

Company: UnitedHealthcare Insurance Company
State: Arkansas
Size (Eligible Emps): 2-50
Effective Date: 1/1/2018
Rate Factor: Proposed Base Rates

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Exhibit I

INSURANCE LICENSE	MEDICAL BASE RATE	RX BASE RATE
IND (incl. Non-Diff PPO)	\$493.43	\$173.09
PPO	\$409.63	\$143.69
POS Choice+/Select+	\$409.63	\$143.69

Company: UnitedHealthcare Insurance Company
State: Arkansas
Size (Eligible Emps): 2-50
Effective Date: 1/1/2018
Rate Factor: Proposed Pricing Trend

	Medical	Pharmacy
Current	8.0%	8.0%
Proposed	7.2%	7.2%

Company: UnitedHealthcare Insurance Company
State: Arkansas
Size (Eligible Emps): 2-50
Effective Date: 1/1/2018
Rate Factor: Current Rating Areas/Factors

Rating Area	Area Factor
Central	0.9052
Northeast	1.0570
Northwest	1.0314
South Central	0.9311
Southeast	1.2030
Southwest	1.3110
West Central	0.9784

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Exhibit IV

Company: UnitedHealthcare Insurance Company
State: Arkansas
Size: 2-50
Effective Date: 1/1/2018
Rate Factor: New Age Factors

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

Company: UnitedHealthcare Insurance Company
State: Arkansas
Size: 2-50
Effective Date: 1/1/2018
Rate Factor: New Medical Relativities

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 TRADE SECRET
 Exhibit V

IN-NETWORK											
Plan Code	Product	PCP Copay	Spec. Copay	Urgent Care Copay	ER Copay	MRI, CT & PET Copay	OP Surg Copay	IP Copay	Insurer INN Coins.	Ind. INN Ded.	Ind. INN OOPM
AV-S6	POS	50%	50%	50%	N/A	50%	50%	50%	50%	\$3,000	\$4,500
AV-S7	POS	60%	60%	60%	N/A	60%	60%	60%	60%	\$3,000	\$6,550
AV-S8	POS	\$30	\$60	\$50	\$250	100%	100%	100%	100%	\$5,000	\$6,000
AV-S9	POS	100%	100%	100%	N/A	100%	100%	100%	100%	\$4,500	\$4,500
AV-TA	POS	100%	100%	100%	\$500	100%	100%	100%	100%	\$5,000	\$6,650
AV-TB	POS	100%	100%	100%	N/A	100%	100%	100%	100%	\$6,650	\$6,650
AV-TC	POS	80%	80%	80%	N/A	80%	80%	80%	80%	\$1,000	\$3,300
AV-TE	IND	80%	80%	80%	N/A	80%	80%	80%	80%	\$1,250	\$3,000
AV-TS	POS	\$15	\$30	\$50	\$250	80%	80%	80%	80%	\$500	\$2,000
AV-TT	POS	\$40	\$80	\$50	N/A	100%	100%	100%	100%	\$2,300	\$7,350
AV-TX	POS	\$20	\$40	\$50	N/A	80%	80%	80%	80%	\$1,500	\$7,350
AV-T6	POS	\$40	\$80	\$50	N/A	80%	80%	80%	80%	\$4,000	\$7,350
AV-UC	POS	70%	70%	70%	N/A	70%	70%	70%	70%	\$2,000	\$6,500
AV-UD	POS	80%	80%	80%	N/A	80%	80%	80%	80%	\$2,000	\$6,650

OUT-OF-NETWORK		
Insurer OON Coins.	Ind. OON Ded.	Ind. OON OOPM
50%	\$6,000	\$8,000
50%	\$6,000	\$9,000
75%	\$10,000	\$12,000
75%	\$9,000	\$9,000
75%	\$10,000	\$20,000
75%	\$13,300	\$26,600
60%	\$3,000	\$12,000
N/A	N/A	N/A
60%	\$2,000	\$5,000
75%	\$4,000	\$8,000
60%	\$3,000	\$7,500
60%	\$6,000	\$15,000
50%	\$5,000	\$15,000
60%	\$8,000	\$15,000

Med/Rx Ded. Type	Medical Ded. Type	Lifetime Max	HSA/HRA	Med/RX Integrated	Metallic Tier	Plan Relativity
Comb	Emb	Unlim	Y	Y	Gold	0.6358
Comb	Emb	Unlim	Y	Y	Gold	0.5687
Comb	Emb	Unlim	Y	Y	Gold	0.5739
Comb	Emb	Unlim	Y	Y	Silver	0.6164
Comb	Emb	Unlim	Y	Y	Bronze	0.5360
Comb	Emb	Unlim	Y	Y	Bronze	0.4989
Comb	Emb	Unlim	N	Y	Gold	0.8097
Sep	Emb	Unlim	N	N	Gold	0.7415
Sep	Emb	Unlim	N	N	Platinum	0.8099
Sep	Emb	Unlim	N	N	Gold	0.6313
Sep	Emb	Unlim	N	N	Gold	0.6495
Sep	Emb	Unlim	N	N	Silver	0.5431
Sep	Emb	Unlim	N	N	Silver	0.5240
Comb	Ded NonEmb/OOPM Emb	Unlim	Y	Y	Silver	0.5990

Notes:
 All Copays apply towards the OOPM
 Lifetime benefit maximums are unlimited

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Exhibit VI

Company: UnitedHealthcare Insurance Company
State: Arkansas
Size: 2-50
Effective Date: 1/1/2018
Rate Factor: New Pharmacy Plans

NEW PRIME CODES	Individual Deductible	Family Deductible	Individual OOPM	Family OOPM	Retail Member Cost Sharing (Copay/Coins)				Mail Order Ratio	Plan Relativity
					Tier 1	Tier 2	Tier 3	Tier 4		
702	N/A	N/A	None	None	\$10	\$35	\$70	\$150	2.5	0.4350
A6	N/A	N/A	None	None	\$20	\$65	\$100	\$200	3.0	0.3303
H6	N/A	N/A	None	None	\$15	\$50	\$85	\$200	2.5	0.3535
702*	Same as Medical	Same as Medical	None	None	\$10	\$35	\$70	\$150	2.5	0.0000
708*	Same as Medical	Same as Medical	None	None	\$20	\$45	\$80	N/A	2.5	0.0000
AX*	Same as Medical	Same as Medical	None	None	30%	30%	30%	N/A	N/A	0.0000
HS*	Same as Medical	Same as Medical	None	None	20%	20%	20%	N/A	N/A	0.0000
422*	Same as Medical	Same as Medical	None	None	No Copay	No Copay	No Copay	No Copay	No Copay	0.0000
667**	Same as Medical	Same as Medical	None	None	\$15	\$75	\$175	\$300	3	0.2533
693**	N/A	N/A	None	None	\$5	\$50	\$150	\$300	3	0.3088
694**	Same as Medical	Same as Medical	None	None	\$8	\$60	\$160	\$300	3	0.2877
418***	N/A	N/A	None	None	\$10	\$40	\$140	\$300	3	0.0000
669***	N/A	N/A	None	None	40%	40%	40%	40%	N/A	0.0000

* These Pharmacy plans are integrated with a Medical Plan

** These Pharmacy plans are on the Essential PDL

Company: UnitedHealthcare Insurance Company
State: Arkansas
Size: 2-50
Effective Date: 1/1/2018
Rate Factor: Terminating Medical Relativities

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TRADE SECRET
Exhibit VII

SCID	Plan Code
81392AR0010001	AE-IX
81392AR0010003	AE-IU
81392AR0010004	AE-IY
81392AR0010006	AE-IS
81392AR0010007	AE-IW
81392AR0010025	AD-31
81392AR0010033	AE-I1
81392AR0010034	AE-IV
81392AR0010036	AD-3W
81392AR0010043	AE-I5
81392AR0010044	AE-I6
81392AR0010048	AE-I7
81392AR0010089	AL-JJ
81392AR0010105	AL-JP
81392AR0010107	AL-KK
81392AR0010113	AL-JL