paid premium

Vision base commissions for groups with up to 50 eligible employees

10% of paid premium

Short-term and long-term disability base commissions for groups with up to 50 eligible employees

Disability annual premium*	Commission rate
For the first \$15,000 paid premium in a plan year	15% of premium
For the next \$10,000 paid premium in a plan year	10% of premium
For the next \$25,000 paid premium in a plan year	5% of premium
For paid premium over \$50,000 in a plan year	1% of premium

Oxford Benefit Management® (OBM) commissions for groups with 2 to 100 eligible employees

10% of paid premium

*This schedule is applied on a per-case basis. The schedule is applied to each disability case starting at the top of the schedule on the original effective date or renewal date.

Oxford Benefit Management, Inc. acts as the distribution company for products by third-party vendors including UnitedHealthcare Dental, Spectera, LifeEra and UnitedHealth Allies. The UnitedHealthcare Dental PPO Plan, the UnitedHealthcare Dental Trust Plan and Spectera, Inc. are underwritten by UnitedHealthcare Insurance Company, Hartford, Connecticut (except in New York), UnitedHealthcare Insurance Company of New York, Hauppauge, New York (New York only). OBM does not underwrite or administer these products and bears no risk on any product offered. UnitedHealthcare Dental coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (California only), United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Vision coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and Unimerica Insurance Company; Unimerica Life Insurance Company of New York (New York City); and in California, Unimerica Life Insurance Company. OBM and SBS packages are not available in all states and state-specific requirements may cause limitations or variations for the plans.

Commissions for Specialty Benefit groups with 51 or more eligible employees may be established at the request of the agent or customer. The above schedules will apply if an alternative schedule is not requested.

Classification of a group with "up to 50 eligible employees" is determined by us considering a number of factors. Please see "Case Size Designations" on page 6 for details.

Standard commission schedules 51–5,000 for Specialty Benefits

Commission schedules for groups with 51 or more eligible employees may also be set at specific levels requested by the broker or customer. Talk to your UnitedHealthcare sales representative to request specific commission rates.

Dental commission scale	
Annual premium*	Commission rate
First \$10,000	10%
Next \$15,000	7.5%
Next \$15,000	5%
Next \$20,000	2.5%
> \$60,000	1.5%

Vision commission rate	
10% of paid premium	

Basic and Supplemental Life commission scale	
Annual premium*	Commission rate
First \$25,000	10%
Next \$25,000	7%
Next \$50,000	3%
Next \$100,000	2%
> \$200,000	1%

Short-Term & Long-Term Disability commission rates**	
Annual premium*	Commission rate
First \$15,000	15%
Next \$10,000	10%
Next \$25,000	5%
> \$50,000	1%

Paid Family Medical Leave***	
Annual premium*	Commission rate
First \$15,000	15%
Next \$10,000	10%
Next \$25,000	5%
>\$50,000	1%

*Schedule applied to each case starting at the top of the schedule on the original effective date or renewal date. **This schedule is applied on a per-case basis. The schedule is applied to each disability case starting at the top of the schedule on the original effective date or renewal date. ***Paid Family Medical Leave (PFML) plans are only available to groups with 100 or more eligible employees, with at least 25 employees working in the applicable PFML State (e.g., Massachusetts or Connecticut). For PFML product availability, please contact your UnitedHealthcare representative.

The policies have exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company. Some products are not available in all states. Benefits for the UnitedHealthcare dental DHMO plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York. Administrative services provided by DBP Services. The Select DHMO plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services HMO in Virginia, Pennsylvania and a Dental Plan Organization in Maryland and Delaware.

Benefits for the UnitedHealthcare Dental DHMO/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare. UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and in California by Unimerica Life Insurance Company. UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company. Critical Illness coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. UnitedHealthcare Accident Protection product is provided by UnitedHealthcare Insurance Company. UnitedHealthcare Hospital Indemnity product is provided by UnitedHealthcare Insurance Company. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. UnitedHealthcare Insurance Company is located in Hartford, CT; UnitedHealthcare Insurance Company of New York is located in Islandia, NY; and Unimerica Life Insurance Company is located in Milwaukee, WI.

Critical Illness Protection Plan commission rates

Commission rate based on group size*	Commission rate
51–99 eligible employees	15%
100–500 eligible employees	13%
501–999 eligible employees	11.5%
1,000+ eligible employees	10%

Accident Protection Plan commission rates

Commission rate based on group size*	Commission rate
51–99 eligible employees	15%
100–499 eligible employees	13.5%
500–999 eligible employees	12.75%
1,000+ eligible employees	11%

Hospital Indemnity Protection Plan commission rates

Commission rate based on group size*	Commission rate
51–99 eligible employees	15%
100–500 eligible employees	13%
501–999 eligible employees	11.5%
1,000+ eligible employees	10%

Supplemental Health combo package

Commission rate based on group size*	Commission rate
100–500 eligible employees	13%
501–999 eligible employees	11.5%
1,000+ eligible employees	10%

Benefit Ally

Commission rate based on group size*	Commission rate
100+ eligible employees	10%

*Schedule applied to each case starting at the top of the schedule on the original effective date or renewal date.

The policies have exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company. Some products are not available in all states. Benefits for the UnitedHealthcare dental DHMO plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York. Administrative services provided by DBP Services. The Select DHMO plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services HMO in Virginia, Pennsylvania and a Dental Plan Organization in Maryland and Delaware.

Benefits for the UnitedHealthcare Dental DHMO/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare. UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and in California by Unimerica Life Insurance Company. UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company. Critical Illness coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. UnitedHealthcare Accident Protection product is provided by UnitedHealthcare Insurance Company. UnitedHealthcare Hospital Indemnity product is provided by UnitedHealthcare Insurance Company. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. UnitedHealthcare Insurance Company is located in Hartford, CT; UnitedHealthcare Insurance Company of New York is located in Islandia, NY; and Unimerica Life Insurance Company is located in Milwaukee, WI.

Specialty Benefits new business bonus

You may earn a bonus for selling new group term life, group supplemental life, group dental, group short-term disability, group long-term disability, group vision, group critical illness, group accident, group hospital indemnity, supplemental health combo, UnitedHealthcare Benefit Ally® and paid family medical leave insurance for groups with 2 to 5,000 eligible employees and 5 or more enrolled employees as of January 2023. In order to receive this bonus, you must meet both of the following requirements:

- Sell at least 20 new lines of coverage having a combined minimum of \$100,000 in annualized premium and fees or 10 new lines of coverage having a combined minimum of \$750,000 in annualized premium and fees with effective dates from January 2, 2022 through January 1, 2023, and
- Have a net change percentage for your entire Specialty Benefits block of business from January 2022 through January 2023 of at least 100.0%

If all of the bonus requirements are met, the bonus is calculated using the highest bonus percentage in the following table:

Specialty Benefits new lines of coverage and annualized premium*	Bonus percentage
20 lines of coverage with a combined minimum of \$100,000 in annualized premium and fees, OR 10 lines of coverage with a combined minimum of \$750,000 in annualized premium and fees*	4%
25 lines of coverage with a combined minimum of \$200,000 in annualized premium and fees, OR 10 lines of coverage with a combined minimum of \$1,000,000 in annualized premium and fees*	5%
30 lines of coverage with a combined minimum of \$300,000 in annualized premium and fees, OR 10 lines of coverage with a combined minimum of \$1,500,000 in annualized premium and fees*	6%

Both employer-paid and employee-paid lines of coverage sold with medical coverage or on a stand-alone basis are included in the bonus program. The maximum Specialty Benefits new business bonus paid on any line of coverage within any 1 case or affiliated cases is \$50,000.

Bonus adjustment for Specialty Benefits net change percentage: Our Specialty Benefits new business bonus requires a minimum net change in premium for your book of Specialty Benefits lines of coverage with 2 to 5,000 eligible employees and 5 or more enrolled employees from January 2, 2022 through January 1, 2023. To receive a new business bonus, your January 2023 Specialty Benefits premium and fees must be at least 100.0% of the premium and fees that we received for your Specialty Benefits lines of coverage for January 2022. The Specialty Benefits net change percentage in premium and fees is calculated by dividing the premium and fees received for all of your Specialty Benefits lines of coverage in January 2023 by the premium and fees received for all of your Specialty Benefits lines of coverage in January 2022. The net change percentage is rounded to the nearest one-tenth of 1%.

Specialty Benefits lines of coverage that do not meet our general bonus eligibility requirements will be excluded from the net change calculation. If the Specialty Benefits net change percentage is less than 100%, no bonus will be paid.

*In eligible lines of coverage with effective dates from January 2, 2022 through January 1, 2023. Annualized premium and fees for bonus qualification is equal to the January 2023 premium and fees of eligible cases multiplied by 12.

Specialty Benefits new business bonus details

- You must sell at least 20 eligible lines of coverage with original effective dates from January 2, 2022 through January 1, 2023 having a combined minimum of \$100,000 in annualized premium and fees (or alternatively, 10 new lines of coverage having a combined minimum annualized premium and fees of \$750,000), and have a Specialty Benefits net change percentage of 100.0%, in order to qualify for the Specialty Benefits new business bonus. The Specialty Benefits new business bonus is paid on annualized premium and fees for lines of coverage that had original effective dates from January 2, 2022 through January 1, 2023, are active on January 1, 2023 and meet all other eligibility requirements.
- Annualized premium and fees for this bonus are defined as the January 2023 premium and fees of the eligible line of coverage multiplied by 12. The bonus payment is based on the annualized premium and fees.
- The maximum Specialty Benefits new business bonus paid on any line of coverage within any 1 case or affiliated cases is \$50,000. In situations where commissions on the case are split between more than 1 Agent of Record, the maximum bonus limit will be applied before the bonus is allocated to the Agents of Record.
- One eligible line of coverage for the Specialty Benefits new business bonus is group term life, group supplemental life, group dental, group short-term disability, group long-term disability, group vision, group critical illness, group accident, group hospital indemnity, supplemental health combo, benefit ally and paid family medical leave insurance in a group with 2 to 5,000 eligible employees and 5 or more enrolled employees in January 2023, that has an original effective date from January 2, 2022 through January 1, 2023. An eligible line of coverage must meet all of UnitedHealthcare's general bonus eligibility requirements. An eligible line of coverage can be sold with medical coverage or on a stand-alone basis. Both employer-paid and employee-paid lines of coverage are eligible for the bonus.
- An eligible line of coverage must be in an eligible group. Spectera Plan Administrators Private Label vision, Family Medical Leave (FML) administration plans and some Governmental Entity cases are not eligible for any bonus programs. Groups written through Affiliated Associations of America (AAOA), embedded dental or vision benefits, dental discount cards or state statutory disability plans are not eligible for this bonus. Dental groups administered through UMR/Fiserv that use a dental network other than the UnitedHealthcare Dental network are not eligible for this bonus. UnitedHealthcare has sole discretion in determining whether a line of coverage is eligible for any bonus program. The lines of coverage, premium and fees of ineligible cases are not included toward the minimum line of coverage requirements, the premium and fee requirements, or any other requirements or calculations related to any Specialty Benefits bonus. Lines of coverage counts and premiums and fees for affiliated groups are combined for all bonus calculations.
- For dual or multiple broker arrangements, line of coverage credit and premium or fee credit will be allocated in the same proportion as the commissions are split on the line of coverage. Fractional credits will be used in the calculation, and credits will not be rounded to the nearest integer.
- Special rules apply to payment of bonuses for non-commissionable customers. We require written customer acknowledgment and approval before paying bonuses on all non-commissionable customers, and on commissionable governmental entities.
- An agent or agency can only qualify for 1 Specialty Benefits new business bonus. The lines of coverage sold and minimum annualized premium and fees within any row must both be met to qualify for a row in the bonus table. The bonus will be paid at the highest bonus percentage where both the lines of coverage and annualized premium and fees criteria are met. If an agent meets the qualifications in more than 1 row in the table, only the bonus for the row paying the highest bonus amount will be paid.

Specialty Benefits new business bonus calculation examples: The Specialty Benefits new business bonus is calculated by totaling the eligible lines of coverage and the annualized premium and fees for those eligible lines of coverage to determine the bonus tier from the Specialty Benefits new business bonus payment table. The Specialty Benefits net change percentage is then calculated to determine if the agency qualifies for the Specialty Benefits new business bonus.

Example 1: An agency has 21 new Specialty Benefits lines of coverage with 5 or more enrolled employees and effective dates from January 2, 2022 through January 1, 2023, with annualized premium and fees in new eligible lines of coverage of \$200,000. In their block of Specialty Benefits business with 2 to 5,000 eligible employees and 5 or more enrolled employees, the agency had \$1,000,000 in annualized Specialty Benefits premium in January 2022, and \$1,200,000 in annualized Specialty Benefits premium in January 2023.

- **Step 1. Determine Specialty Benefits new business bonus qualification level:** 21 new eligible lines of coverage with annualized premium and fees of \$200,000 qualifies for an initial bonus of 4% of the annualized premium and fees for the new eligible lines of coverage
- **Step 2. Calculate Specialty Benefits net change percentage:** \$1,200,000 in annualized Specialty Benefits premium in January 2023 divided by \$1,000,000 in January 2022 equals a Specialty Benefits net change percentage of 120.0%, resulting in the agency meeting the net change in premium requirement
- **Step 3. Calculate the Specialty Benefits new business bonus:** The bonus payable is 4% of \$200,000, which equals a bonus of \$8,000

Example 2: An agency has 10 new lines of coverage with 2 to 5,000 eligible employees and 5 or more enrolled employees and effective dates from January 2, 2022 through January 1, 2023, with annualized premium and fees in eligible products of \$800,000. In their block of Specialty Benefits business with 2 to 5,000 eligible employees and 5 or more enrolled employees, the agency had \$1,000,000 in received premium in January 2022, and \$850,000 in received Specialty Benefits premium in January 2023.

- **Step 1. Determine Specialty Benefits new business bonus qualification level:** 10 new lines of coverage with annualized premium and fees of \$800,000 qualifies for an initial bonus of 4% of the annualized premium and fees for the new eligible lines of coverage
- **Step 2. Calculate Specialty Benefits net change percentage:** \$850,000 in received premium in January 2023 divided by \$1,000,000 in January 2022 equals a Specialty Benefits net change percentage of 85.0%
- **Step 3.** The agent has not met the minimum Specialty Benefits net change percentage of 100.0%, and no bonus is payable

Specialty Benefits retention bonus

You may earn a bonus for renewing group term life, group supplemental life, group dental, group short-term disability, group long-term disability, group vision, group critical illness, group accident, group hospital indemnity, supplemental health combo, benefit ally and paid family medical leave insurance for groups with 2 to 5,000 eligible employees and 5 or more enrolled employees in January 2023 and having renewal dates from January 2, 2022 through January 1, 2023.

In order to receive a Specialty Benefits retention bonus, you must meet all of the following requirements:

- Qualify for the UnitedHealthcare 2022 Specialty Benefits new business bonus
- Have at least 25 lines of coverage having a combined minimum of \$750,000 in received premium and fees that have renewal dates from January 2, 2022 through January 1, 2023, and
- Have a Specialty Benefits premium retention percentage at least 85.0% in Specialty Benefits lines of coverage with renewal dates from January 2, 2022 through January 1, 2023

If all of the bonus requirements are met, the bonus is calculated using the highest bonus percentage in the following table:

Specialty Benefits premium retention percentage	Bonus on received premium and fees*
85.0% to 89.99%	2%
90.0% to 94.99%	3%
95.0% or greater	4%
Less than 85.0%	No bonus

Both employer-paid and employee-paid cases sold with medical coverage or on a stand-alone basis are included in the bonus program. The maximum Specialty Benefits retention bonus paid on any line of coverage within any one case or affiliated cases is \$50,000.

Specialty Benefits premium retention percentage: You are required to have a premium retention percentage of at least 85.0% in order to receive a Specialty Benefits retention bonus. The Specialty Benefits premium retention percentage is the January 2023 premium and fees received for lines of coverage that have renewal dates from January 2, 2022 through January 1, 2023, divided by the January 2022 premium and fees received from lines of coverage that have renewal dates from January 2, 2022 through January 1, 2023. The Specialty Benefits premium retention percentage calculation includes only lines of coverage that have renewal or termination dates from January 2, 2022 through January 1, 2023.

Specialty Benefits retention bonus details

- To qualify for the Specialty Benefits retention bonus you must:
 - Qualify for the UnitedHealthcare 2022 Specialty Benefits new business bonus
 - Have at least 25 lines of coverage having a combined minimum of \$750,000 in received premium and fees with renewal dates from January 2, 2022 through January 1, 2023
 - Have a Specialty Benefits premium retention percentage of at least 85.0% in Specialty Benefits lines of coverage with renewal dates from January 2, 2022 through January 1, 2023
- The maximum Specialty Benefits retention bonus paid on any line of coverage within any 1 case or affiliated cases is \$50,000

*In eligible lines of coverage with renewal dates from January 2, 2022 through January 1, 2023. Bonus is paid only on the premium and fees received on renewing lines of coverage during the period from February 2022 through January 2023.

An eligible line of coverage for the Specialty Benefits retention bonus is group term life, group supplemental life, group dental, group short-term disability, group long-term disability, group vision, group critical illness, group accident, group hospital indemnity, supplemental health combo, benefit ally and paid family medical leave insurance covering a group with 2 to 5,000 eligible employees and 5 or more enrolled employees that has a renewal date from January 2, 2022 through January 1, 2023. An eligible line of coverage must also meet all of UnitedHealthcare's general bonus eligibility requirements. An eligible line of coverage can be associated with medical coverage or exist on a stand-alone basis. Both employer-paid and employee-paid lines of coverage are eligible for this bonus.

- “Received premium and fees” are the premium and fees received by UnitedHealthcare for eligible Specialty Benefits lines of coverage for the months of February 2022 through January 2023. The Specialty Benefits retention bonus is paid on received premium and fees for eligible lines of coverage that are active on January 1, 2023, and meet all other general bonus eligibility requirements. For purposes of this bonus, the “renewal date” for groups with rate guarantees longer than 1 year will be the 12-month anniversary of their original effective date or their last renewal.
- For the Specialty Benefits retention bonus, “premium retention percentage” is the January 2023 premium and fees received from lines of coverage eligible for the 2022 Specialty Benefits retention bonus divided by the January 2022 premium and fees received from lines of coverage eligible for the 2022 Specialty Benefits retention bonus.
- An eligible line of coverage must be in an eligible group. Spectera Plan Administrators Private Label vision, Family Medical Leave (FML) administration plans and some Governmental Entity cases are not eligible for any bonus programs. Groups written through Affiliated Associations of America (AAOA), embedded dental or vision benefits, dental discount cards or state statutory disability plans are not eligible for this bonus. Dental groups administered through UMR/Fiserv that use a dental network other than the UnitedHealthcare Dental network are not eligible for this bonus. UnitedHealthcare has sole discretion in determining whether a line of coverage is eligible for any bonus program. The lines of coverage, premium and fees of ineligible cases are not included toward the minimum line of coverage requirements, the premium and fee requirements, or any other requirements or calculations related to any Specialty Benefits bonus. Lines of coverage counts and premiums and fees for affiliated groups are combined for all bonus calculations.
- For dual or multiple broker arrangements, line of coverage credit and premium or fee credit will be allocated in the same proportion as the commissions are split on the case. Fractional credits will be used in the calculation, and credits will not be rounded to the nearest integer.
- Special rules apply to payment of bonuses for non-commissionable customers. We require written customer acknowledgment and approval before paying bonuses on all non-commissionable customers, and on commissionable governmental entities.

Specialty Benefits retention bonus calculation: If all the qualifying criteria for the Specialty Benefits retention bonus are met, the bonus is calculated as follows:

Specialty Benefits retention bonus calculation example: An agency qualifies for a Specialty Benefits new business bonus by writing 21 new coverages with annualized premium and fees in eligible products of \$160,000. In addition:

- The agency had a net change percentage of at least 100% in the Specialty Benefits new business bonus calculation
- The agency had 25 eligible lines of coverage on January 1, 2023 with renewal dates from January 2, 2022 through January 1, 2023
- The total premium and fees received for these 25 lines of coverage for the period from February 2022 through January 2023 was \$770,000

The January 2022 premium and fees received for eligible lines of coverage was \$65,000, and the January 2023 premium and fees received for eligible lines of coverage was \$63,375.

Step 1. Calculate the premium retention percentage: The agency's premium retention percentage is \$63,375 (the January 2023 premium and fees received for eligible lines of coverage) divided by \$65,000 (the January 2022 premium and fees received for eligible lines of coverage), or 97.5%.

Step 2. Determine the Specialty Benefits retention bonus percentage: Referring to the bonus table, we find that a premium retention percentage of 97.5% earns a bonus of 4% of received premium and fees.

Step 3. Calculate the Specialty Benefits retention bonus amount: The bonus payable is 4% of the total premium and fees received for the eligible lines of coverage for the period from February 2022 through January 2023, which is \$770,000. The bonus is 4% times the total premium and fees received for these 25 lines of coverage for the period from February 2022 through January 2023. The calculation is 4% of \$770,000, or \$30,800.

Producer compensation policies and practices



The definitions of key terms used in this guide can be found on page 6.

Area covered by this guide: Only agents, agencies and service providers permanently located in the area for which this guide is written are eligible for the bonus, recognition and other programs described in this guide.

Producer credentialing, contracting and appointment: Agents and agencies who sell products offered by UnitedHealthcare and related companies must have a written agreement with us, and be appropriately licensed and appointed in the states where they solicit or sell our products. Agents and agencies must maintain active licenses and appointments in the appropriate states, and remain in good standing with us, to receive commissions. No commissions will be paid on any case for any period where the Writing Agent or Agent of Record is not licensed and appointed in the state where the case is issued, except following the termination of an appointment where permitted by law. No retroactive commissions will be paid for cases where commissions were forfeited due to lack of licensing and appointment.

Service Providers that receive service fees processed by UnitedHealthcare as a courtesy to the service provider and the policyholder are also subject to acceptance by us.

The terms of the UnitedHealthcare Agent/Agency Agreement apply to all commission, bonus and recognition programs. Agents, agencies and service providers are responsible for complying with all applicable state and federal statutes and regulations related to the sale of our products.

Regulatory reporting: UnitedHealthcare complies with all applicable state and federal regulations with regard to producer compensation. All producer compensation will be reported as required for federal, state and local income taxes. All producer compensation, including bonuses, overrides and other compensation, may be subject to reporting to meet other regulatory requirements. Commissions, bonuses, overrides, service fees and some non-cash compensation will be reported for ERISA-related reporting (Form 5500, Schedules A or C). UnitedHealthcare will have sole discretion as to whether, and to what extent, compensation is subject to reporting under these regulations.

Case size segment assignment: Many of the commission and bonus programs in this guide apply to specific case size segments (for example, “groups with up to 50 employees,” “groups with up to 100 employees,” “Key Accounts” or “51 or more employees”). In most situations, these labels will coincide with the actual number of employees in the group that are eligible (but not necessarily enrolled) for coverage. However, the actual case size segment designation for commission and bonus program purposes will be made in accordance with state and federal regulations and may be based on the employee count at some point in time, the average number of employees over some period of time, or other factors such as the rating formula used, underwriting rules or operating system indicators. That means the specific assignment of any group to one of these classifications may not reflect the actual number of employees at a specified time, and may not coincide with case size designations used for other purposes. Once classified, groups do not automatically change classification for these purposes if their employee count grows or shrinks. That means that some groups with (for example) more than 50 employees will be included in the “up to 50 employees” commission and bonus programs, and some groups with fewer than 51 eligible employees will not. We reserve the right to classify any group in any of these designations for these purposes according to our rules and in accordance with state and federal regulations, regardless of the group’s actual enrollment or eligible employee count.

UnitedHealthcare electronic delivery consent: By accepting an appointment with UnitedHealthcare, producers agree that UnitedHealthcare will employ electronic communications for most business-related communications. This consent applies to all Internet-based communications from UnitedHealthcare, including email, website and mobile applications. Electronic communications include, but are not limited to, commission statements, renewal packages and emails between producers and UnitedHealthcare employees.

Business practices

UnitedHealthcare is committed to ethical business practices and full disclosure of our producer compensation to customers. We believe that our programs provide fair compensation for the value that our appointed agents and agencies bring to customers and UnitedHealthcare.

Disclosure of producer compensation: UnitedHealthcare believes in fully transparent producer compensation, which means that customers have the right to know what their producer is being paid for servicing their UnitedHealthcare products, including all bonuses and override payments. We encourage our producers to share their compensation arrangements with their customers. Our Agent/Agency Agreement and our compensation policies require disclosure to customers when required by law and provide discretion for us to disclose compensation directly to our customers as we deem appropriate.

UnitedHealthcare is committed to greater customer awareness of the compensation being paid to producers for selling our products. Basic information about UnitedHealthcare's producer compensation programs is included in our proposals. Additional general information is included in our employer application, administrative service agreements and on our employer Internet site.

Customer-specific compensation disclosure: The specific compensation paid to a producer for the solicitation or sale to employer groups covered by Employment Retirement Income Security Act (ERISA) is reported in the Form 5500 (Schedules A or C) information sent to those customers. The compensation reported includes base commissions, bonuses, overrides and certain non-monetary compensation. Beyond this regulated reporting, we believe that the primary source of specific information regarding compensation is the producer receiving the compensation. We encourage customers to ask their producers about their compensation, and we encourage our producers to inform their customers about their compensation. Customers who inquire about the specific compensation paid on their policies will initially be directed to their producer. If a customer continues to request that we supply this information to them directly, we will honor that request and disclose base commissions, bonuses, overrides and certain non-monetary compensation paid on the case. All customers have access to this information, regardless of case size, funding or business type. We may require that such requests be in writing by an authorized representative of the customer.

Written customer acknowledgments: UnitedHealthcare may require written customer acknowledgment and approval for certain compensation arrangements. We reserve the right, at our sole discretion, to request written customer acknowledgment and approval, and to establish the form of such acknowledgment, for any compensation that we pay. Some state laws require that a producer obtain written customer acknowledgment of compensation received from an insurer if the producer is also receiving compensation directly from the customer. UnitedHealthcare expects producers to know and comply with such laws, including any requirements as to when the customer acknowledgment must be obtained.

Bid rigging or other unfair bidding practices are not tolerated: UnitedHealthcare's business practices and various laws and regulations prohibit any activities that manipulate proposals in coordination with competitors in a manner contrary to the customer's interests. Bid rigging involves trading business with competitors through the manipulation of premiums, fees or products to produce a quote that is intentionally higher or less favorable to a prospective customer, or is in any way designed to provide a false appearance of competition. It is UnitedHealthcare's policy to always present a legitimate quote to the producer, consultant or customer. We will never condone or allow a producer to coordinate pricing with another carrier in a way that gives one of the carriers a competitive edge, or prevents the best price from being presented to the customer. If you suspect someone is attempting to rig a bid or otherwise inappropriately steer business, report the situation to UnitedHealthcare's legal department immediately. Note that bid rigging or steering generally involves coordination with other carriers. A situation where we present our best premium rate or fee to a producer or customer, even though we do not expect that the rate will be competitive, is not bid rigging. It is also permissible to lower quoted premiums if we receive additional underwriting information, to match competitor pricing or as the result of negotiation with the customer, as permitted by law.

Base commissions

UnitedHealthcare may modify any base commission at any time for any reason with notice as specified in the Agent/Agency Agreement.

Small groups: Base commission schedules for “fully insured medical small groups” (in some jurisdictions having up to 50 eligible employees, and in other jurisdictions up to 100 eligible employees) vary from market to market. The small group base commission schedule used for a single site case is the schedule in effect for the county in which the policy is issued. If there are multiple sites associated with a case, the commission schedule used will be that of the base location selected by us. Special rules regarding multiple sites cases may apply in some areas. In most situations, the number of enrolled employees for all locations will be used to determine the tier that establishes the commission rate. However, the regulations in certain states may result in the isolation of the enrolled employee count for locations within that state. In such instances, the commissions for such locations may be calculated independently based on the enrolled employee count for that state only, and these employees will be excluded from the counts in other locations.

The base commission tier for small groups in states where a published “tiered” commission schedule applies will be set using an initial or renewal enrolled employee count at a time of our choosing. For some of our operating systems, the tier will be established using the enrolled employee count at the time of the first month’s bill for new groups, and the billed count for the first month of a renewal year, but this will vary at our discretion. The enrolled employee count for customers with multiple sites may be re-established every time an affiliated site is added or removed during the contract year.

Large groups: Large group cases are groups with 51 or more employees, or 101 or more employees, depending on the jurisdiction. UnitedHealthcare may prohibit the payment of base commissions on large group cases in a specified size segment and geography. If such a prohibition is applied, no base commission will be paid on the cases subject to the prohibition.

If no prohibition of base commissions is applied to a case, UnitedHealthcare may establish or cap commissions for large groups based on geography and the number of eligible or enrolled employees in a group. Otherwise, the base commission for large groups is established by the customer, subject to state regulations and UnitedHealthcare’s producer compensation policies (including any applicable maximum commission limit). When commissions are not established by UnitedHealthcare and the customer does not give specific instructions, base commissions for large groups are established by mutual agreement between UnitedHealthcare and the agent in accordance with our policies and where allowed by state regulations.

Premium rates for large groups may vary to reflect the commission included in the proposal.

Producers and customers may request that no commissions be paid for large groups. Base commissions will only be paid on large groups if commissions are included in the premium rate being paid by the customer. If an existing large group customer requests a reduction or elimination of commissions, we will comply with the request and reduce premium, and reduce or eliminate commissions, in accordance with the request and our policies. If an existing large group customer requests an increase in commissions, the higher commissions will not be paid until premiums are increased to cover the cost of the additional commissions. UnitedHealthcare reserves the right to limit the amount of commissions that can be paid on any case. UnitedHealthcare may require that an authorized representative of a customer provide written acknowledgment and approval of the commission structure and amount for their case at any time.

Maximum allowable commissions and prohibited commissions: UnitedHealthcare may establish maximum allowable commission rates or prohibit commissions for a specified category or segment of groups at any time with appropriate notice to agents. The categories for which commissions are limited or prohibited may include size segment, geographic location and other attributes. UnitedHealthcare may adjust the maximum allowable commission rate, prohibit commissions or waive the prohibition of commissions for a specified group if, in UnitedHealthcare’s sole discretion, circumstances warrant such action.

Customer acknowledgment and approval for base commissions: UnitedHealthcare may require written customer approval before paying commissions on any customer if, in UnitedHealthcare's sole opinion, such documentation is appropriate and necessary to assure that all parties are aware of and agree to the commission level. The written customer acknowledgment must be submitted to and accepted by UnitedHealthcare before payment of commissions for that customer. A sample customer acknowledgment letter may be obtained from your UnitedHealthcare representative.

Repayment and recovery of commission and override errors: UnitedHealthcare will not adjust any commission or override payments to an agent, agency or general agent except with respect to payments made within 2 years prior to the date of the adjustment. In this regard, neither an agent, agency, general agent nor UnitedHealthcare may assert a claim against the other relating to incorrect commission or override payments, unless such claim is made, and the resulting adjustment is commenced, within 2 years of the date of the incorrect commission or override payments. UnitedHealthcare maintains the right to recover payments by reducing any amounts owed to the producer, including all commission, override and bonus payments.

Enrollment count and premium adjustments: Retroactive changes to employee counts or premiums will be applied at the commission rate that was in effect for the month the adjustment was made.

Delinquent premium: No commissions are payable for any premium collected by a third party, collection agency, through a court judgment or similar process.

Commissions on groups with Packaged Savings[®]: The premium used to calculate percentage of premium-based commissions for groups receiving Packaged Savings is reduced by the Packaged Savings administrative credit in order to accurately reflect actual premium received.

Agent of Record changes: Compensation will be paid only to the licensed and appointed Agent of Record (AOR) assigned to the case by the customer and accepted by us. The customer has the right to designate and change their AOR; however, UnitedHealthcare reserves the right to accept or reject, at our sole discretion, requests to change the AOR assigned to a case and direct commissions and bonus payments to another AOR.

All requests to change AOR assignments must be made in writing by the customer in a form approved by us. We will generally accept requests to change AOR if the request is made in writing by an authorized representative of the customer. The request must be made in the form of a letter, on the customer's letterhead, directed to UnitedHealthcare (not the new AOR) that:

- Delegates the new Writing Agent and AOR (using the name by which they are appointed by us),
- Specifies the lines of coverage impacted, and
- States that the customer's delegation of the new AOR supersedes all other designations, and terminates commissions and other payments to any prior agent

If we accept the customer's request, the AOR change will be implemented at a time of our choosing, usually in the month following our receipt of the request. As a courtesy, and at our discretion, we may advise the current AOR of the receipt of the request to remove them from the case.

Properly executed AOR change request letters should be submitted directly to one of the following:

By fax: **1-855-663-2042**

By email: agtcomp@uhc.com

By United States Postal Service mail: **UnitedHealthcare Commissions
City Place 1 Floor 11 CT039
185 Asylum Street
Hartford, CT 06103-3408**

An AOR change request may be rescinded if the request to rescind the designation of the new AOR is received by us in writing within 30 days of the effective date of the AOR change that is being rescinded. If the request to rescind the designation of the new AOR is received after 30 days of the effective date of the AOR change, the previous agent will be reinstated as the AOR on the first day of the next month following the receipt of the rescission letter.

If an agent is designated as the AOR for cases where there is no current agent, or no commissions are paid on the case, UnitedHealthcare will not pay commissions to the new agent if commissions are prohibited for the case. If commissions are permitted, no commissions will be paid until commissions are added to the fully insured premium rate or self-funded fee. If we recognize a new AOR on a commissionable case and the new AOR requests an increase in commissions in writing, we will not pay the higher commissions until the additional commissions are added to the fully insured premium rate or self-funded fee. The change in premium can occur at the next renewal, or the customer may approve a change in premium in writing off-renewal to accommodate the compensation. If we recognize a new AOR on a commissionable case where we do not have an established commission schedule, and the new AOR requests a decrease in commissions in writing, we will reduce the commissions and the fully insured premium rate or self-funded fee when the change can be processed, without waiting for the next renewal date. (Note that we will not increase, decrease or eliminate commissions paid according to an established commission schedule, including jurisdictions where regulations require commissions to be filed and approved.)

The customer is always the ultimate authority in designating an AOR for their case, provided that we have contracted with and appointed the designated AOR. However, absent other instructions from the customer, a current AOR may designate a new AOR by requesting such a change in writing. If the current AOR is an agency, the person requesting such a change must certify that they are authorized to make such a request on behalf of the agency. The new AOR is subject to acceptance by UnitedHealthcare.

Change of Service Provider under a Service Fee Billing Agreement: Customers who engage a Service Provider and enter into a Service Fee Billing Agreement can change their Service Provider. The naming of the new Service Provider requires completion of a new Service Fee Billing Agreement with the new Service Provider.

Effective date of change to the Service Fee Service Provider: Due to the timing of invoices, UnitedHealthcare can only accept changes to the Service Provider under a Service Fee Billing Agreement if notice is received by the UnitedHealthcare Commissions Unit before the customer's next month billing invoice is created. In most instances that occurs around the 10th day of the month prior to the month being billed (for example, June 10 for a change that is effective July 1). If a request to change Service Providers is received after the coming month's billing invoice is created, the change in Service Providers will not occur for 2 months (for example, a change request received September 20 will be effective November 1). System and reporting issues prohibit us from making exceptions to these rules.

Customers who know they will be replacing their current Service Provider but who do not yet have a new Service Provider or updated Service Fee documents can remove the current Service Provider before the billing invoice is created without naming a replacement by notifying their sales representative of the upcoming change. In such cases, we can install a new Service Provider starting in the month after the old Service Provider was removed.

Assignment: An AOR may appoint another agent or agency (the assignee) to receive the commissions on all of their cases through assignment. Such an assignment of commissions is irrevocable, and all rights to further assignment of commissions on the assigned cases will be granted only to the agent or agency to which the commissions are assigned. The assignee must be licensed and appointed by UnitedHealthcare and legally able to receive commissions. We reserve the right to reject any request for assignment. An agent may rescind their assignment at any time, but the rescission will only apply for cases written after the effective date of the rescission.

Commissions differentiated by length of coverage: For commission structures that are differentiated by the length of time the case has had coverage with us, “first-year” commissions are paid for a period from the original effective date up to the first renewal date. The commission rates for “subsequent years” or “renewal years” are paid for all months starting on and following the first renewal date. The subsequent-year or renewal-year commission classification will apply as long as the company has continuing coverage with any of our subsidiaries, even if the policy undergoes a change in coverage or funding type, reinstatement, transfer to another operating platform, is “spun-off” from a larger group or is transferred to another UnitedHealthcare or UnitedHealth Group operating company.

Commissions differentiated by product: Commission schedules may apply to a specific product or set of products within a product line. UnitedHealthcare has sole discretion to classify a product and assign commission schedules to a product. The commission schedule for groups that convert from 1 product to another will be changed at the time of the product conversion.

Government continuation policies: No commissions are paid on policies converted to individual policies and certain government continuation policies.

Premium holiday: A premium holiday occurs when we eliminate all or part of the premium due in a month for a customer or a group of customers, where permitted by law (premium holidays are not offered in California and certain other states). The impact of premium holidays on commissions and fees varies by the type of compensation.

Full premium holiday: During a full premium holiday the customer pays no money for their coverage for the month, but their coverage remains in force.

Commissions—full premium holiday:

1. Percentage of premium: A full premium holiday means that no premium is paid for the month of the premium holiday. Therefore, no commissions will be paid for cases where commissions are paid as a percentage of premium.
2. Per employee per month (PEPM): Commissions will be paid for groups where the commissions are based on the number of enrolled employees in the month. Even though no premium is paid, there is an active enrolled employee count. Therefore, commissions will be paid in the usual manner for commission based on a payment per employee per month.
3. Flat fee: The group is still active for the full premium holiday month, so flat-fee commissions will be paid in the usual manner for commission based on a flat fee per month.

Service fees—full premium holiday: We process a service fee as a courtesy to the customer and the service provider. In a full premium holiday, no premium is paid by the customer, so no service fees will be collected or paid in the month of the premium holiday.

Partial premium holiday: During a partial premium holiday the customer pays a reduced premium for their coverage for the month.

Commissions—partial premium holiday:

1. Percentage of premium: Commissions will be paid in the usual manner on the actual (reduced) premium paid for cases where commissions are paid as a percentage of premium.
2. Per employee per month (PEPM): Commissions will be paid in the usual manner for commission based on a payment per employee per month.
3. Flat fee: Flat-fee commissions will be paid in the usual manner for commission based on a flat fee per month.

Service fees—partial premium holiday:

1. Percentage of premium: Service fees will be collected and processed in the usual manner based on the actual (reduced) premium paid.
2. Per employee per month (PEPM): Services fees will be collected and paid in the usual manner for services fees based on a payment per employee per month.

This table summarizes the treatment of base commissions and service fees during premium holidays:

	Full premium holiday	Partial premium holiday
Description	Customer pays no premium for that month	Customer pays a reduced premium for that month
Impact On:		
Commissions—PEPM	PEPM-based commissions paid as usual based on active enrolled employees	PEPM-based commissions paid as usual based on active enrolled employees
Commissions—Percent of Premium	No premium paid results in no commissions paid	Commissions paid based on the actual (reduced) premium paid
Commissions—Flat Fee	Flat fee-based commissions paid as usual	Flat fee-based commissions paid as usual
Service Fees—PEPM	No premium collected, therefore no service fees are collected or processed	PEPM-based service fees are collected and paid as usual based on active enrolled employees
Service Fees—Percent of Premium	No premium collected, therefore no service fees are collected or processed	Service fees are collected and paid based on the actual (reduced) premium paid

These premium holiday policies are subject to exception or modification at UnitedHealthcare's discretion.

Restrictions on the use of health reimbursement accounts (HRAs) or self-funded plans with UnitedHealthcare medical policies: UnitedHealthcare prohibits the solicitation or sale of its medical products for use in conjunction with HRAs or self-funded plans unless the UnitedHealthcare medical product is specifically designed for such use. Where permitted by law, UnitedHealthcare reserves the right to eliminate commissions on UnitedHealthcare and affiliate medical products that were not specifically designed for use with an HRA or self-funded plan if it determines that an agent has sold such a product for use with an HRA or self-funded plan. Where permitted by law, we will recover commissions paid on any UnitedHealthcare and affiliate medical products for any period of time that an HRA or self-funded plan was in force in violation of this policy.

Producer certification of information: Producers may be required to sign documents or certify information related to a group's funding type or funding level, employee contribution, coverages or other aspects of a customer's coverage (or application for coverage) with UnitedHealthcare. Where permitted by law, producers found to have knowingly signed inaccurate documents or certified inaccurate information on such documents will be subject to possible sanctions, including termination of appointments and forfeiture of commissions for the group covered by the document. Where permitted by law, we may recover commissions paid on any UnitedHealthcare and affiliate's products or services for any period of time that any group was in force under the inaccurate documentation.

Special policies for Governmental Entities

Special rules apply to payment of monetary compensation (including commissions, bonuses and overrides) and non-monetary rewards to producers who solicit and sell UnitedHealthcare coverage or services to tax-supported or government-related customers, referred to as “Governmental Entities” in our Agent/Agency Agreement and throughout this guide. Customers considered Governmental Entities include (but are not limited to) villages, townships, cities, counties, states, public school districts (including some charter schools), public universities, government-sponsored boards and districts, and similar entities. UnitedHealthcare has sole discretion in determining whether a customer is a “Governmental Entity.”

Restriction on consultants for Governmental Entities: A producer must notify UnitedHealthcare immediately if they accept a consulting fee or other compensation directly from a Governmental Entity (or accept compensation from a third party, other than UnitedHealthcare, on behalf of a Governmental Entity). Producers who are acting as consultants for a Governmental Entity (that is, they receive compensation directly from the Governmental Entity) will not be able to receive commissions, bonuses, overrides, non-monetary rewards or other compensation from UnitedHealthcare on that case unless an authorized representative of the Governmental Entity gives written acknowledgment and approval of such payments in a form acceptable to UnitedHealthcare. This policy applies to all case sizes (including groups with up to 50 eligible employees) and funding types.

RFP and RFI restrictions for Governmental Entities: The Request for Proposal, Request for Information, bid specifications or other written instructions for some Governmental Entities with 51 or more employees may specify or limit the amount of compensation that may be paid to the producer. UnitedHealthcare strictly adheres to producer compensation limits established by the request for proposal or bid specifications for Governmental Entities with 51 or more employees. If a limit on compensation is established, those limits cannot be exceeded. If compensation is paid in the form of commissions, no separate additional compensation in any form, such as overrides or bonuses, may be paid to the producer where the total of such amounts, together with the commissions, would exceed the customer’s limitations.

Bonuses and overrides for Governmental Entities: Special bonus and override rules apply to Governmental Entities. To ensure that Governmental Entities have an opportunity to understand the compensation being paid on their case, we require written customer approval before paying bonuses and/or overrides on large group cases (including cases where we administer a service fee) that are Governmental Entities.

This acknowledgment and approval must include all the information required in the template available for this purpose, and must be signed by an official authorized to sign legal documents for the Governmental Entity. Even with customer acknowledgment, eligibility for bonuses and overrides is subject to acceptance by UnitedHealthcare.

Small group Governmental Entities: If a Governmental Entity case is classified by us as a small group case and standard commissions are paid, the case is eligible for published bonus programs. Small group cases are quoted and placed with the assumption that no special compensation considerations will be granted.

However, even for these cases, if the producer accepts any compensation directly from or acts as the consultant to the Governmental Entity, no compensation of any type can be paid to the producer without written customer acknowledgment and approval. Producers are responsible for notifying us that they are receiving this compensation or otherwise acting as a consultant to a Governmental Entity. Producers may not accept such compensation if the terms of their agreement with the Governmental Entity prohibit the payment of such compensation. Producers are responsible for notifying us that they are unable to accept such compensation.

General policies for bonus and recognition programs

UnitedHealthcare's bonus programs may vary from market to market. Some bonus programs are available only in certain locations. The programs in this guide apply only to producers that are permanently located in the area covered by this guide, unless otherwise specified in the bonus rules.

UnitedHealthcare may modify or terminate any or all bonus, override or recognition programs at any time and for any reason without prior notice, unless state law prohibits such a change.

Bonuses and overrides are paid to the producer receiving commissions or service fees for an eligible case. Producers must be in good standing and have an active appointment with UnitedHealthcare during the program period and at the time of the payment to be eligible for bonus and override programs. Eligible business written and renewed by a producer or agency is included in the bonus calculation regardless of the location of the group, unless excluded by the specific program rules, our policies or state regulations. A case's eligibility for a specific bonus or override program is dependent upon a number of factors including, but not limited to, the number of enrolled employees at initial enrollment, renewal or some other point in time; the case's location; funding type; General Agent involvement; and length of time covered by UnitedHealthcare. UnitedHealthcare may offer bonus, override and recognition programs only to selected producers or agencies.

Bonus periods vary from program to program. Bonuses will be paid when the required data is available in final form, and after allowing additional time for calculations and data validation. The enrolled employee or member counts used in any bonus program will be from a source of UnitedHealthcare's choosing, and on a date (or dates, if applicable) of our choosing. Once finalized by UnitedHealthcare, enrollment counts will not be adjusted for subsequent changes or retroactive adjustments to the enrollment count. UnitedHealthcare's determination of group and enrollment counts is final.

Modifications and exclusions in bonus programs: UnitedHealthcare has the right to modify or terminate any bonus program at any time without notice. UnitedHealthcare has the right to retroactively change the terms of any bonus program, and correct any bonus program material, in the event of typographical or other errors. UnitedHealthcare has the right to substitute any non-cash rewards, trip destinations or other prizes at any time without notice. UnitedHealthcare has the sole and complete discretion to interpret the terms of all bonus programs and to determine amounts payable under the program. UnitedHealthcare has the right to exclude any case from eligibility for any bonus, override or recognition program for any reason.

UnitedHealthcare may exclude any case from eligibility for any and all bonus, override or recognition programs if it determines, at its sole discretion, that including the case in the program would create an actual or perceived conflict of interest for the producer and/or the customer, unless the customer waives such conflicts of interest in writing. Cases may be excluded from bonus eligibility, or bonus payments may be subject to recovery from future compensation, if cases eligible for the bonus or used in the bonus calculation terminate coverage during the first 12 months of coverage.

UnitedHealthcare bonus programs are generally designed for a specific product or case size segment. We reserve the right to specify or clarify the limitations and terms of any bonus program at any time without notice. Employer associations, affinity business, and business acquired through the acquisition of an agency, a block of business or similar transaction may be excluded from bonus eligibility at our discretion without notice. Affiliation, trust and association business may be excluded from bonus programs without notice at our discretion. All New York community rated groups (up to 100 eligible employees), Connecticut Business and Industry Association (CBIA), Affiliated Associations of America (AAOA) and Cover Florida business are excluded from all bonus programs. All non-commissionable groups in New Mexico, Montana and any other states or jurisdictions where regulations prohibit such payments are excluded from all bonus and override programs. Bonus programs are subject to, and contingent upon, regulatory approval in New York, and other jurisdictions, as required by law.

Reporting and disclosure of bonus payments: All bonus and override payments, and some non-cash compensation, will be subject to reporting as required for regulatory requirements, including (but not exclusively) the reporting associated with ERISA groups (Form 5500, Schedules A and C). UnitedHealthcare will be the sole arbiter as to whether and to what extent compensation is subject to reporting under these regulations, and will determine how bonus amounts are allocated to eligible cases.

All bonus and override payments, and some non-cash compensation, are subject to income tax reporting and withholding (if applicable). The taxable value of non-cash recognition such as trips will be assigned to the entity that directly earned the reward regardless of who actually received the benefits of the reward.

Governmental Entities: Some Governmental Entity cases written or renewed by producers may not be eligible for bonus programs. Please refer to the “Special Policies for Governmental Entities” section of this guide for details.

Customer acknowledgment and approval for bonus and override programs: UnitedHealthcare may require written customer approval before paying bonuses and/or overrides for any product. Such documentation assures that all parties are aware of and agree to the bonus and override payments.

We require written customer approval before paying bonuses and overrides on Governmental cases with 51 or more eligible employees, and for all non-commissionable cases. The written customer acknowledgment must be submitted to and accepted by UnitedHealthcare before a group is included in bonus or override calculations or payments. For cases where we collect a service fee as a convenience for the policyholder, the Service Fee Billing and Collection Agreement incorporates acceptable customer acknowledgment and approval for most commercial customers. Governmental customers using service fees may require additional documentation if their current Service Fee Billing and Collection Agreement form has a revision date before March of 2019. A sample customer acknowledgment letter may be obtained from your UnitedHealthcare representative. Producers will be eligible for any active bonus programs that end on or after the bonus eligibility date indicated in the customer acknowledgment documentation. If our template is not used, we will only accept customer acknowledgment and consents that meet these requirements: An authorized representative of the customer must: a) Acknowledge that they understand that upon acceptance of the written approval, UnitedHealthcare will make their designated producer (the AOR or service provider) eligible for inclusion in UnitedHealthcare’s bonus and override programs for which their designated producer may be eligible; b) Approve of the inclusion of their coverage(s) in the determination of bonus or override compensation paid by UnitedHealthcare to their designated producer; c) Represent that the inclusion of these coverage(s) in their designated producer’s bonus or override calculation does not create a conflict of interest, or, to the extent of any conflict, it is understood and waived to the maximum extent permitted under applicable law; and d) Indicate the date bonus eligibility will begin (their coverages will be included in any bonus program ending on or after that date). This acknowledgment and consent must be in writing, signed by an authorized representative of the customer and be on the customer’s letterhead (not the provider’s).

Bonus adjustments: Any corrections to a bonus or override payment must be requested within 180 days of the date the bonus was paid. All claims for a bonus or override payment must be made within 180 days of the date the bonus payment was released by UnitedHealthcare.

Change in a group’s eligibility status: If a group that was not eligible for bonus programs becomes eligible (for example, by getting written customer approval), the date of bonus eligibility will be determined solely by UnitedHealthcare. In most cases, groups that become eligible prior to the end of a bonus period will be included in that bonus, unless inclusion in that bonus would create a conflict of interest, or if the customer was advised that the case would not be eligible for bonuses during the period. If the bonus involves net change or retention elements, the group’s enrollment will be added to the beginning counts of the bonus calculation if the group was effective at the time of the baseline or beginning measurement.

Agent of Record (AOR) and Service Provider changes: Unless indicated otherwise in a bonus program’s specific rules, the following rules apply for changes in the AOR or Service Provider: Existing UnitedHealthcare cases acquired by a producer through an AOR or Service Provider change will not be credited as “new business” for the acquiring producer in bonuses where “new business” is a component of the bonus program. Existing UnitedHealthcare cases acquired by a producer through an AOR or Service Provider change will be added to both the beginning and ending counts of the new producer for net change, retention and persistency calculations in bonus programs for which the cases are eligible, regardless of the effective date of the case.

Existing UnitedHealthcare cases lost by a producer through an AOR or Service Provider change that remain with UnitedHealthcare are generally excluded from all bonus calculations for the losing producer. Such cases are not counted for meeting eligibility requirements for the losing producer, and will be removed from both the beginning and ending counts for net change, retention and persistency calculations for the losing producer. Cases that cancel coverage with UnitedHealthcare at the time of an AOR or Service Provider change will be counted as terminations for the producer in effect on the last day of coverage with UnitedHealthcare.

If an agent or producer acquires all or part of another producer's existing UnitedHealthcare block of business by purchase, merger or other means, the acquired business will not count toward any new business requirements. Existing UnitedHealthcare cases acquired by purchase, merger or other means will be added to both the beginning and ending counts of the new producer for net change, retention and persistency calculations in bonus programs for which the cases are eligible, regardless of the effective date of the case.

Case size designation changes: The impact of a change in case size designation of a case (for example, from "groups with up to 100 employees" to "groups with 101 or more employees") will vary for specific bonus programs. Cases that enter a new case size segment due to a case size designation change will not be credited as "new business" or as a net gain for net change, retention and persistency calculations. Cases that leave a case size segment due to a change in enrollment will not be considered a cancellation for net change, retention and persistency calculations, and will be removed from both the beginning and ending counts.

Cases that transfer into the "up to 100 employees" segment from the "101 or more segment" on January 1 of any year will remain eligible for any "101 or more employees" bonuses that end on the date of their transfer.

UnitedHealthcare will determine the impact of case size segment changes in situations not specifically covered elsewhere.

Internal transfers and policy number changes: Cases that change renewal dates, policy numbers or other identifiers due to transfer to another UnitedHealthcare or UnitedHealth Group operating company or operating system will not be considered "new business" in bonuses where "new business" is a specified qualification criterion.

Split or shared cases: Bonus amounts, or case and employee credit, for cases where 2 or more producers split base commissions will be split in the same proportions for all bonus and recognition programs. In a bonus program where case and/or enrolled employee credit are used to establish eligibility and/or the bonus amount, all credits will be allocated in proportion to the split of commissions. For example, a producer who receives 50% of the base commissions on a case with 21 enrolled employees will receive credit for 0.5 case and 10.5 enrolled employees. In most bonus programs, the results of the allocation calculations will be rounded to the nearest 1/10 (for example, 21.5 employees, 2.5 groups or 99.1%). The fractional case and employee credits will be used to determine qualification and the bonus payment. In bonus programs having a limit or cap on the number of eligible employees, the amount of bonus or other factors for a case or group of affiliated cases, the limit or caps are applied before the credit or payment for the case is allocated to the producers (for example, a producer who receives 50% of the base commission on a case that earns a bonus of \$1,000 will receive \$500).

Multiple segment ("affiliated") cases: Larger employers who have groups with multiple sites or segments may be divided into several different policies or group numbers. All of these "subgroups" are considered to be 1 case for commission and bonus purposes, sometimes collectively referred to as "affiliated cases." All affiliated cases will be combined to count as 1 case, and the enrolled employee and member counts for all related cases will be combined for bonus calculations and rules, including case size designation, enrollment caps and payment caps.

New business in existing accounts: Employees added to existing cases due to routine hiring, expanded hours or the addition of work shifts are not considered "new business" in bonuses where "new business" is a specified qualification. If a discrete block of new covered employees are brought to UnitedHealthcare through the addition of a new segment or employer site to an existing group, the employees in the new segment may be considered "new business" at our discretion. We will determine whether the additional employees will be considered "new business" following a review of the circumstances related to adding the new employees and the rules of any applicable bonus programs.

Case caps: Some bonus programs limit the number of enrolled employees, members, premium or other factors that will be eligible for a bonus program. These caps apply to any eligible group, and are applied to the combined counts for multiple segment (or affiliated) cases.

Agencies with multiple locations: UnitedHealthcare's bonus programs are designed to pay for business sold by agency locations within a local health plan area. Therefore, bonuses for agencies that have multiple branches working through different health plans will be based on the business placed through each local branch location. UnitedHealthcare reserves the right to determine whether an agency location qualifies as a separate eligible branch location for bonus purposes.

Policy of combining business for UnitedHealthcare bonus programs: UnitedHealthcare’s policy for bonus and recognition programs is to direct rewards to the producer’s branch location directly responsible for producing and maintaining the business within a local branch office within a local health plan area.

We do not allow unrelated producers or agencies to combine their business through assignment or other means with the intent of maximizing bonus payments or achieving higher tiers in United Advantage® or other recognition programs. We only allow producers and agencies to combine business if they are in the same health plan coverage area, and then only if there is a true business relationship between the parties. For the purposes of this requirement, we define a “true business relationship” as some form of common ownership of the agency business, plus other tangible evidence that the relationship represents a merger of all aspects of the business. Such evidence includes the sharing of office space, staff, phone and computer systems, combining of all expenses and all revenues from all carriers, and sharing in profits or losses related to the sale and retention of health insurance. Creating a partnership, corporation, LLC or other business entity without also merging all revenues, expenses, ledgers, assets and other aspects of the business, and sharing in profits or losses, does not meet the definition of a “true business relationship.” UnitedHealthcare is the sole arbiter regarding whether a “true business relationship” exists between parties, and may adjust or terminate bonus payments, and suspend or terminate bonus eligibility, for producers and agencies found to be in violation of this policy. If we allow combining of business, the change will be made on a prospective basis only, and no prior bonuses will be recalculated.

Voluntary participation in bonus programs: Producers and agencies may voluntarily withdraw from participation in bonus programs. If such a withdrawal is for all bonus programs and for all customers, the producer will be removed from all bonus programs. Requests to reinstate bonus eligibility after a voluntary withdrawal from all programs will be subject to acceptance by UnitedHealthcare. Prior to accepting a producer’s request to be reinstated for bonus eligibility, the producer must confirm that they have advised their customers that they will be accepting bonuses. UnitedHealthcare may, at its sole discretion, require that the producer advise all customers in writing that they are now accepting bonuses as a condition of reinstatement of bonus eligibility. Reinstatement will generally be considered only for bonus periods that begin after the date of the reinstatement request. In any event, UnitedHealthcare will, at its sole discretion, establish the dates for the reinstatement of the producer’s eligibility for the various bonus programs, and may prorate or otherwise adjust bonus payments covering partial bonus periods.

Requests by an agent to be excluded from a specific bonus program (but not all bonus programs) will be considered on a case-by-case basis. UnitedHealthcare will retain full discretion on whether such requests will be granted.

Exclusion of Professional Employer Organizations (PEOs) from bonus programs: Business written through a PEO arrangement with a UnitedHealthcare Master Medical Plan (or a similar document) is excluded from all bonus and override programs.

General Agents: General Agents receiving compensation under General Agent’s or special compensation arrangements are not eligible for bonuses or other compensation except as specifically allowed by their agreement with us.

Bonus eligibility of Governmental and non-commissionable cases: Special rules apply to the payment of bonuses and overrides on “Governmental” and “non-commissionable cases” (please see definitions on page 6).

State-specific case exclusions: All non-commissionable groups in New Mexico, Montana and any other states or jurisdictions where regulations prohibit such payments are excluded from all bonus and override programs.

Specific bonus programs: Some specific bonus programs may exclude all non-commissionable cases from bonus eligibility.

Written customer approval required for all 51-plus Governmental Entities: To ensure Governmental Entities have an opportunity to understand the compensation being paid on their case, we require written customer approval before paying bonuses and non-General Agent overrides on Governmental cases with 51 or more eligible employees (including cases where we administer a service fee). This acknowledgment and approval must include all the information required in the template available for this purpose, and must be signed by an official authorized to sign legal documents for the Governmental Entity. *[Note on service fees—For Governmental cases where we collect a service fee as a convenience for the customer, the Service Fee Billing and Collection Agreement forms with a revision date on or after March of 2019 meet this requirement. For earlier versions of the agreements, additional documentation is necessary.]*

Written customer approval required for all non-commissionable entities: To ensure that customers paying fees directly to their producer understand the compensation being paid on their group, we require written customer approval before paying bonuses and (non-General Agent) overrides on all non-commissionable cases. If no legal or regulatory prohibitions exist, non-commissionable cases will be eligible for bonus override programs only if we receive written acknowledgment and approval for the payment by an authorized representative of the customer. This acknowledgment and approval must include all the information found on the template available for this purpose, and must be signed by an official authorized to sign legal documents for the customer. *[Note on service fees—For cases where we collect a service fee as a convenience for the policyholder, the Service Fee Billing and Collection Agreement incorporates acceptable customer acknowledgment and approval for most commercial customers. Governmental customers using service fees may require additional documentation (please see prior paragraph).]*

Bonus eligibility for existing cases that change from commissionable to non-commissionable during the bonus period: If an existing customer that is eligible for bonuses converts from commissionable to non-commissionable status during a bonus period, the case will be considered eligible for that bonus if we receive written acknowledgment and approval for the payment by an authorized representative of the customer in a form acceptable to us that has a bonus eligibility date on or before the last day of the bonus period in question.

Data security for customer information

Carriers and their agents have a responsibility to protect customer data. In other words, it's the right thing to do. It's also the law: There are federal and state regulations that require carriers and their agents to implement reasonable and appropriate security measures to ensure Protected Health Information (PHI) and Personally Identifiable Information (PII) is protected from unauthorized access, use and disclosure. In order to comply with these various laws, and as part of ongoing efforts to ensure protection of customer data, we will be asking you to confirm that your computer equipment and practices are compliant with certain security standards. Where applicable, here are some of the areas we will be covering as part of this process:

- 1. Multi-Factor Authentication:** For remote employees, companies are required to have multiple levels of authentication before allowing anyone to enter the network. To meet this standard, at least 2 factors must be used to confirm identity. For example, in addition to a username and password combination, anyone trying to enter the network is asked to verify their identity with something that they—and only they—know, such as a Token Code. Multi-factor authentication should be implemented to authorize all remote access—including third parties (e.g., vendor access for support and maintenance).
- 2. Access Management:** Organizations must ensure that all users have a unique user ID and password assigned and that IDs and passwords are not shared among users. Doing so establishes audit trails and accountability for individual user actions. Group or shared accounts represent significant security and compliance risks from intentional, accidental or indirect misuse of shared privileges. It is also important to formally document policy and procedures that detail employees' job roles and corresponding user accounts that require certain access and permission to facilities and systems.
- 3. Performing Risk Assessments:** Risk assessments are required to be performed, at least annually, to identify and quantify administrative, physical and technical risks posed to the company. New threats are constantly emerging and require ongoing vigilance. Please remember that any material breach to your systems that contain PHI or PII must be reported to UnitedHealthcare immediately.
- 4. Full-Disk Encryption:** Company devices (server, desktop, laptop, mobile devices) that access, process or store PHI or PII are required to have 256-bit full-disk encryption. Full-disk encryption helps secure important information and prevents breaches by encrypting all of the data on a hard drive at rest. Without the proper encryption key, even if a hard drive is removed and placed in another machine, the data remains inaccessible.
- 5. Physical Security:** Companies are required to provide a secure physical environment for areas that contain servers, desktops or laptops with PHI or PII to ensure that only authorized personnel are allowed access. Example controls include locked doors, security cameras and similar measures to ensure that only authorized personnel are allowed access to servers and critical hardware. It is also important, as per HIPAA requirements, to formally document these physical controls in a policy and procedure document.
- 6. Management of Removable Media:** Technical controls are required to restrict and/or block removable media (USB drives, external hard drives or similar media), due to the ease of data loss and/or malicious code that can be transferred via removable media. However, if removable media is required for business purposes, policies and procedures must be formally documented to include: identifying those individuals who are permitted to use removable storage devices and tracking and monitoring usage and access. Removable media containing PHI/PII must have 256-bit encryption enabled.
- 7. Vulnerability Scanning and Patch Management:** Vulnerability scanning and related software patching are required to monitor computers and systems to protect against and uncover any hacking of operational systems or files. This monitoring should include automated tool(s) to perform periodic scans of the organization's network, operating systems, network devices and web browsers to continuously check for vulnerabilities. System vulnerabilities identified during regular scans are required to be patched as per industry security standards.
- 8. Anti-Virus and Anti-Malware:** Anti-virus/anti-malware software must be enabled on all devices to prevent, detect and remove malicious code, such as Trojans, spyware, worms and more. Weaknesses in an organization's workstations, operating systems and web browsers can be exploited by malicious code if left undetected and unaddressed. We look forward to working with you to help assure that customer data remains as secure as possible. We will contact you with further information. In the meantime, please email or call UnitedHealthcare's Broker Data Security Team at securebroker@uhc.com or **952-979-5614** with any questions. Thank you for your attention to this important topic.



UnitedHealthcare Employer & Individual serves 26 million Americans by offering a comprehensive array of consumer-oriented health benefit plans and services nationwide for large national employers, public sector employers, mid-sized employers, small business and individuals.

>26M

people served

250K+

employer customers

Helping people live healthier lives® and helping make the health system work better for everyone

- **National Accounts** provides customized administrative, benefits and service solutions to 9.5 million people through large, multi-location employers and other benefits sponsors with more than 3,000 employees
- **Public Sector** provides health benefits and services to 3.5 million people through municipalities, educational institutions and labor unions with more than 1,000 employees
- **Key Accounts** provides health benefits and services to 8.8 million people through mid-sized and large employers with 100 to 3,000 employees, as well as larger employers with service needs confined to a single state
- **Small Business** provides health benefits and services to 3.5 million people through local businesses employing 2 to 99 individuals
- **The Individual Business** provides health benefits and related services to nearly 1 million people
- **UnitedHealthcare Specialty Benefits and Individual Ancillary Businesses** provide coverage at a product level to more than 51 million people, including dental, vision, hearing, life, critical illness, financial protection and short-term disability



UNITEDHEALTH GROUP®



Helping people live healthier lives and helping make the health system work better for everyone



Working together to help create a modern, high-performing health system

Committed to Improving

Access Affordability Outcomes Experience

Foundational Competencies

Information Technology Clinical Excellence

Our United Culture

Integrity + Compassion + Relationships
Innovation + Performance

Fast facts

- Ranked No. 1 overall in the insurance and managed care sector for the 11th consecutive year on Fortune’s 2021 “World’s Most Admired Companies” list. In addition, the company was named to the “All-Star” list of Fortune’s 2021 top 50 most admired companies.
- Member of the Dow Jones Industrial Average, a blue chip group of 30 companies deemed industry leaders
- In 2021 and for the 10th consecutive year, The Civic 50, a Points of Light initiative that highlights companies that improve the quality of life in the communities where they do business, ranked UnitedHealth Group one of America’s 50 most community-minded companies. In addition, UnitedHealth Group was named the leader in the health care sector category for the fourth time overall.
- The Disability Equality Index® (DEI) has named UnitedHealth Group one of the best places to work for disability inclusion in 2021
- UnitedHealth Group received a perfect score of 100 on the Human Rights Campaign Foundation’s 2021 Corporate Equality Index, earning the distinction of one of the “Best Places to Work for LGBTQ Equality”
- Named to the Dow Jones Sustainability World and North America Indices since 1999

Source: UnitedHealth Group Overview, July 2021 (CG080001_1019). https://hub.uhg.com/sites/hub/UnitedHealth-Group/About-Us/Overview-Materials/Documents/UHG-Overview-Bifold_Q2.pdf



NOT FOR CONSUMER USE.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact UnitedHealthcare Insurance Company.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact the company.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact the company.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al. The policies have exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT and Unimerica Life Insurance Company is located in Milwaukee, WI.

UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company. Critical Illness coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policies have exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare Accident Protection product is provided by UnitedHealthcare Insurance Company. The policies have exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare Benefit Ally® offers Accident Protection, Critical Illness and Hospital Indemnity products provided by UnitedHealthcare Insurance Company. Each product provides separate limited benefits. Accident Protection, Critical Illness and Hospital Indemnity coverages are NOT considered "minimum essential coverage" under the Affordable Care Act and therefore none of the products satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policies have exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. These products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

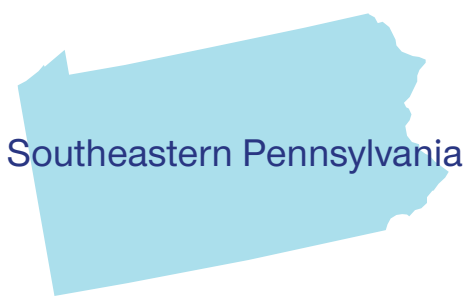
UnitedHealthcare Hospital Indemnity product is provided by UnitedHealthcare Insurance Company. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write the company. This product is not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare's Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account. Health reimbursement accounts (HRAs) are administered by OptumHealth Financial Services, Inc. and are subject to eligibility and plan restrictions.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health plan coverage is provided by UnitedHealthcare of Pennsylvania, Inc.



2022 Producer Performance Guide



United
Healthcare

Welcome



Dear Producer,

We are pleased to present UnitedHealthcare's 2022 Producer Performance Guide. Please keep this guide and refer to it whenever you have a commission or bonus-related question.

As you review the guide, you'll notice there are key sections that will help you sell UnitedHealthcare and build your relationship with your clients:



Resources

Features websites, resources and guide terminology to help you find the information you need quickly and efficiently.



Medical commission and bonus programs

Outlines our competitive base commission, with additional opportunities available through our bonus programs.



Specialty products commission and bonus programs

Provides details on Small Business and Key Accounts specialty products base commission and bonus programs, including Dental, Vision, AD&D, Life, Disability and more.



Policies and practices

Presents important, detailed information on all of our broker compensation programs.

As you read through the guide, we think you'll see that these commission and bonus programs offer fair compensation for offering UnitedHealthcare to your clients. We look forward to strengthening our relationship and working together to grow our mutual business.

Thank you,
UnitedHealthcare

Resources

Our commitment

UnitedHealthcare is committed to being a reliable source of information, training and broker support. These online resources help brokers gain the knowledge, skills and confidence to keep pace with today's changing health care benefits marketplace. Let us know how we can support you.

United eServices®

Located at UnitedeServices.com, United eServices is our producer website designed to help you meet the demands of your business. Whether you're looking for online quoting, case status, renewals, network information, plan information or commission statements, we've got it at United eServices.

Employer eServices®

Located at EmployereServices.com, Employer eServices helps make benefit administration easy with online eligibility updates, enrollment, billing and claims reporting.

uhceservices.com: New broker and employer portal

Some markets will have access to the new uhceservices.com in 2022 and beyond. Similar to Employer eServices and United eServices, uhceservices.com helps make benefit administration easier with quoting, online eligibility updates, enrollment, billing and claims reporting. This new portal is designed to help simplify your work and to better support benefits administration. Reach out to your UnitedHealthcare representative to find out when you and your clients will have access to the new portal.

Communication Resources for Employers

Located through uhc.com/cr or uhc.com/communicationresources, easy-to-use communication resources are available for you and employer benefit administrators to share with employees so they can better understand how to get the most out of their health benefit plan and live a healthier life.

United Advantage®

Located at UnitedAdvantage.com, this website contains agency rewards and benefits designed for our United Advantage agencies to help you grow and retain your book of business.

Broker Publications and Important Notices

To receive UnitedHealthcare email communications such as our BrokerConnect newsletter, please contact your UnitedHealthcare representative.

Get news, product information and other valuable resources for your clients

We've created a new website, uhc.com/broker-consultant, presenting health benefit strategies for brokers and consultants. This site is all about making your job easier, providing you with the right information for your clients—when you need it.

Featuring a comprehensive view of UnitedHealthcare's products and solutions, it presents succinct breakdowns of our medical, dental, specialty, Rx and behavioral products and gives you access to sell sheets and other 1-pagers you can download and send directly to your clients.

It also includes a section on the latest news and strategies from UnitedHealthcare. You'll find information on everything from recent COVID-19 developments to our strategic approach to lowering costs for your clients and their employees.

We encourage you to bookmark and use this site as part of doing business with us. We'll be updating it regularly to ensure you have the latest information from UnitedHealthcare, as soon as it's available.



BrokerConnect

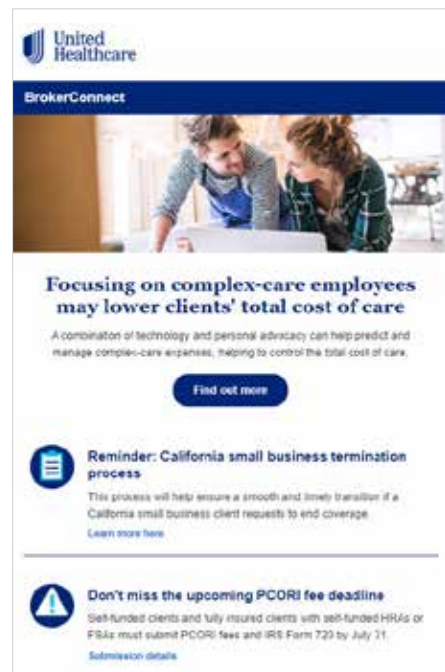
Stay connected with our BrokerConnect newsletter

BrokerConnect is your essential guide to the latest news from UnitedHealthcare. This monthly email delivers timely and valuable information about:

- Reform, compliance and legislative alerts
- Incentive and bonus programs
- Local news and network updates
- Underwriting and administrative changes
- New products and services
- Invitations to informative events
- Successful sales practices
- Wellness programs and case studies
- United Advantage program offerings

Subscribe to broker communications

To receive UnitedHealthcare email communications including BrokerConnect, please contact your UnitedHealthcare representative.



United eServices®



UnitedeServices.com is designed to help you grow your business as a resource for online quoting, case status, renewals, plan resources, network information or commission statements.

Manage user roles and permissions

Accessibility to all functions and information on the website is based on user login credentials, which are categorized as either broker or representative of the plan sponsor group. You have access to information pertinent to supporting the broker-client relationship, with the ability to delegate certain permissions to credentialed colleague(s) or administrative assistant(s) for the purpose of assisting clients.

Explore key functions

For brokers:

- Quote and install business groups
- Access and manage annual policy renewals—and review, download and email clients' renewal packages (small group only)
- Check your commissions
- Enroll and manage plan participant eligibility, which includes a family enrollment option
- Request plan participant lists
- Request replacement health plan ID cards
- Review client billing information
- Find important business forms and key marketing materials

For group clients:

- Review annual policy renewals, look up plan benefit information and access plan documents
- Manage eligibility with same-day processing:
 - Add, terminate, reinstate, inquire or change a plan participant's status
 - View plan participant count
 - Get adjusted invoices 48 hours after online eligibility changes
- Request plan participant lists and health plan ID cards
- Electronic billing:
 - View current and prior-period invoices, current balance and payment history
 - Download invoices and make online payments
 - Request adjustment invoices after enrollment updates
- Conduct a network provider search
- Find important forms and key marketing materials

Sales Automation Management (SAM) quoting and online enrollment

SAM and SAMx are online tools designed to help make every part of the quoting, selling and installation process simpler and faster—allowing you to sell more, serve more and satisfy more clients, in less time.

With SAM and SAMx, you can:

- Input minimal group data and plan requirements
- Quote, generate and email medical and specialty proposals in minutes
- Filter and compare multiple plan options for your client
- Continue the process using online enrollment when your client is ready to move forward

Geography, case size designations

Area covered by this guide

The bonus programs in this guide apply only to agents with permanent addresses in **Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton and Philadelphia Counties in Pennsylvania.**

Case size designations

Many of the commission and bonus programs in this guide apply to specific case size segments (for example, “groups with up to 50 employees” or “51 or more employees”). In most situations, these labels will coincide with the actual number of employees in the group that are eligible (but not necessarily enrolled) for coverage. However, the actual case size segment designation for commission and bonus program purposes will be made in accordance with state and federal regulations and may be based on the employee count at some point in time, the average number of employees over some period of time or other factors such as the rating formula used, underwriting rules or operating system indicators. That means the specific assignment of any group to one of these classifications may not reflect the actual number of employees at a specified time. Once classified, groups do not automatically change classification for these purposes if their employee count grows or shrinks. That means that some groups with (for example) more than 50 employees will be included in the “up to 50 employees” commission and bonus programs, and some groups with fewer than 51 eligible employees will not. We reserve the right to classify any group in any of these designations for these purposes according to our rules and in accordance with state and federal regulations, regardless of the group’s actual enrollment or eligible employee count.

Terms

Terms used in this guide

- **Agent, agency, broker, producer, you** and **yours** are interchangeable and refer to a licensed agent or agency
- **UnitedHealthcare, we, our** or **us** are interchangeable and refer to UnitedHealthcare or associated subsidiaries and affiliates
- **Customer, client, group, case** or **policy** are interchangeable and refer to the policyholder or entity purchasing the insurance product
- **Enrolled employee, covered employee** and **subscriber** are interchangeable and refer to the employee enrolled for coverage in the insurance plan referenced
- **Members** are the employees and their covered dependents enrolled for coverage by the insurance plan referenced
- A **Writing Agent** is a licensed and appointed agent who actually performs the activities related to the solicitation and sale of the insurance plan
- An **Agent of Record (AOR)** is the agent or agency receiving the commissions on a case. The term is interchangeable with “payee.”
- A **consultant or service provider** is a person or agency who is paid a fee directly by the client instead of carrier-paid commissions, including cases where we administer the collection and payment of a service fee on behalf of, and as a courtesy to, the customer
- **Affiliated cases** is the term used when larger employer groups with multiple sites or multiple segments are divided into several different policies or group numbers. Those subgroups are combined and considered to be 1 case for commission and bonus purposes.
- **Commissionable and non-commissionable cases:**
Non-commissionable cases are cases where no commissions, or minimal commissions, are paid by the carrier. A case is considered “commissionable” when reasonable base commissions are paid to the agent on a fully insured case, or reasonable commissions are paid to the agent on the administrative fee of a self-funded case. Our processing of a “service fee” or similar payment related to a service agreement between the policyholder and the service provider does not make a case commissionable. Adding minimal or “token” commissions to a case does not make it commissionable, and commissions paid on stop-loss coverage only do not make a case commissionable. UnitedHealthcare reserves the right, at our sole discretion, to determine whether any case is commissionable. Each line of business is considered separately when determining whether a case is commissionable.

Some restrictions apply to non-commissionable cases in bonus, override and recognition programs. All non-commissionable cases in some jurisdictions are excluded from bonus and override programs. Other non-commissionable cases may be included in bonus, override and recognition programs if the customer gives written approval for the case to be included in such programs and other conditions are met (see details in the Policy Section of this guide).



Please refer to the producer compensation policies and practices in the back of this guide for important information.

Medical benefits



Medical base commissions

for fully insured groups with up to 50 eligible employees

This commission schedule is effective for new UnitedHealthcare fully insured medical groups with up to 50 eligible employees* in Southeastern Pennsylvania[†] with effective dates on or after January 1, 2022, and existing UnitedHealthcare fully insured groups in the same area on their first renewal on or after January 1, 2022. The number of enrolled medical employees in the case determines the commission rate paid per employee.

Medical case size	First-year payment per enrolled employee per month	Renewal payment per enrolled employee per month
Up to 4 enrolled employees	\$3	\$3
5 or more enrolled employees	\$37	\$32

- “First-year” commissions are paid for period from the original effective date up to the first renewal date. The payment tier used for new groups is established using the enrolled medical employee count at the time of initial enrollment as determined by us. This commission rate will be used for the entire plan year regardless of any changes to the enrolled medical employee count that occur during the year.
- The “Renewal” commission rates are paid for all months starting on and subsequent to the first renewal date. The payment tier used for renewing cases will be established using the enrolled medical employee count at a time determined by us, usually reflecting the billed employee count for the first month of the new contract period. The new commission rate will be used for the entire renewal period regardless of any changes to the enrolled employee count that occur during the renewal period.

How to calculate UnitedHealthcare monthly commissions

The monthly commission payment is calculated by multiplying the actual number of enrolled medical employees in the case during any month by the appropriate commission rate from the commission table. For example, a first-year case with an effective date in March with an initial enrollment of 22 enrolled employees will be paid \$37 per enrolled employee per month for March, which equals \$814. If the actual enrollment in June is 26 employees, the commissions for June will be 26 multiplied by \$37, which equals \$962.

***This commission schedule applies only to the following counties in Pennsylvania:** Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton and Philadelphia.

Commissions vary by the group’s location. Please contact your UnitedHealthcare sales office for base commission schedules in other areas. Some medical products may have a specified commission schedule that replaces and supersedes this schedule.

All UnitedHealthcare commissions and bonus programs are subject to the Agent/Agency Agreement and the policies contained in other sections of this guide. Please refer to that information for complete guidelines related to our producer compensation programs.

All Savers Alternate Funding Commissions: Please contact your UnitedHealthcare sales office or reference the online producer portal (UHOne.com/broker) for the most current All Savers Alternate Funding commission schedule for your area.

*Classification as a group of “up to 50 eligible employees” is determined by us considering a number of factors. Please see Case Size Designations on page 6 for details.

Quarterly medical bonus program for groups with up to 100 employees

UnitedHealthcare will award a bonus to brokers with higher volumes of cases with up to 100 employees. Brokers having the required minimum number of enrolled medical employees in eligible cases on the last day of the calendar quarter and who meet minimum net growth requirements will qualify for a bonus. The bonus is paid as an amount per employee determined by the number of enrolled employees in eligible cases on the last day of the calendar quarter according to the following table:

Bonus payment table — initial bonus paid per enrolled employee per calendar quarter

Enrolled employees in eligible groups with up to 100 employees	Groups with up to 50 enrolled employees	Groups with 51 or more enrolled employees
100 to 199 enrolled employees	\$4	\$1
200 to 449 enrolled employees	\$6	\$2
450 to 649 enrolled employees	\$8	\$3
650 to 849 enrolled employees	\$12	\$4
850 or more enrolled employees	\$14	\$5

Eligible cases are fully insured, level-funded and All Savers Alternate Funding medical groups with up to 100 eligible employees that are active on the last day of the calendar quarter. Enrolled employee counts used to determine group size and payment amounts are UnitedHealthcare's actual counts for eligible groups on the last day of the calendar quarter. Some cases require written customer approval before being eligible for bonus programs, and some cases are excluded from all bonus programs by regulations and our policies. Only agents permanently located in the area indicated on page 6 of this guide are eligible for this bonus.

Net growth: The bonus you receive will be modified by a factor determined by the change in the number of enrolled medical employees eligible for the Quarterly Medical Bonus program from the same calendar quarter in the prior year, according to the following table:

Net change percent	Net growth factor
125% or more	1.3
115% to 124.9%	1.2
105% to 114.9%	1.1
100.0% to 104.9%	1.0
Under 100%	No bonus

The percentages in the left-hand column of the net change table above are the total of the enrolled employees in eligible medical cases at the end of the current quarter divided by the same count at the end of the same calendar quarter in the prior year, rounded to the nearest 1/10 of 1%. The prior year count of eligible cases will include groups that were active with us in the prior year but may not have been included in the prior year's Quarterly Medical Bonus calculation due to changes in program rules, segment transfers, AOR changes or other situations.

Specialty Benefits: The bonus you receive will be modified by a factor that is determined by the ratio that results from dividing the number of enrolled employees in group dental, life, vision, short-term disability, long-term disability, critical illness, hospital indemnity and accident cases with up to 100 eligible employees* (including stand-alone cases) at the end of the current calendar quarter by the number of medical enrolled employees in eligible cases at the end of the current calendar quarter, according to the following table:

Ratio of Specialty Benefits enrolled employees to medical enrolled employees	Bonus amount is multiplied by:
1.25 or more	1.3
1.0 to 1.249	1.2
0.75 to 0.999	1.0
0.5 to 0.749	0.8
Under 0.5	0.7

Agent of Record (AOR) changes: Cases that are removed from the agency's block of eligible business due to an AOR change during the bonus period will be removed from the prior year enrollment count (and therefore will not count against the agency in the net change percentage calculation) unless the group cancels at the time of the AOR change. Cases that are acquired by the agency due to an AOR change during the bonus period will be included in both the beginning and ending count for all bonus calculations, regardless of the original effective date of the acquired case.

Quarterly Medical Bonus calculation. You can calculate your Quarterly Medical Bonus by following these steps:

1. Determine Bonus Level and Initial Bonus Amount

- Find the appropriate row in the Bonus Payment Table on the previous page for the total number of enrolled employees in all eligible groups as of the end of the current quarter.
- Multiply the enrolled employee counts by the appropriate rates in the payment table to determine the Initial Bonus Amount.

2. Determine the Net Growth Factor

- Calculate the Net Change in medical lives from the prior year by dividing the current enrolled employee count in eligible groups for the current quarter by the enrolled employee count for the same quarter in the prior year.
- Find the appropriate Net Growth Factor from the table on the previous page.
- If the Net Change in medical lives is high enough to qualify for a bonus, multiply the Initial Bonus Amount by the Net Growth Factor from the table on the previous page.

3. Determine Specialty Bonus Factor and Quarterly Medical Bonus Amount

- Calculate the ratio of Specialty Benefits employees to medical employees by dividing the Specialty Benefits enrolled employee count by the medical enrolled employee count for the current quarter.
- Find the appropriate Specialty Benefits Factor from the table on this page.
- Multiply the amount from step 2c above by the Specialty Benefits Factor to determine the Quarterly Medical Bonus payment.

*Classification as a group with "up to 100 employees" is determined by us considering a number of factors. Please see "Case Size Designations" on page 6 for details.

Group Retiree Medicare Advantage & Part D



Group Retiree benefits

for groups with 50 or more post-65 eligible retirees (and group subsidy)

Group Medicare Advantage (MA) commissions

\$11 PMPM

Group Medicare Advantage with Part D (MAPD) commissions

\$11 PMPM

Group Part D (PDP Only) commissions

\$4 PMPM

Group Medicare Advantage plans provide the potential for employers to materially reduce costs while providing better benefits, improved clinical and wellness care, and little to no disruption for their retirees.



Near-universal provider access

Access to all willing medical providers nationally.



Plan administration

Single payer plan that provides coverage for all benefits covered by traditional Medicare.



Benefit design

National coverage with consistent member cost share both in and out-of-network.



Clinical and wellness programs

- HouseCalls— in-home checkup
- Renew Active®— largest national Medicare fitness program focusing on body, mind and social
- UnitedHealthcare Healthy at Home— post-discharge in-home care, meals and transportation
- Retiree-designated critical care and remote monitoring programs



Streamlined experience

Simplified benefit design with 1 ID card and call center.

Contact your UnitedHealthcare representative to get a Group Retiree quote proposal

UnitedHealthcare Group Medicare Advantage® plans are offered by UnitedHealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by employer group. Group must represent to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d) (5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan. Classification of a group with "50 or more post-65 eligible retirees" assumes anticipated new enrollment is 50 or more; custom plan design threshold is 50 members. Group Retiree commissions must be within CMS limits and can be quoted net of commissions; decisions to include commissions must be determined prior to (or during) the underwriting premium rating process.

Broker on-boarding and compensation payment for Group Retiree plans managed separate from the United eServices Sales Automation Management (SAM), Employer eServices and United Advantage systems and processes. Your Group Retiree quote proposal contact can help you navigate the Group Retiree on-boarding. Group Retiree plans do not accumulate toward commercial quarterly or annual Medical/Specialty Bonus program thresholds.

Specialty Benefits



Basic and Supplemental Life base commissions for groups with up to 50 eligible employees

10% of paid premium

Dental base commissions for groups with up to 50 eligible employees

10% of paid premium

Vision base commissions for groups with up to 50 eligible employees

10% of paid premium

Short-term and long-term disability base commissions for groups with up to 50 eligible employees

Disability annual premium*	Commission rate
For the first \$15,000 paid premium in a plan year	15% of premium
For the next \$10,000 paid premium in a plan year	10% of premium
For the next \$25,000 paid premium in a plan year	5% of premium
For paid premium over \$50,000 in a plan year	1% of premium

Oxford Benefit Management® (OBM) commissions for groups with 2 to 100 eligible employees

10% of paid premium

*This schedule is applied on a per-case basis. The schedule is applied to each disability case starting at the top of the schedule on the original effective date or renewal date.

Oxford Benefit Management, Inc. acts as the distribution company for products by third-party vendors including UnitedHealthcare Dental, Spectera, LifeEra and UnitedHealth Allies. The UnitedHealthcare Dental PPO Plan, the UnitedHealthcare Dental Trust Plan and Spectera, Inc. are underwritten by UnitedHealthcare Insurance Company, Hartford, Connecticut (except in New York), UnitedHealthcare Insurance Company of New York, Hauppauge, New York (New York only). OBM does not underwrite or administer these products and bears no risk on any product offered. UnitedHealthcare Dental coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (California only), United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Vision coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and Unimerica Insurance Company; Unimerica Life Insurance Company of New York (New York City); and in California, Unimerica Life Insurance Company. OBM and SBS packages are not available in all states and state-specific requirements may cause limitations or variations for the plans.

Commissions for Specialty Benefit groups with 51 or more eligible employees may be established at the request of the agent or customer. The above schedules will apply if an alternative schedule is not requested.

Classification of a group with "up to 50 eligible employees" is determined by us considering a number of factors. Please see "Case Size Designations" on page 6 for details.

Standard commission schedules 51–5,000 for Specialty Benefits

Commission schedules for groups with 51 or more eligible employees may also be set at specific levels requested by the broker or customer. Talk to your UnitedHealthcare sales representative to request specific commission rates.

Dental commission scale	
Annual premium *	Commission rate
First \$10,000	10%
Next \$15,000	7.5%
Next \$15,000	5%
Next \$20,000	2.5%
> \$60,000	1.5%

Vision commission rate	
10% of paid premium	

Basic and Supplemental Life commission scale	
Annual premium *	Commission rate
First \$25,000	10%
Next \$25,000	7%
Next \$50,000	3%
Next \$100,000	2%
> \$200,000	1%

Short-Term & Long-Term Disability commission rates**	
Annual premium *	Commission rate
First \$15,000	15%
Next \$10,000	10%
Next \$25,000	5%
> \$50,000	1%

Paid Family Medical Leave***	
Annual premium *	Commission rate
First \$15,000	15%
Next \$10,000	10%
Next \$25,000	5%
>\$50,000	1%

*Schedule applied to each case starting at the top of the schedule on the original effective date or renewal date. **This schedule is applied on a per-case basis. The schedule is applied to each disability case starting at the top of the schedule on the original effective date or renewal date. ***Paid Family Medical Leave (PFML) plans are only available to groups with 100 or more eligible employees, with at least 25 employees working in the applicable PFML State (e.g., Massachusetts or Connecticut). For PFML product availability, please contact your UnitedHealthcare representative.

The policies have exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company. Some products are not available in all states. Benefits for the UnitedHealthcare dental DHMO plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York. Administrative services provided by DBP Services. The Select DHMO plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services HMO in Virginia, Pennsylvania and a Dental Plan Organization in Maryland and Delaware.

Benefits for the UnitedHealthcare Dental DHMO/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare. UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and in California by Unimerica Life Insurance Company. UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company. Critical Illness coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. UnitedHealthcare Accident Protection product is provided by UnitedHealthcare Insurance Company. UnitedHealthcare Hospital Indemnity product is provided by UnitedHealthcare Insurance Company. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. UnitedHealthcare Insurance Company is located in Hartford, CT; UnitedHealthcare Insurance Company of New York is located in Islandia, NY; and Unimerica Life Insurance Company is located in Milwaukee, WI.

Critical Illness Protection Plan commission rates

Commission rate based on group size*	Commission rate
51–99 eligible employees	15%
100–500 eligible employees	13%
501–999 eligible employees	11.5%
1,000+ eligible employees	10%

Accident Protection Plan commission rates

Commission rate based on group size*	Commission rate
51–99 eligible employees	15%
100–499 eligible employees	13.5%
500–999 eligible employees	12.75%
1,000+ eligible employees	11%

Hospital Indemnity Protection Plan commission rates

Commission rate based on group size*	Commission rate
51–99 eligible employees	15%
100–500 eligible employees	13%
501–999 eligible employees	11.5%
1,000+ eligible employees	10%

Supplemental Health combo package

Commission rate based on group size*	Commission rate
100–500 eligible employees	13%
501–999 eligible employees	11.5%
1,000+ eligible employees	10%

Benefit Ally

Commission rate based on group size*	Commission rate
100+ eligible employees	10%

*Schedule applied to each case starting at the top of the schedule on the original effective date or renewal date.

The policies have exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company. Some products are not available in all states. Benefits for the UnitedHealthcare dental DHMO plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York. Administrative services provided by DBP Services. The Select DHMO plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services HMO in Virginia, Pennsylvania and a Dental Plan Organization in Maryland and Delaware.

Benefits for the UnitedHealthcare Dental DHMO/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare. UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and in California by Unimerica Life Insurance Company. UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company. Critical Illness coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. UnitedHealthcare Accident Protection product is provided by UnitedHealthcare Insurance Company. UnitedHealthcare Hospital Indemnity product is provided by UnitedHealthcare Insurance Company. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. UnitedHealthcare Insurance Company is located in Hartford, CT; UnitedHealthcare Insurance Company of New York is located in Islandia, NY; and Unimerica Life Insurance Company is located in Milwaukee, WI.

Specialty Benefits new business bonus

You may earn a bonus for selling new group term life, group supplemental life, group dental, group short-term disability, group long-term disability, group vision, group critical illness, group accident, group hospital indemnity, supplemental health combo, UnitedHealthcare Benefit Ally® and paid family medical leave insurance for groups with 2 to 5,000 eligible employees and 5 or more enrolled employees as of January 2023. In order to receive this bonus, you must meet both of the following requirements:

- Sell at least 20 new lines of coverage having a combined minimum of \$100,000 in annualized premium and fees or 10 new lines of coverage having a combined minimum of \$750,000 in annualized premium and fees with effective dates from January 2, 2022 through January 1, 2023, and
- Have a net change percentage for your entire Specialty Benefits block of business from January 2022 through January 2023 of at least 100.0%

If all of the bonus requirements are met, the bonus is calculated using the highest bonus percentage in the following table:

Specialty Benefits new lines of coverage and annualized premium*	Bonus percentage
20 lines of coverage with a combined minimum of \$100,000 in annualized premium and fees, OR 10 lines of coverage with a combined minimum of \$750,000 in annualized premium and fees*	4%
25 lines of coverage with a combined minimum of \$200,000 in annualized premium and fees, OR 10 lines of coverage with a combined minimum of \$1,000,000 in annualized premium and fees*	5%
30 lines of coverage with a combined minimum of \$300,000 in annualized premium and fees, OR 10 lines of coverage with a combined minimum of \$1,500,000 in annualized premium and fees*	6%

Both employer-paid and employee-paid lines of coverage sold with medical coverage or on a stand-alone basis are included in the bonus program. The maximum Specialty Benefits new business bonus paid on any line of coverage within any 1 case or affiliated cases is \$50,000.

Bonus adjustment for Specialty Benefits net change percentage: Our Specialty Benefits new business bonus requires a minimum net change in premium for your book of Specialty Benefits lines of coverage with 2 to 5,000 eligible employees and 5 or more enrolled employees from January 2, 2022 through January 1, 2023. To receive a new business bonus, your January 2023 Specialty Benefits premium and fees must be at least 100.0% of the premium and fees that we received for your Specialty Benefits lines of coverage for January 2022. The Specialty Benefits net change percentage in premium and fees is calculated by dividing the premium and fees received for all of your Specialty Benefits lines of coverage in January 2023 by the premium and fees received for all of your Specialty Benefits lines of coverage in January 2022. The net change percentage is rounded to the nearest one-tenth of 1%.

Specialty Benefits lines of coverage that do not meet our general bonus eligibility requirements will be excluded from the net change calculation. If the Specialty Benefits net change percentage is less than 100%, no bonus will be paid.

*In eligible lines of coverage with effective dates from January 2, 2022 through January 1, 2023. Annualized premium and fees for bonus qualification is equal to the January 2023 premium and fees of eligible cases multiplied by 12.

Specialty Benefits new business bonus details

- You must sell at least 20 eligible lines of coverage with original effective dates from January 2, 2022 through January 1, 2023 having a combined minimum of \$100,000 in annualized premium and fees (or alternatively, 10 new lines of coverage having a combined minimum annualized premium and fees of \$750,000), and have a Specialty Benefits net change percentage of 100.0%, in order to qualify for the Specialty Benefits new business bonus. The Specialty Benefits new business bonus is paid on annualized premium and fees for lines of coverage that had original effective dates from January 2, 2022 through January 1, 2023, are active on January 1, 2023 and meet all other eligibility requirements.
- Annualized premium and fees for this bonus are defined as the January 2023 premium and fees of the eligible line of coverage multiplied by 12. The bonus payment is based on the annualized premium and fees.
- The maximum Specialty Benefits new business bonus paid on any line of coverage within any 1 case or affiliated cases is \$50,000. In situations where commissions on the case are split between more than 1 Agent of Record, the maximum bonus limit will be applied before the bonus is allocated to the Agents of Record.
- One eligible line of coverage for the Specialty Benefits new business bonus is group term life, group supplemental life, group dental, group short-term disability, group long-term disability, group vision, group critical illness, group accident, group hospital indemnity, supplemental health combo, benefit ally and paid family medical leave insurance in a group with 2 to 5,000 eligible employees and 5 or more enrolled employees in January 2023, that has an original effective date from January 2, 2022 through January 1, 2023. An eligible line of coverage must meet all of UnitedHealthcare's general bonus eligibility requirements. An eligible line of coverage can be sold with medical coverage or on a stand-alone basis. Both employer-paid and employee-paid lines of coverage are eligible for the bonus.
- An eligible line of coverage must be in an eligible group. Spectera Plan Administrators Private Label vision, Family Medical Leave (FML) administration plans and some Governmental Entity cases are not eligible for any bonus programs. Groups written through Affiliated Associations of America (AAOA), embedded dental or vision benefits, dental discount cards or state statutory disability plans are not eligible for this bonus. Dental groups administered through UMR/Fiserv that use a dental network other than the UnitedHealthcare Dental network are not eligible for this bonus. UnitedHealthcare has sole discretion in determining whether a line of coverage is eligible for any bonus program. The lines of coverage, premium and fees of ineligible cases are not included toward the minimum line of coverage requirements, the premium and fee requirements, or any other requirements or calculations related to any Specialty Benefits bonus. Lines of coverage counts and premiums and fees for affiliated groups are combined for all bonus calculations.
- For dual or multiple broker arrangements, line of coverage credit and premium or fee credit will be allocated in the same proportion as the commissions are split on the line of coverage. Fractional credits will be used in the calculation, and credits will not be rounded to the nearest integer.
- Special rules apply to payment of bonuses for non-commissionable customers. We require written customer acknowledgment and approval before paying bonuses on all non-commissionable customers, and on commissionable governmental entities.
- An agent or agency can only qualify for 1 Specialty Benefits new business bonus. The lines of coverage sold and minimum annualized premium and fees within any row must both be met to qualify for a row in the bonus table. The bonus will be paid at the highest bonus percentage where both the lines of coverage and annualized premium and fees criteria are met. If an agent meets the qualifications in more than 1 row in the table, only the bonus for the row paying the highest bonus amount will be paid.

Specialty Benefits new business bonus calculation examples: The Specialty Benefits new business bonus is calculated by totaling the eligible lines of coverage and the annualized premium and fees for those eligible lines of coverage to determine the bonus tier from the Specialty Benefits new business bonus payment table. The Specialty Benefits net change percentage is then calculated to determine if the agency qualifies for the Specialty Benefits new business bonus.

Example 1: An agency has 21 new Specialty Benefits lines of coverage with 5 or more enrolled employees and effective dates from January 2, 2022 through January 1, 2023, with annualized premium and fees in new eligible lines of coverage of \$200,000. In their block of Specialty Benefits business with 2 to 5,000 eligible employees and 5 or more enrolled employees, the agency had \$1,000,000 in annualized Specialty Benefits premium in January 2022, and \$1,200,000 in annualized Specialty Benefits premium in January 2023.

- **Step 1. Determine Specialty Benefits new business bonus qualification level:** 21 new eligible lines of coverage with annualized premium and fees of \$200,000 qualifies for an initial bonus of 4% of the annualized premium and fees for the new eligible lines of coverage
- **Step 2. Calculate Specialty Benefits net change percentage:** \$1,200,000 in annualized Specialty Benefits premium in January 2023 divided by \$1,000,000 in January 2022 equals a Specialty Benefits net change percentage of 120.0%, resulting in the agency meeting the net change in premium requirement
- **Step 3. Calculate the Specialty Benefits new business bonus:** The bonus payable is 4% of \$200,000, which equals a bonus of \$8,000

Example 2: An agency has 10 new lines of coverage with 2 to 5,000 eligible employees and 5 or more enrolled employees and effective dates from January 2, 2022 through January 1, 2023, with annualized premium and fees in eligible products of \$800,000. In their block of Specialty Benefits business with 2 to 5,000 eligible employees and 5 or more enrolled employees, the agency had \$1,000,000 in received premium in January 2022, and \$850,000 in received Specialty Benefits premium in January 2023.

- **Step 1. Determine Specialty Benefits new business bonus qualification level:** 10 new lines of coverage with annualized premium and fees of \$800,000 qualifies for an initial bonus of 4% of the annualized premium and fees for the new eligible lines of coverage
- **Step 2. Calculate Specialty Benefits net change percentage:** \$850,000 in received premium in January 2023 divided by \$1,000,000 in January 2022 equals a Specialty Benefits net change percentage of 85.0%
- **Step 3.** The agent has not met the minimum Specialty Benefits net change percentage of 100.0%, and no bonus is payable

Specialty Benefits retention bonus

You may earn a bonus for renewing group term life, group supplemental life, group dental, group short-term disability, group long-term disability, group vision, group critical illness, group accident, group hospital indemnity, supplemental health combo, benefit ally and paid family medical leave insurance for groups with 2 to 5,000 eligible employees and 5 or more enrolled employees in January 2023 and having renewal dates from January 2, 2022 through January 1, 2023.

In order to receive a Specialty Benefits retention bonus, you must meet all of the following requirements:

- Qualify for the UnitedHealthcare 2022 Specialty Benefits new business bonus
- Have at least 25 lines of coverage having a combined minimum of \$750,000 in received premium and fees that have renewal dates from January 2, 2022 through January 1, 2023, and
- Have a Specialty Benefits premium retention percentage at least 85.0% in Specialty Benefits lines of coverage with renewal dates from January 2, 2022 through January 1, 2023

If all of the bonus requirements are met, the bonus is calculated using the highest bonus percentage in the following table:

Specialty Benefits premium retention percentage	Bonus on received premium and fees*
85.0% to 89.99%	2%
90.0% to 94.99%	3%
95.0% or greater	4%
Less than 85.0%	No bonus

Both employer-paid and employee-paid cases sold with medical coverage or on a stand-alone basis are included in the bonus program. The maximum Specialty Benefits retention bonus paid on any line of coverage within any one case or affiliated cases is \$50,000.

Specialty Benefits premium retention percentage: You are required to have a premium retention percentage of at least 85.0% in order to receive a Specialty Benefits retention bonus. The Specialty Benefits premium retention percentage is the January 2023 premium and fees received for lines of coverage that have renewal dates from January 2, 2022 through January 1, 2023, divided by the January 2022 premium and fees received from lines of coverage that have renewal dates from January 2, 2022 through January 1, 2023. The Specialty Benefits premium retention percentage calculation includes only lines of coverage that have renewal or termination dates from January 2, 2022 through January 1, 2023.

Specialty Benefits retention bonus details

- To qualify for the Specialty Benefits retention bonus you must:
 - Qualify for the UnitedHealthcare 2022 Specialty Benefits new business bonus
 - Have at least 25 lines of coverage having a combined minimum of \$750,000 in received premium and fees with renewal dates from January 2, 2022 through January 1, 2023
 - Have a Specialty Benefits premium retention percentage of at least 85.0% in Specialty Benefits lines of coverage with renewal dates from January 2, 2022 through January 1, 2023
- The maximum Specialty Benefits retention bonus paid on any line of coverage within any 1 case or affiliated cases is \$50,000

*In eligible lines of coverage with renewal dates from January 2, 2022 through January 1, 2023. Bonus is paid only on the premium and fees received on renewing lines of coverage during the period from February 2022 through January 2023.

An eligible line of coverage for the Specialty Benefits retention bonus is group term life, group supplemental life, group dental, group short-term disability, group long-term disability, group vision, group critical illness, group accident, group hospital indemnity, supplemental health combo, benefit ally and paid family medical leave insurance covering a group with 2 to 5,000 eligible employees and 5 or more enrolled employees that has a renewal date from January 2, 2022 through January 1, 2023. An eligible line of coverage must also meet all of UnitedHealthcare's general bonus eligibility requirements. An eligible line of coverage can be associated with medical coverage or exist on a stand-alone basis. Both employer-paid and employee-paid lines of coverage are eligible for this bonus.

- “Received premium and fees” are the premium and fees received by UnitedHealthcare for eligible Specialty Benefits lines of coverage for the months of February 2022 through January 2023. The Specialty Benefits retention bonus is paid on received premium and fees for eligible lines of coverage that are active on January 1, 2023, and meet all other general bonus eligibility requirements. For purposes of this bonus, the “renewal date” for groups with rate guarantees longer than 1 year will be the 12-month anniversary of their original effective date or their last renewal.
- For the Specialty Benefits retention bonus, “premium retention percentage” is the January 2023 premium and fees received from lines of coverage eligible for the 2022 Specialty Benefits retention bonus divided by the January 2022 premium and fees received from lines of coverage eligible for the 2022 Specialty Benefits retention bonus.
- An eligible line of coverage must be in an eligible group. Spectera Plan Administrators Private Label vision, Family Medical Leave (FML) administration plans and some Governmental Entity cases are not eligible for any bonus programs. Groups written through Affiliated Associations of America (AAOA), embedded dental or vision benefits, dental discount cards or state statutory disability plans are not eligible for this bonus. Dental groups administered through UMR/Fiserv that use a dental network other than the UnitedHealthcare Dental network are not eligible for this bonus. UnitedHealthcare has sole discretion in determining whether a line of coverage is eligible for any bonus program. The lines of coverage, premium and fees of ineligible cases are not included toward the minimum line of coverage requirements, the premium and fee requirements, or any other requirements or calculations related to any Specialty Benefits bonus. Lines of coverage counts and premiums and fees for affiliated groups are combined for all bonus calculations.
- For dual or multiple broker arrangements, line of coverage credit and premium or fee credit will be allocated in the same proportion as the commissions are split on the case. Fractional credits will be used in the calculation, and credits will not be rounded to the nearest integer.
- Special rules apply to payment of bonuses for non-commissionable customers. We require written customer acknowledgment and approval before paying bonuses on all non-commissionable customers, and on commissionable governmental entities.

Specialty Benefits retention bonus calculation: If all the qualifying criteria for the Specialty Benefits retention bonus are met, the bonus is calculated as follows:

Specialty Benefits retention bonus calculation example: An agency qualifies for a Specialty Benefits new business bonus by writing 21 new coverages with annualized premium and fees in eligible products of \$160,000. In addition:

- The agency had a net change percentage of at least 100% in the Specialty Benefits new business bonus calculation
- The agency had 25 eligible lines of coverage on January 1, 2023 with renewal dates from January 2, 2022 through January 1, 2023
- The total premium and fees received for these 25 lines of coverage for the period from February 2022 through January 2023 was \$770,000

The January 2022 premium and fees received for eligible lines of coverage was \$65,000, and the January 2023 premium and fees received for eligible lines of coverage was \$63,375.

Step 1. Calculate the premium retention percentage: The agency's premium retention percentage is \$63,375 (the January 2023 premium and fees received for eligible lines of coverage) divided by \$65,000 (the January 2022 premium and fees received for eligible lines of coverage), or 97.5%.

Step 2. Determine the Specialty Benefits retention bonus percentage: Referring to the bonus table, we find that a premium retention percentage of 97.5% earns a bonus of 4% of received premium and fees.

Step 3. Calculate the Specialty Benefits retention bonus amount: The bonus payable is 4% of the total premium and fees received for the eligible lines of coverage for the period from February 2022 through January 2023, which is \$770,000. The bonus is 4% times the total premium and fees received for these 25 lines of coverage for the period from February 2022 through January 2023. The calculation is 4% of \$770,000, or \$30,800.

Producer compensation policies and practices



The definitions of key terms used in this guide can be found on page 6.

Area covered by this guide: Only agents, agencies and service providers permanently located in the area for which this guide is written are eligible for the bonus, recognition and other programs described in this guide.

Producer credentialing, contracting and appointment: Agents and agencies who sell products offered by UnitedHealthcare and related companies must have a written agreement with us, and be appropriately licensed and appointed in the states where they solicit or sell our products. Agents and agencies must maintain active licenses and appointments in the appropriate states, and remain in good standing with us, to receive commissions. No commissions will be paid on any case for any period where the Writing Agent or Agent of Record is not licensed and appointed in the state where the case is issued, except following the termination of an appointment where permitted by law. No retroactive commissions will be paid for cases where commissions were forfeited due to lack of licensing and appointment.

Service Providers that receive service fees processed by UnitedHealthcare as a courtesy to the service provider and the policyholder are also subject to acceptance by us.

The terms of the UnitedHealthcare Agent/Agency Agreement apply to all commission, bonus and recognition programs. Agents, agencies and service providers are responsible for complying with all applicable state and federal statutes and regulations related to the sale of our products.

Regulatory reporting: UnitedHealthcare complies with all applicable state and federal regulations with regard to producer compensation. All producer compensation will be reported as required for federal, state and local income taxes. All producer compensation, including bonuses, overrides and other compensation, may be subject to reporting to meet other regulatory requirements. Commissions, bonuses, overrides, service fees and some non-cash compensation will be reported for ERISA-related reporting (Form 5500, Schedules A or C). UnitedHealthcare will have sole discretion as to whether, and to what extent, compensation is subject to reporting under these regulations.

Case size segment assignment: Many of the commission and bonus programs in this guide apply to specific case size segments (for example, “groups with up to 50 employees,” “groups with up to 100 employees,” “Key Accounts” or “51 or more employees”). In most situations, these labels will coincide with the actual number of employees in the group that are eligible (but not necessarily enrolled) for coverage. However, the actual case size segment designation for commission and bonus program purposes will be made in accordance with state and federal regulations and may be based on the employee count at some point in time, the average number of employees over some period of time, or other factors such as the rating formula used, underwriting rules or operating system indicators. That means the specific assignment of any group to one of these classifications may not reflect the actual number of employees at a specified time, and may not coincide with case size designations used for other purposes. Once classified, groups do not automatically change classification for these purposes if their employee count grows or shrinks. That means that some groups with (for example) more than 50 employees will be included in the “up to 50 employees” commission and bonus programs, and some groups with fewer than 51 eligible employees will not. We reserve the right to classify any group in any of these designations for these purposes according to our rules and in accordance with state and federal regulations, regardless of the group’s actual enrollment or eligible employee count.

UnitedHealthcare electronic delivery consent: By accepting an appointment with UnitedHealthcare, producers agree that UnitedHealthcare will employ electronic communications for most business-related communications. This consent applies to all Internet-based communications from UnitedHealthcare, including email, website and mobile applications. Electronic communications include, but are not limited to, commission statements, renewal packages and emails between producers and UnitedHealthcare employees.

Business practices

UnitedHealthcare is committed to ethical business practices and full disclosure of our producer compensation to customers. We believe that our programs provide fair compensation for the value that our appointed agents and agencies bring to customers and UnitedHealthcare.

Disclosure of producer compensation: UnitedHealthcare believes in fully transparent producer compensation, which means that customers have the right to know what their producer is being paid for servicing their UnitedHealthcare products, including all bonuses and override payments. We encourage our producers to share their compensation arrangements with their customers. Our Agent/Agency Agreement and our compensation policies require disclosure to customers when required by law and provide discretion for us to disclose compensation directly to our customers as we deem appropriate.

UnitedHealthcare is committed to greater customer awareness of the compensation being paid to producers for selling our products. Basic information about UnitedHealthcare's producer compensation programs is included in our proposals. Additional general information is included in our employer application, administrative service agreements and on our employer Internet site.

Customer-specific compensation disclosure: The specific compensation paid to a producer for the solicitation or sale to employer groups covered by Employment Retirement Income Security Act (ERISA) is reported in the Form 5500 (Schedules A or C) information sent to those customers. The compensation reported includes base commissions, bonuses, overrides and certain non-monetary compensation. Beyond this regulated reporting, we believe that the primary source of specific information regarding compensation is the producer receiving the compensation. We encourage customers to ask their producers about their compensation, and we encourage our producers to inform their customers about their compensation. Customers who inquire about the specific compensation paid on their policies will initially be directed to their producer. If a customer continues to request that we supply this information to them directly, we will honor that request and disclose base commissions, bonuses, overrides and certain non-monetary compensation paid on the case. All customers have access to this information, regardless of case size, funding or business type. We may require that such requests be in writing by an authorized representative of the customer.

Written customer acknowledgments: UnitedHealthcare may require written customer acknowledgment and approval for certain compensation arrangements. We reserve the right, at our sole discretion, to request written customer acknowledgment and approval, and to establish the form of such acknowledgment, for any compensation that we pay. Some state laws require that a producer obtain written customer acknowledgment of compensation received from an insurer if the producer is also receiving compensation directly from the customer. UnitedHealthcare expects producers to know and comply with such laws, including any requirements as to when the customer acknowledgment must be obtained.

Bid rigging or other unfair bidding practices are not tolerated: UnitedHealthcare's business practices and various laws and regulations prohibit any activities that manipulate proposals in coordination with competitors in a manner contrary to the customer's interests. Bid rigging involves trading business with competitors through the manipulation of premiums, fees or products to produce a quote that is intentionally higher or less favorable to a prospective customer, or is in any way designed to provide a false appearance of competition. It is UnitedHealthcare's policy to always present a legitimate quote to the producer, consultant or customer. We will never condone or allow a producer to coordinate pricing with another carrier in a way that gives one of the carriers a competitive edge, or prevents the best price from being presented to the customer. If you suspect someone is attempting to rig a bid or otherwise inappropriately steer business, report the situation to UnitedHealthcare's legal department immediately. Note that bid rigging or steering generally involves coordination with other carriers. A situation where we present our best premium rate or fee to a producer or customer, even though we do not expect that the rate will be competitive, is not bid rigging. It is also permissible to lower quoted premiums if we receive additional underwriting information, to match competitor pricing or as the result of negotiation with the customer, as permitted by law.

Base commissions

UnitedHealthcare may modify any base commission at any time for any reason with notice as specified in the Agent/Agency Agreement.

Small groups: Base commission schedules for “fully insured medical small groups” (in some jurisdictions having up to 50 eligible employees, and in other jurisdictions up to 100 eligible employees) vary from market to market. The small group base commission schedule used for a single site case is the schedule in effect for the county in which the policy is issued. If there are multiple sites associated with a case, the commission schedule used will be that of the base location selected by us. Special rules regarding multiple sites cases may apply in some areas. In most situations, the number of enrolled employees for all locations will be used to determine the tier that establishes the commission rate. However, the regulations in certain states may result in the isolation of the enrolled employee count for locations within that state. In such instances, the commissions for such locations may be calculated independently based on the enrolled employee count for that state only, and these employees will be excluded from the counts in other locations.

The base commission tier for small groups in states where a published “tiered” commission schedule applies will be set using an initial or renewal enrolled employee count at a time of our choosing. For some of our operating systems, the tier will be established using the enrolled employee count at the time of the first month’s bill for new groups, and the billed count for the first month of a renewal year, but this will vary at our discretion. The enrolled employee count for customers with multiple sites may be re-established every time an affiliated site is added or removed during the contract year.

Large groups: Large group cases are groups with 51 or more employees, or 101 or more employees, depending on the jurisdiction. UnitedHealthcare may prohibit the payment of base commissions on large group cases in a specified size segment and geography. If such a prohibition is applied, no base commission will be paid on the cases subject to the prohibition.

If no prohibition of base commissions is applied to a case, UnitedHealthcare may establish or cap commissions for large groups based on geography and the number of eligible or enrolled employees in a group. Otherwise, the base commission for large groups is established by the customer, subject to state regulations and UnitedHealthcare’s producer compensation policies (including any applicable maximum commission limit). When commissions are not established by UnitedHealthcare and the customer does not give specific instructions, base commissions for large groups are established by mutual agreement between UnitedHealthcare and the agent in accordance with our policies and where allowed by state regulations.

Premium rates for large groups may vary to reflect the commission included in the proposal.

Producers and customers may request that no commissions be paid for large groups. Base commissions will only be paid on large groups if commissions are included in the premium rate being paid by the customer. If an existing large group customer requests a reduction or elimination of commissions, we will comply with the request and reduce premium, and reduce or eliminate commissions, in accordance with the request and our policies. If an existing large group customer requests an increase in commissions, the higher commissions will not be paid until premiums are increased to cover the cost of the additional commissions. UnitedHealthcare reserves the right to limit the amount of commissions that can be paid on any case. UnitedHealthcare may require that an authorized representative of a customer provide written acknowledgment and approval of the commission structure and amount for their case at any time.

Maximum allowable commissions and prohibited commissions: UnitedHealthcare may establish maximum allowable commission rates or prohibit commissions for a specified category or segment of groups at any time with appropriate notice to agents. The categories for which commissions are limited or prohibited may include size segment, geographic location and other attributes. UnitedHealthcare may adjust the maximum allowable commission rate, prohibit commissions or waive the prohibition of commissions for a specified group if, in UnitedHealthcare’s sole discretion, circumstances warrant such action.

Customer acknowledgment and approval for base commissions: UnitedHealthcare may require written customer approval before paying commissions on any customer if, in UnitedHealthcare's sole opinion, such documentation is appropriate and necessary to assure that all parties are aware of and agree to the commission level. The written customer acknowledgment must be submitted to and accepted by UnitedHealthcare before payment of commissions for that customer. A sample customer acknowledgment letter may be obtained from your UnitedHealthcare representative.

Repayment and recovery of commission and override errors: UnitedHealthcare will not adjust any commission or override payments to an agent, agency or general agent except with respect to payments made within 2 years prior to the date of the adjustment. In this regard, neither an agent, agency, general agent nor UnitedHealthcare may assert a claim against the other relating to incorrect commission or override payments, unless such claim is made, and the resulting adjustment is commenced, within 2 years of the date of the incorrect commission or override payments. UnitedHealthcare maintains the right to recover payments by reducing any amounts owed to the producer, including all commission, override and bonus payments.

Enrollment count and premium adjustments: Retroactive changes to employee counts or premiums will be applied at the commission rate that was in effect for the month the adjustment was made.

Delinquent premium: No commissions are payable for any premium collected by a third party, collection agency, through a court judgment or similar process.

Commissions on groups with Packaged Savings[®]: The premium used to calculate percentage of premium-based commissions for groups receiving Packaged Savings is reduced by the Packaged Savings administrative credit in order to accurately reflect actual premium received.

Agent of Record changes: Compensation will be paid only to the licensed and appointed Agent of Record (AOR) assigned to the case by the customer and accepted by us. The customer has the right to designate and change their AOR; however, UnitedHealthcare reserves the right to accept or reject, at our sole discretion, requests to change the AOR assigned to a case and direct commissions and bonus payments to another AOR.

All requests to change AOR assignments must be made in writing by the customer in a form approved by us. We will generally accept requests to change AOR if the request is made in writing by an authorized representative of the customer. The request must be made in the form of a letter, on the customer's letterhead, directed to UnitedHealthcare (not the new AOR) that:

- Delegates the new Writing Agent and AOR (using the name by which they are appointed by us),
- Specifies the lines of coverage impacted, and
- States that the customer's delegation of the new AOR supersedes all other designations, and terminates commissions and other payments to any prior agent

If we accept the customer's request, the AOR change will be implemented at a time of our choosing, usually in the month following our receipt of the request. As a courtesy, and at our discretion, we may advise the current AOR of the receipt of the request to remove them from the case.

Properly executed AOR change request letters should be submitted directly to one of the following:

By fax: **1-855-663-2042**

By email: agtcomp@uhc.com

By United States Postal Service mail: **UnitedHealthcare Commissions
City Place 1 Floor 11 CT039
185 Asylum Street
Hartford, CT 06103-3408**

An AOR change request may be rescinded if the request to rescind the designation of the new AOR is received by us in writing within 30 days of the effective date of the AOR change that is being rescinded. If the request to rescind the designation of the new AOR is received after 30 days of the effective date of the AOR change, the previous agent will be reinstated as the AOR on the first day of the next month following the receipt of the rescission letter.

If an agent is designated as the AOR for cases where there is no current agent, or no commissions are paid on the case, UnitedHealthcare will not pay commissions to the new agent if commissions are prohibited for the case. If commissions are permitted, no commissions will be paid until commissions are added to the fully insured premium rate or self-funded fee. If we recognize a new AOR on a commissionable case and the new AOR requests an increase in commissions in writing, we will not pay the higher commissions until the additional commissions are added to the fully insured premium rate or self-funded fee. The change in premium can occur at the next renewal, or the customer may approve a change in premium in writing off-renewal to accommodate the compensation. If we recognize a new AOR on a commissionable case where we do not have an established commission schedule, and the new AOR requests a decrease in commissions in writing, we will reduce the commissions and the fully insured premium rate or self-funded fee when the change can be processed, without waiting for the next renewal date. (Note that we will not increase, decrease or eliminate commissions paid according to an established commission schedule, including jurisdictions where regulations require commissions to be filed and approved.)

The customer is always the ultimate authority in designating an AOR for their case, provided that we have contracted with and appointed the designated AOR. However, absent other instructions from the customer, a current AOR may designate a new AOR by requesting such a change in writing. If the current AOR is an agency, the person requesting such a change must certify that they are authorized to make such a request on behalf of the agency. The new AOR is subject to acceptance by UnitedHealthcare.

Change of Service Provider under a Service Fee Billing Agreement: Customers who engage a Service Provider and enter into a Service Fee Billing Agreement can change their Service Provider. The naming of the new Service Provider requires completion of a new Service Fee Billing Agreement with the new Service Provider.

Effective date of change to the Service Fee Service Provider: Due to the timing of invoices, UnitedHealthcare can only accept changes to the Service Provider under a Service Fee Billing Agreement if notice is received by the UnitedHealthcare Commissions Unit before the customer's next month billing invoice is created. In most instances that occurs around the 10th day of the month prior to the month being billed (for example, June 10 for a change that is effective July 1). If a request to change Service Providers is received after the coming month's billing invoice is created, the change in Service Providers will not occur for 2 months (for example, a change request received September 20 will be effective November 1). System and reporting issues prohibit us from making exceptions to these rules.

Customers who know they will be replacing their current Service Provider but who do not yet have a new Service Provider or updated Service Fee documents can remove the current Service Provider before the billing invoice is created without naming a replacement by notifying their sales representative of the upcoming change. In such cases, we can install a new Service Provider starting in the month after the old Service Provider was removed.

Assignment: An AOR may appoint another agent or agency (the assignee) to receive the commissions on all of their cases through assignment. Such an assignment of commissions is irrevocable, and all rights to further assignment of commissions on the assigned cases will be granted only to the agent or agency to which the commissions are assigned. The assignee must be licensed and appointed by UnitedHealthcare and legally able to receive commissions. We reserve the right to reject any request for assignment. An agent may rescind their assignment at any time, but the rescission will only apply for cases written after the effective date of the rescission.

Commissions differentiated by length of coverage: For commission structures that are differentiated by the length of time the case has had coverage with us, “first-year” commissions are paid for a period from the original effective date up to the first renewal date. The commission rates for “subsequent years” or “renewal years” are paid for all months starting on and following the first renewal date. The subsequent-year or renewal-year commission classification will apply as long as the company has continuing coverage with any of our subsidiaries, even if the policy undergoes a change in coverage or funding type, reinstatement, transfer to another operating platform, is “spun-off” from a larger group or is transferred to another UnitedHealthcare or UnitedHealth Group operating company.

Commissions differentiated by product: Commission schedules may apply to a specific product or set of products within a product line. UnitedHealthcare has sole discretion to classify a product and assign commission schedules to a product. The commission schedule for groups that convert from 1 product to another will be changed at the time of the product conversion.

Government continuation policies: No commissions are paid on policies converted to individual policies and certain government continuation policies.

Premium holiday: A premium holiday occurs when we eliminate all or part of the premium due in a month for a customer or a group of customers, where permitted by law (premium holidays are not offered in California and certain other states). The impact of premium holidays on commissions and fees varies by the type of compensation.

Full premium holiday: During a full premium holiday the customer pays no money for their coverage for the month, but their coverage remains in force.

Commissions—full premium holiday:

1. Percentage of premium: A full premium holiday means that no premium is paid for the month of the premium holiday. Therefore, no commissions will be paid for cases where commissions are paid as a percentage of premium.
2. Per employee per month (PEPM): Commissions will be paid for groups where the commissions are based on the number of enrolled employees in the month. Even though no premium is paid, there is an active enrolled employee count. Therefore, commissions will be paid in the usual manner for commission based on a payment per employee per month.
3. Flat fee: The group is still active for the full premium holiday month, so flat-fee commissions will be paid in the usual manner for commission based on a flat fee per month.

Service fees—full premium holiday: We process a service fee as a courtesy to the customer and the service provider. In a full premium holiday, no premium is paid by the customer, so no service fees will be collected or paid in the month of the premium holiday.

Partial premium holiday: During a partial premium holiday the customer pays a reduced premium for their coverage for the month.

Commissions—partial premium holiday:

1. Percentage of premium: Commissions will be paid in the usual manner on the actual (reduced) premium paid for cases where commissions are paid as a percentage of premium.
2. Per employee per month (PEPM): Commissions will be paid in the usual manner for commission based on a payment per employee per month.
3. Flat fee: Flat-fee commissions will be paid in the usual manner for commission based on a flat fee per month.

Service fees—partial premium holiday:

1. Percentage of premium: Service fees will be collected and processed in the usual manner based on the actual (reduced) premium paid.
2. Per employee per month (PEPM): Services fees will be collected and paid in the usual manner for services fees based on a payment per employee per month.

This table summarizes the treatment of base commissions and service fees during premium holidays:

	Full premium holiday	Partial premium holiday
Description	Customer pays no premium for that month	Customer pays a reduced premium for that month
Impact On:		
Commissions—PEPM	PEPM-based commissions paid as usual based on active enrolled employees	PEPM-based commissions paid as usual based on active enrolled employees
Commissions—Percent of Premium	No premium paid results in no commissions paid	Commissions paid based on the actual (reduced) premium paid
Commissions—Flat Fee	Flat fee-based commissions paid as usual	Flat fee-based commissions paid as usual
Service Fees—PEPM	No premium collected, therefore no service fees are collected or processed	PEPM-based service fees are collected and paid as usual based on active enrolled employees
Service Fees—Percent of Premium	No premium collected, therefore no service fees are collected or processed	Service fees are collected and paid based on the actual (reduced) premium paid

These premium holiday policies are subject to exception or modification at UnitedHealthcare's discretion.

Restrictions on the use of health reimbursement accounts (HRAs) or self-funded plans with UnitedHealthcare medical policies: UnitedHealthcare prohibits the solicitation or sale of its medical products for use in conjunction with HRAs or self-funded plans unless the UnitedHealthcare medical product is specifically designed for such use. Where permitted by law, UnitedHealthcare reserves the right to eliminate commissions on UnitedHealthcare and affiliate medical products that were not specifically designed for use with an HRA or self-funded plan if it determines that an agent has sold such a product for use with an HRA or self-funded plan. Where permitted by law, we will recover commissions paid on any UnitedHealthcare and affiliate medical products for any period of time that an HRA or self-funded plan was in force in violation of this policy.

Producer certification of information: Producers may be required to sign documents or certify information related to a group's funding type or funding level, employee contribution, coverages or other aspects of a customer's coverage (or application for coverage) with UnitedHealthcare. Where permitted by law, producers found to have knowingly signed inaccurate documents or certified inaccurate information on such documents will be subject to possible sanctions, including termination of appointments and forfeiture of commissions for the group covered by the document. Where permitted by law, we may recover commissions paid on any UnitedHealthcare and affiliate's products or services for any period of time that any group was in force under the inaccurate documentation.

Special policies for Governmental Entities

Special rules apply to payment of monetary compensation (including commissions, bonuses and overrides) and non-monetary rewards to producers who solicit and sell UnitedHealthcare coverage or services to tax-supported or government-related customers, referred to as “Governmental Entities” in our Agent/Agency Agreement and throughout this guide. Customers considered Governmental Entities include (but are not limited to) villages, townships, cities, counties, states, public school districts (including some charter schools), public universities, government-sponsored boards and districts, and similar entities. UnitedHealthcare has sole discretion in determining whether a customer is a “Governmental Entity.”

Restriction on consultants for Governmental Entities: A producer must notify UnitedHealthcare immediately if they accept a consulting fee or other compensation directly from a Governmental Entity (or accept compensation from a third party, other than UnitedHealthcare, on behalf of a Governmental Entity). Producers who are acting as consultants for a Governmental Entity (that is, they receive compensation directly from the Governmental Entity) will not be able to receive commissions, bonuses, overrides, non-monetary rewards or other compensation from UnitedHealthcare on that case unless an authorized representative of the Governmental Entity gives written acknowledgment and approval of such payments in a form acceptable to UnitedHealthcare. This policy applies to all case sizes (including groups with up to 50 eligible employees) and funding types.

RFP and RFI restrictions for Governmental Entities: The Request for Proposal, Request for Information, bid specifications or other written instructions for some Governmental Entities with 51 or more employees may specify or limit the amount of compensation that may be paid to the producer. UnitedHealthcare strictly adheres to producer compensation limits established by the request for proposal or bid specifications for Governmental Entities with 51 or more employees. If a limit on compensation is established, those limits cannot be exceeded. If compensation is paid in the form of commissions, no separate additional compensation in any form, such as overrides or bonuses, may be paid to the producer where the total of such amounts, together with the commissions, would exceed the customer’s limitations.

Bonuses and overrides for Governmental Entities: Special bonus and override rules apply to Governmental Entities. To ensure that Governmental Entities have an opportunity to understand the compensation being paid on their case, we require written customer approval before paying bonuses and/or overrides on large group cases (including cases where we administer a service fee) that are Governmental Entities.

This acknowledgment and approval must include all the information required in the template available for this purpose, and must be signed by an official authorized to sign legal documents for the Governmental Entity. Even with customer acknowledgment, eligibility for bonuses and overrides is subject to acceptance by UnitedHealthcare.

Small group Governmental Entities: If a Governmental Entity case is classified by us as a small group case and standard commissions are paid, the case is eligible for published bonus programs. Small group cases are quoted and placed with the assumption that no special compensation considerations will be granted.

However, even for these cases, if the producer accepts any compensation directly from or acts as the consultant to the Governmental Entity, no compensation of any type can be paid to the producer without written customer acknowledgment and approval. Producers are responsible for notifying us that they are receiving this compensation or otherwise acting as a consultant to a Governmental Entity. Producers may not accept such compensation if the terms of their agreement with the Governmental Entity prohibit the payment of such compensation. Producers are responsible for notifying us that they are unable to accept such compensation.

General policies for bonus and recognition programs

UnitedHealthcare's bonus programs may vary from market to market. Some bonus programs are available only in certain locations. The programs in this guide apply only to producers that are permanently located in the area covered by this guide, unless otherwise specified in the bonus rules.

UnitedHealthcare may modify or terminate any or all bonus, override or recognition programs at any time and for any reason without prior notice, unless state law prohibits such a change.

Bonuses and overrides are paid to the producer receiving commissions or service fees for an eligible case. Producers must be in good standing and have an active appointment with UnitedHealthcare during the program period and at the time of the payment to be eligible for bonus and override programs. Eligible business written and renewed by a producer or agency is included in the bonus calculation regardless of the location of the group, unless excluded by the specific program rules, our policies or state regulations. A case's eligibility for a specific bonus or override program is dependent upon a number of factors including, but not limited to, the number of enrolled employees at initial enrollment, renewal or some other point in time; the case's location; funding type; General Agent involvement; and length of time covered by UnitedHealthcare. UnitedHealthcare may offer bonus, override and recognition programs only to selected producers or agencies.

Bonus periods vary from program to program. Bonuses will be paid when the required data is available in final form, and after allowing additional time for calculations and data validation. The enrolled employee or member counts used in any bonus program will be from a source of UnitedHealthcare's choosing, and on a date (or dates, if applicable) of our choosing. Once finalized by UnitedHealthcare, enrollment counts will not be adjusted for subsequent changes or retroactive adjustments to the enrollment count. UnitedHealthcare's determination of group and enrollment counts is final.

Modifications and exclusions in bonus programs: UnitedHealthcare has the right to modify or terminate any bonus program at any time without notice. UnitedHealthcare has the right to retroactively change the terms of any bonus program, and correct any bonus program material, in the event of typographical or other errors. UnitedHealthcare has the right to substitute any non-cash rewards, trip destinations or other prizes at any time without notice. UnitedHealthcare has the sole and complete discretion to interpret the terms of all bonus programs and to determine amounts payable under the program. UnitedHealthcare has the right to exclude any case from eligibility for any bonus, override or recognition program for any reason.

UnitedHealthcare may exclude any case from eligibility for any and all bonus, override or recognition programs if it determines, at its sole discretion, that including the case in the program would create an actual or perceived conflict of interest for the producer and/or the customer, unless the customer waives such conflicts of interest in writing. Cases may be excluded from bonus eligibility, or bonus payments may be subject to recovery from future compensation, if cases eligible for the bonus or used in the bonus calculation terminate coverage during the first 12 months of coverage.

UnitedHealthcare bonus programs are generally designed for a specific product or case size segment. We reserve the right to specify or clarify the limitations and terms of any bonus program at any time without notice. Employer associations, affinity business, and business acquired through the acquisition of an agency, a block of business or similar transaction may be excluded from bonus eligibility at our discretion without notice. Affiliation, trust and association business may be excluded from bonus programs without notice at our discretion. All New York community rated groups (up to 100 eligible employees), Connecticut Business and Industry Association (CBIA), Affiliated Associations of America (AAOA) and Cover Florida business are excluded from all bonus programs. All non-commissionable groups in New Mexico, Montana and any other states or jurisdictions where regulations prohibit such payments are excluded from all bonus and override programs. Bonus programs are subject to, and contingent upon, regulatory approval in New York, and other jurisdictions, as required by law.

Reporting and disclosure of bonus payments: All bonus and override payments, and some non-cash compensation, will be subject to reporting as required for regulatory requirements, including (but not exclusively) the reporting associated with ERISA groups (Form 5500, Schedules A and C). UnitedHealthcare will be the sole arbiter as to whether and to what extent compensation is subject to reporting under these regulations, and will determine how bonus amounts are allocated to eligible cases.

All bonus and override payments, and some non-cash compensation, are subject to income tax reporting and withholding (if applicable). The taxable value of non-cash recognition such as trips will be assigned to the entity that directly earned the reward regardless of who actually received the benefits of the reward.

Governmental Entities: Some Governmental Entity cases written or renewed by producers may not be eligible for bonus programs. Please refer to the “Special Policies for Governmental Entities” section of this guide for details.

Customer acknowledgment and approval for bonus and override programs: UnitedHealthcare may require written customer approval before paying bonuses and/or overrides for any product. Such documentation assures that all parties are aware of and agree to the bonus and override payments.

We require written customer approval before paying bonuses and overrides on Governmental cases with 51 or more eligible employees, and for all non-commissionable cases. The written customer acknowledgment must be submitted to and accepted by UnitedHealthcare before a group is included in bonus or override calculations or payments. For cases where we collect a service fee as a convenience for the policyholder, the Service Fee Billing and Collection Agreement incorporates acceptable customer acknowledgment and approval for most commercial customers. Governmental customers using service fees may require additional documentation if their current Service Fee Billing and Collection Agreement form has a revision date before March of 2019. A sample customer acknowledgment letter may be obtained from your UnitedHealthcare representative. Producers will be eligible for any active bonus programs that end on or after the bonus eligibility date indicated in the customer acknowledgment documentation. If our template is not used, we will only accept customer acknowledgment and consents that meet these requirements: An authorized representative of the customer must: a) Acknowledge that they understand that upon acceptance of the written approval, UnitedHealthcare will make their designated producer (the AOR or service provider) eligible for inclusion in UnitedHealthcare’s bonus and override programs for which their designated producer may be eligible; b) Approve of the inclusion of their coverage(s) in the determination of bonus or override compensation paid by UnitedHealthcare to their designated producer; c) Represent that the inclusion of these coverage(s) in their designated producer’s bonus or override calculation does not create a conflict of interest, or, to the extent of any conflict, it is understood and waived to the maximum extent permitted under applicable law; and d) Indicate the date bonus eligibility will begin (their coverages will be included in any bonus program ending on or after that date). This acknowledgment and consent must be in writing, signed by an authorized representative of the customer and be on the customer’s letterhead (not the provider’s).

Bonus adjustments: Any corrections to a bonus or override payment must be requested within 180 days of the date the bonus was paid. All claims for a bonus or override payment must be made within 180 days of the date the bonus payment was released by UnitedHealthcare.

Change in a group’s eligibility status: If a group that was not eligible for bonus programs becomes eligible (for example, by getting written customer approval), the date of bonus eligibility will be determined solely by UnitedHealthcare. In most cases, groups that become eligible prior to the end of a bonus period will be included in that bonus, unless inclusion in that bonus would create a conflict of interest, or if the customer was advised that the case would not be eligible for bonuses during the period. If the bonus involves net change or retention elements, the group’s enrollment will be added to the beginning counts of the bonus calculation if the group was effective at the time of the baseline or beginning measurement.

Agent of Record (AOR) and Service Provider changes: Unless indicated otherwise in a bonus program’s specific rules, the following rules apply for changes in the AOR or Service Provider: Existing UnitedHealthcare cases acquired by a producer through an AOR or Service Provider change will not be credited as “new business” for the acquiring producer in bonuses where “new business” is a component of the bonus program. Existing UnitedHealthcare cases acquired by a producer through an AOR or Service Provider change will be added to both the beginning and ending counts of the new producer for net change, retention and persistency calculations in bonus programs for which the cases are eligible, regardless of the effective date of the case.

Existing UnitedHealthcare cases lost by a producer through an AOR or Service Provider change that remain with UnitedHealthcare are generally excluded from all bonus calculations for the losing producer. Such cases are not counted for meeting eligibility requirements for the losing producer, and will be removed from both the beginning and ending counts for net change, retention and persistency calculations for the losing producer. Cases that cancel coverage with UnitedHealthcare at the time of an AOR or Service Provider change will be counted as terminations for the producer in effect on the last day of coverage with UnitedHealthcare.

If an agent or producer acquires all or part of another producer's existing UnitedHealthcare block of business by purchase, merger or other means, the acquired business will not count toward any new business requirements. Existing UnitedHealthcare cases acquired by purchase, merger or other means will be added to both the beginning and ending counts of the new producer for net change, retention and persistency calculations in bonus programs for which the cases are eligible, regardless of the effective date of the case.

Case size designation changes: The impact of a change in case size designation of a case (for example, from "groups with up to 100 employees" to "groups with 101 or more employees") will vary for specific bonus programs. Cases that enter a new case size segment due to a case size designation change will not be credited as "new business" or as a net gain for net change, retention and persistency calculations. Cases that leave a case size segment due to a change in enrollment will not be considered a cancellation for net change, retention and persistency calculations, and will be removed from both the beginning and ending counts.

Cases that transfer into the "up to 100 employees" segment from the "101 or more segment" on January 1 of any year will remain eligible for any "101 or more employees" bonuses that end on the date of their transfer.

UnitedHealthcare will determine the impact of case size segment changes in situations not specifically covered elsewhere.

Internal transfers and policy number changes: Cases that change renewal dates, policy numbers or other identifiers due to transfer to another UnitedHealthcare or UnitedHealth Group operating company or operating system will not be considered "new business" in bonuses where "new business" is a specified qualification criterion.

Split or shared cases: Bonus amounts, or case and employee credit, for cases where 2 or more producers split base commissions will be split in the same proportions for all bonus and recognition programs. In a bonus program where case and/or enrolled employee credit are used to establish eligibility and/or the bonus amount, all credits will be allocated in proportion to the split of commissions. For example, a producer who receives 50% of the base commissions on a case with 21 enrolled employees will receive credit for 0.5 case and 10.5 enrolled employees. In most bonus programs, the results of the allocation calculations will be rounded to the nearest 1/10 (for example, 21.5 employees, 2.5 groups or 99.1%). The fractional case and employee credits will be used to determine qualification and the bonus payment. In bonus programs having a limit or cap on the number of eligible employees, the amount of bonus or other factors for a case or group of affiliated cases, the limit or caps are applied before the credit or payment for the case is allocated to the producers (for example, a producer who receives 50% of the base commission on a case that earns a bonus of \$1,000 will receive \$500).

Multiple segment ("affiliated") cases: Larger employers who have groups with multiple sites or segments may be divided into several different policies or group numbers. All of these "subgroups" are considered to be 1 case for commission and bonus purposes, sometimes collectively referred to as "affiliated cases." All affiliated cases will be combined to count as 1 case, and the enrolled employee and member counts for all related cases will be combined for bonus calculations and rules, including case size designation, enrollment caps and payment caps.

New business in existing accounts: Employees added to existing cases due to routine hiring, expanded hours or the addition of work shifts are not considered "new business" in bonuses where "new business" is a specified qualification. If a discrete block of new covered employees are brought to UnitedHealthcare through the addition of a new segment or employer site to an existing group, the employees in the new segment may be considered "new business" at our discretion. We will determine whether the additional employees will be considered "new business" following a review of the circumstances related to adding the new employees and the rules of any applicable bonus programs.

Case caps: Some bonus programs limit the number of enrolled employees, members, premium or other factors that will be eligible for a bonus program. These caps apply to any eligible group, and are applied to the combined counts for multiple segment (or affiliated) cases.

Agencies with multiple locations: UnitedHealthcare's bonus programs are designed to pay for business sold by agency locations within a local health plan area. Therefore, bonuses for agencies that have multiple branches working through different health plans will be based on the business placed through each local branch location. UnitedHealthcare reserves the right to determine whether an agency location qualifies as a separate eligible branch location for bonus purposes.

Policy of combining business for UnitedHealthcare bonus programs: UnitedHealthcare’s policy for bonus and recognition programs is to direct rewards to the producer’s branch location directly responsible for producing and maintaining the business within a local branch office within a local health plan area.

We do not allow unrelated producers or agencies to combine their business through assignment or other means with the intent of maximizing bonus payments or achieving higher tiers in United Advantage® or other recognition programs. We only allow producers and agencies to combine business if they are in the same health plan coverage area, and then only if there is a true business relationship between the parties. For the purposes of this requirement, we define a “true business relationship” as some form of common ownership of the agency business, plus other tangible evidence that the relationship represents a merger of all aspects of the business. Such evidence includes the sharing of office space, staff, phone and computer systems, combining of all expenses and all revenues from all carriers, and sharing in profits or losses related to the sale and retention of health insurance. Creating a partnership, corporation, LLC or other business entity without also merging all revenues, expenses, ledgers, assets and other aspects of the business, and sharing in profits or losses, does not meet the definition of a “true business relationship.” UnitedHealthcare is the sole arbiter regarding whether a “true business relationship” exists between parties, and may adjust or terminate bonus payments, and suspend or terminate bonus eligibility, for producers and agencies found to be in violation of this policy. If we allow combining of business, the change will be made on a prospective basis only, and no prior bonuses will be recalculated.

Voluntary participation in bonus programs: Producers and agencies may voluntarily withdraw from participation in bonus programs. If such a withdrawal is for all bonus programs and for all customers, the producer will be removed from all bonus programs. Requests to reinstate bonus eligibility after a voluntary withdrawal from all programs will be subject to acceptance by UnitedHealthcare. Prior to accepting a producer’s request to be reinstated for bonus eligibility, the producer must confirm that they have advised their customers that they will be accepting bonuses. UnitedHealthcare may, at its sole discretion, require that the producer advise all customers in writing that they are now accepting bonuses as a condition of reinstatement of bonus eligibility. Reinstatement will generally be considered only for bonus periods that begin after the date of the reinstatement request. In any event, UnitedHealthcare will, at its sole discretion, establish the dates for the reinstatement of the producer’s eligibility for the various bonus programs, and may prorate or otherwise adjust bonus payments covering partial bonus periods.

Requests by an agent to be excluded from a specific bonus program (but not all bonus programs) will be considered on a case-by-case basis. UnitedHealthcare will retain full discretion on whether such requests will be granted.

Exclusion of Professional Employer Organizations (PEOs) from bonus programs: Business written through a PEO arrangement with a UnitedHealthcare Master Medical Plan (or a similar document) is excluded from all bonus and override programs.

General Agents: General Agents receiving compensation under General Agent’s or special compensation arrangements are not eligible for bonuses or other compensation except as specifically allowed by their agreement with us.

Bonus eligibility of Governmental and non-commissionable cases: Special rules apply to the payment of bonuses and overrides on “Governmental” and “non-commissionable cases” (please see definitions on page 6).

State-specific case exclusions: All non-commissionable groups in New Mexico, Montana and any other states or jurisdictions where regulations prohibit such payments are excluded from all bonus and override programs.

Specific bonus programs: Some specific bonus programs may exclude all non-commissionable cases from bonus eligibility.

Written customer approval required for all 51-plus Governmental Entities: To ensure Governmental Entities have an opportunity to understand the compensation being paid on their case, we require written customer approval before paying bonuses and non-General Agent overrides on Governmental cases with 51 or more eligible employees (including cases where we administer a service fee). This acknowledgment and approval must include all the information required in the template available for this purpose, and must be signed by an official authorized to sign legal documents for the Governmental Entity. *[Note on service fees—For Governmental cases where we collect a service fee as a convenience for the customer, the Service Fee Billing and Collection Agreement forms with a revision date on or after March of 2019 meet this requirement. For earlier versions of the agreements, additional documentation is necessary.]*

Written customer approval required for all non-commissionable entities: To ensure that customers paying fees directly to their producer understand the compensation being paid on their group, we require written customer approval before paying bonuses and (non-General Agent) overrides on all non-commissionable cases. If no legal or regulatory prohibitions exist, non-commissionable cases will be eligible for bonus override programs only if we receive written acknowledgment and approval for the payment by an authorized representative of the customer. This acknowledgment and approval must include all the information found on the template available for this purpose, and must be signed by an official authorized to sign legal documents for the customer. *[Note on service fees—For cases where we collect a service fee as a convenience for the policyholder, the Service Fee Billing and Collection Agreement incorporates acceptable customer acknowledgment and approval for most commercial customers. Governmental customers using service fees may require additional documentation (please see prior paragraph).]*

Bonus eligibility for existing cases that change from commissionable to non-commissionable during the bonus period: If an existing customer that is eligible for bonuses converts from commissionable to non-commissionable status during a bonus period, the case will be considered eligible for that bonus if we receive written acknowledgment and approval for the payment by an authorized representative of the customer in a form acceptable to us that has a bonus eligibility date on or before the last day of the bonus period in question.

Data security for customer information

Carriers and their agents have a responsibility to protect customer data. In other words, it's the right thing to do. It's also the law: There are federal and state regulations that require carriers and their agents to implement reasonable and appropriate security measures to ensure Protected Health Information (PHI) and Personally Identifiable Information (PII) is protected from unauthorized access, use and disclosure. In order to comply with these various laws, and as part of ongoing efforts to ensure protection of customer data, we will be asking you to confirm that your computer equipment and practices are compliant with certain security standards. Where applicable, here are some of the areas we will be covering as part of this process:

- 1. Multi-Factor Authentication:** For remote employees, companies are required to have multiple levels of authentication before allowing anyone to enter the network. To meet this standard, at least 2 factors must be used to confirm identity. For example, in addition to a username and password combination, anyone trying to enter the network is asked to verify their identity with something that they—and only they—know, such as a Token Code. Multi-factor authentication should be implemented to authorize all remote access—including third parties (e.g., vendor access for support and maintenance).
- 2. Access Management:** Organizations must ensure that all users have a unique user ID and password assigned and that IDs and passwords are not shared among users. Doing so establishes audit trails and accountability for individual user actions. Group or shared accounts represent significant security and compliance risks from intentional, accidental or indirect misuse of shared privileges. It is also important to formally document policy and procedures that detail employees' job roles and corresponding user accounts that require certain access and permission to facilities and systems.
- 3. Performing Risk Assessments:** Risk assessments are required to be performed, at least annually, to identify and quantify administrative, physical and technical risks posed to the company. New threats are constantly emerging and require ongoing vigilance. Please remember that any material breach to your systems that contain PHI or PII must be reported to UnitedHealthcare immediately.
- 4. Full-Disk Encryption:** Company devices (server, desktop, laptop, mobile devices) that access, process or store PHI or PII are required to have 256-bit full-disk encryption. Full-disk encryption helps secure important information and prevents breaches by encrypting all of the data on a hard drive at rest. Without the proper encryption key, even if a hard drive is removed and placed in another machine, the data remains inaccessible.
- 5. Physical Security:** Companies are required to provide a secure physical environment for areas that contain servers, desktops or laptops with PHI or PII to ensure that only authorized personnel are allowed access. Example controls include locked doors, security cameras and similar measures to ensure that only authorized personnel are allowed access to servers and critical hardware. It is also important, as per HIPAA requirements, to formally document these physical controls in a policy and procedure document.
- 6. Management of Removable Media:** Technical controls are required to restrict and/or block removable media (USB drives, external hard drives or similar media), due to the ease of data loss and/or malicious code that can be transferred via removable media. However, if removable media is required for business purposes, policies and procedures must be formally documented to include: identifying those individuals who are permitted to use removable storage devices and tracking and monitoring usage and access. Removable media containing PHI/PII must have 256-bit encryption enabled.
- 7. Vulnerability Scanning and Patch Management:** Vulnerability scanning and related software patching are required to monitor computers and systems to protect against and uncover any hacking of operational systems or files. This monitoring should include automated tool(s) to perform periodic scans of the organization's network, operating systems, network devices and web browsers to continuously check for vulnerabilities. System vulnerabilities identified during regular scans are required to be patched as per industry security standards.
- 8. Anti-Virus and Anti-Malware:** Anti-virus/anti-malware software must be enabled on all devices to prevent, detect and remove malicious code, such as Trojans, spyware, worms and more. Weaknesses in an organization's workstations, operating systems and web browsers can be exploited by malicious code if left undetected and unaddressed. We look forward to working with you to help assure that customer data remains as secure as possible. We will contact you with further information. In the meantime, please email or call UnitedHealthcare's Broker Data Security Team at securebroker@uhc.com or **952-979-5614** with any questions. Thank you for your attention to this important topic.



UnitedHealthcare Employer & Individual serves 26 million Americans by offering a comprehensive array of consumer-oriented health benefit plans and services nationwide for large national employers, public sector employers, mid-sized employers, small business and individuals.

>26M

people served

250K+

employer customers

Helping people live healthier lives® and helping make the health system work better for everyone

- **National Accounts** provides customized administrative, benefits and service solutions to 9.5 million people through large, multi-location employers and other benefits sponsors with more than 3,000 employees
- **Public Sector** provides health benefits and services to 3.5 million people through municipalities, educational institutions and labor unions with more than 1,000 employees
- **Key Accounts** provides health benefits and services to 8.8 million people through mid-sized and large employers with 100 to 3,000 employees, as well as larger employers with service needs confined to a single state
- **Small Business** provides health benefits and services to 3.5 million people through local businesses employing 2 to 99 individuals
- **The Individual Business** provides health benefits and related services to nearly 1 million people
- **UnitedHealthcare Specialty Benefits and Individual Ancillary Businesses** provide coverage at a product level to more than 51 million people, including dental, vision, hearing, life, critical illness, financial protection and short-term disability



UNITEDHEALTH GROUP®



Helping people live healthier lives and helping make the health system work better for everyone



Working together to help create a modern, high-performing health system

Committed to Improving

Access Affordability Outcomes Experience

Foundational Competencies

Information Technology Clinical Excellence

Our United Culture

Integrity + Compassion + Relationships
Innovation + Performance

Fast facts

- Ranked No. 1 overall in the insurance and managed care sector for the 11th consecutive year on Fortune’s 2021 “World’s Most Admired Companies” list. In addition, the company was named to the “All-Star” list of Fortune’s 2021 top 50 most admired companies.
- Member of the Dow Jones Industrial Average, a blue chip group of 30 companies deemed industry leaders
- In 2021 and for the 10th consecutive year, The Civic 50, a Points of Light initiative that highlights companies that improve the quality of life in the communities where they do business, ranked UnitedHealth Group one of America’s 50 most community-minded companies. In addition, UnitedHealth Group was named the leader in the health care sector category for the fourth time overall.
- The Disability Equality Index® (DEI) has named UnitedHealth Group one of the best places to work for disability inclusion in 2021
- UnitedHealth Group received a perfect score of 100 on the Human Rights Campaign Foundation’s 2021 Corporate Equality Index, earning the distinction of one of the “Best Places to Work for LGBTQ Equality”
- Named to the Dow Jones Sustainability World and North America Indices since 1999

Source: UnitedHealth Group Overview, July 2021 (CG080001_1019). https://hub.uhg.com/sites/hub/UnitedHealth-Group/About-Us/Overview-Materials/Documents/UHG-Overview-Bifold_Q2.pdf



NOT FOR CONSUMER USE.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact UnitedHealthcare Insurance Company.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact the company.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact the company.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al. The policies have exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT and Unimerica Life Insurance Company is located in Milwaukee, WI.

UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company. Critical Illness coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policies have exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare Accident Protection product is provided by UnitedHealthcare Insurance Company. The policies have exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare Benefit Ally® offers Accident Protection, Critical Illness and Hospital Indemnity products provided by UnitedHealthcare Insurance Company. Each product provides separate limited benefits. Accident Protection, Critical Illness and Hospital Indemnity coverages are NOT considered "minimum essential coverage" under the Affordable Care Act and therefore none of the products satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policies have exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. These products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare Hospital Indemnity product is provided by UnitedHealthcare Insurance Company. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write the company. This product is not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare's Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account. Health reimbursement accounts (HRAs) are administered by OptumHealth Financial Services, Inc. and are subject to eligibility and plan restrictions.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health plan coverage is provided by UnitedHealthcare of Pennsylvania, Inc.

Objection Letter Date: July 6, 2022

Respond By Date: July 14, 2022



RE: United Healthcare of Pennsylvania, Inc., Small Group HMO, ACA Filing for PY2023
Pennsylvania Insurance Department ID # UHLC-133267509

Dear [REDACTED]:

The Pennsylvania Insurance Department has received and conducted a preliminary review of the above captioned filing. In order to complete the review, we are requesting the following information. To facilitate a timely review, we request this information be provided July 14, 2022. If you have any questions or difficulties in providing the data within this time frame, please contact me.

1. Please update the 2021 experience period risk adjustment amount, in Table 2, to reflect the final CMS risk adjustment amount released on June 30th.

[We have updated the risk adjustment from -\\$2,340,541.00 to -\\$2,340,541.45.](#)

2. If the projected risk adjustment transfer amount in Table 5 will be modified, due to the final CMS transfer amount published on June 30th, please provide narrative and detailed supporting data to justify the proposed changes.

[Due to immaterial differences \(-\\$0.45\) between final CMS numbers and risk adjustment transfer estimates based on RATEE data received from the PID on May 10th, the projected risk transfer amount does not need to be modified.](#)

3. Please confirm that you have tested to ensure that the rates in Table 11 of the Actuarial Memorandum Exhibits, PA Plan Design Summary and Rate Tables, and Federal Rate Templates are identical.

[We confirmed we have tested to ensure that the rates between the noted files are identical with the exception of instances where there are immaterial differences of a penny or so due to rounding.](#)

4. Please ensure that the 7/14/22 versions of the following items are posted in SERFF with your July 14th response to this data call. [Confirmed](#)

- a. Cover Letter identifying all changes made and the reasons for the change. Also, show the revised rate change.
- b. PA Actuarial Memorandum
- c. PA Actuarial Memorandum Exhibits
- d. Department's Plan Design Summary and Rate Template Exhibits (please ensure that the rate template by county is populated with only numeric values – no "NA")
- e. URRRT
- f. Federal Rate Template
- g. Part III: Actuarial Memorandum
- h. Updated Rate Change Request Summary (Attachment I)
- i. Public PDF with limited redactions as previously directed in the Guidance (includes all correspondence and supporting exhibits after the initial submission, in addition to all the above items).



July 14th, 2022


Mr. James Lavery | Actuary
Pennsylvania Insurance Department

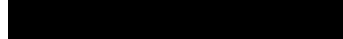
Pennsylvania Insurance Department ID # UHLC-133267509

Dear Mr. Lavery,

This cover letter details the changes made to the PA Actuarial Memorandum Exhibits. On June 30th, 2022, CMS released the final risk adjustment transfer amounts. We updated our risk adjustment transfer amount from -\$2,340,541.00 to -\$2,340,541.45. The following have been impacted as well due to this change.

- Tables 2 of the PA Actuarial Memorandum Exhibits
- Section F of the Act Memo
- Section 4 of the Part III Memo
- URRT – (Wksh 1 – Market Experience ; Section I: Experience Period Data)

Should you have any questions or need any additional information, please contact me at 



Sincerely,

