



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

### Notice of Public Hearing/Medicare Supplement Insurance Rate Increase Request Docket Number LH 07-88

Notice is hereby given that, pursuant to Section 38a-474 of the Connecticut General Statutes, a public hearing will be held before the Insurance Commissioner of the State of Connecticut on Thursday, September 13, 2007 at 9:00 a.m., 153 Market Street, Hartford, Connecticut, 6<sup>th</sup> Floor, Conference room 601.

This hearing will be held to consider the rate increase filings made by United HealthCare Insurance Company on its Medicare supplement insurance policy forms. The hearing will be held in accordance with the authority granted to the Insurance Commissioner under Sections 38a-474 and 38a-495a of the Connecticut General Statutes and Section 38a-474-2 and 38a-495a-10 of the Regulations of Connecticut State Agencies.

The rate increase filings that will be considered at this public hearing concern the company's group standardized and pre-standardized Medicare supplement insurance products. The proposed rate increases for the company's plans are as follows:

#### Group Standardized Medicare Supplement Policy Form G-36000-4

| <u>Plans</u>      | <u>Requested Rate Increase</u> |
|-------------------|--------------------------------|
| A                 | 3.0%                           |
| B                 | 6.2%                           |
| C                 | 6.5%                           |
| D                 | 6.8%                           |
| E                 | 6.8%                           |
| F                 | 6.4%                           |
| G                 | 6.8%                           |
| H (with drugs)    | 2.5%                           |
| H (without drugs) | 3.0%                           |
| I (with drugs)    | 2.5%                           |
| I (without drugs) | 3.0%                           |
| J (with drugs)    | 5.2%                           |
| J (without drugs) | 4.8%                           |
| K                 | 4.1%                           |
| L                 | 2.9%                           |

**Group Pre-Standardized Medicare Supplement Policy Form G-36000-4**

| <b><u>Plans</u></b>        | <b><u>Requested Rate Increase</u></b> |
|----------------------------|---------------------------------------|
| M1/J1/P1                   | 1.3%                                  |
| M2/J2/P2/MC/MH/MM/MS/DA/DB | 1.3%                                  |
| M3/J3/P3 (with drugs)      | 0.2%                                  |
| M3/J3/P3 (without drugs)   | 1.3%                                  |
| M4 (with drugs)            | 0.1%                                  |
| M4 (without drugs)         | 1.3%                                  |
| M5/J5/P5                   | 1.2%                                  |
| M6/J6/P6/DC/DE/DF          | 1.3%                                  |
| M7/P7 (with drugs)         | 0.1%                                  |
| M7/P7 (without drugs)      | 1.2%                                  |
| AG                         | 1.3%                                  |
| W (with drugs)             | 0.4%                                  |
| W (without drugs)          | 1.3%                                  |
| X                          | 1.2%                                  |
| Y                          | 1.1%                                  |

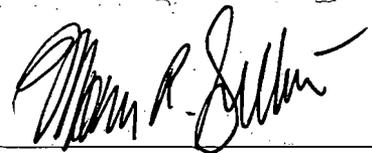
Copies of the rate filings may be examined at the Insurance Department. Individuals requiring additional information or interested in obtaining copies of the filings may contact the Life and Health Division of the Insurance Department, telephone numbers (860) 297-3862, fax number (860) 297-3941.

Those wishing to testify at the public hearing will be given an opportunity to do so.

Those unable to attend the hearing may submit written comment on or before the hearing date. Comments should be mailed to the Connecticut Insurance Department, Post Office Box 816, Hartford, CT 06142-0816.

The Insurance Department does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services or activities, in accordance with Title II of the Americans with Disabilities Act of 1990. Individuals who require auxiliary aids for effective communication or other accommodation are invited to make their needs and preferences known to Patty Tiberio TEL: 297-3932.

Dated at Hartford this 4<sup>th</sup> day of September, 2007.



Thomas R. Sullivan  
Insurance Commissioner