

**Subsequent to the filing of the Annual Statement, the Company discovered an overstatement in claims unpaid related to dental business. As directed by the Ohio Department of Insurance, the Annual Statement has been amended.**



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2013  
OF THE CONDITION AND AFFAIRS OF THE  
UnitedHealthcare Community Plan of Ohio, Inc.

NAIC Group Code07070707NAIC Company Code12323Employer's ID Number56-2451429

(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOhio

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized03/29/2004Commenced Business10/01/2005

Statutory Home Office9200 Worthington Road OH020-1000Westerville , OH, US 43082

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office9700 Health Care Lane MN017-E900

(Street and Number)

Minnetonka , MN, US 55343952-979-6171

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address9700 Health Care Lane MN017-E900Minnetonka , MN, US 55343

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records9700 Health Care Lane MN017-E900

(Street and Number)

Minnetonka , MN, US 55343952-979-6171

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.uhccommunityplan.com

Statutory Statement ContactStephen Wells608-783-8610

(Name)(Area Code) (Telephone Number)

stephen.j.wells@uhc.com952-979-7825

(E-mail Address)(FAX Number)

OFFICERS

PresidentTracy Lynn DavidsonTreasurerRobert Worth Oberrender

SecretaryChristina Regina Palme-KrizakChief Financial OfficerDale Ray Moore

OTHER

Michelle Marie Huntley Assistant Secretary

DIRECTORS OR TRUSTEES

Richard Gordon DunlopJoseph Gilbert GaudioBror Olof Hultgren

State ofCounty of

State ofCounty of

State ofCounty of

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Tracy Lynn DavidsonPresident

Christina Regina Palme-KrizakSecretary

Dale Ray MooreChief Financial Officer

Subscribed and sworn to before me thisday of

Subscribed and sworn to before me thisday of

Subscribed and sworn to before me thisday of

- a. Is this an original filing?..... Yes [ ] No [ X ]
- b. If no,

1. State the amendment number..... 1

2. Date filed.....05/05/2014

3. Number of pages attached.....45

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

| 1<br>Account   | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| Claims Unpaid (Reported)                                       |                  |                   |                   |                    |                    |            |
| OptumRx, Inc.  | 5,722,903        | 0                 | 0                 | 0                  | 0                  | 5,722,903  |
| 0199999. Individually listed claims unpaid                     | 5,722,903        | 0                 | 0                 | 0                  | 0                  | 5,722,903  |
| 0299999. Aggregate accounts not individually listed- uncovered | 0                | 0                 | 0                 | 0                  | 0                  | 0          |
| 0399999. Aggregate accounts not individually listed-covered    | 5,984,248        | 153,061           | 244,758           | 260,623            | 1,240,686          | 7,883,376  |
| 0499999. Subtotals   | 11,707,151       | 153,061           | 244,758           | 260,623            | 1,240,686          | 13,606,279 |
| 0599999. Unreported claims and other claim reserves            |                  |                   |                   |                    |                    | 60,129,989 |
| 0699999. Total amounts withheld                                |                  |                   |                   |                    |                    | 0          |
| 0799999. Total claims unpaid                                   |                  |                   |                   |                    |                    | 73,736,268 |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
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|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
| 0899999 Accrued medical incentive pool and bonus amounts       |                  |                   |                   |                    |                    | 1,007,825  |



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare Community Plan of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

UnitedHealthcare Community Plan of Ohio, Inc.

2. Westerville, OH

(LOCATION)

| NAIC Group Code   | 0707        | BUSINESS IN THE STATE OF Ohio      |       | DURING THE YEAR 2013 |             |             |                                       |                      |                    |       | NAIC Company Code | 12323 |
|---|-------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|-------|
|   | 1           | Comprehensive (Hospital & Medical) |       | 4                    | 5           | 6           | 7                                     | 8                    | 9                  | 10    |                   |       |
|   |             | 2                                  | 3     |                      |             |             |                                       |                      |                    |       |                   |       |
|   | Total       | Individual                         | Group | Medicare Supplement  | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |                   |       |
| Total Members at end of:                                    |             |                                    |       |                      |             |             |                                       |                      |                    |       |                   |       |
| 1. Prior Year .....   | 115,096     | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 115,096            | 0     |                   |       |
| 2. First Quarter .....                                      | 114,999     | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 114,999            | 0     |                   |       |
| 3. Second Quarter .....                                     | 114,595     | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 114,595            | 0     |                   |       |
| 4. Third Quarter .....                                      | 165,769     | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 165,769            | 0     |                   |       |
| 5. Current Year   | 167,699     | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 167,699            | 0     |                   |       |
| 6. Current Year Member Months                               | 1,679,642   | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 1,679,642          | 0     |                   |       |
| Total Member Ambulatory Encounters for Year:                |             |                                    |       |                      |             |             |                                       |                      |                    |       |                   |       |
| 7. Physician .....  | 1,682,813   | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 1,682,813          | 0     |                   |       |
| 8. Non-Physician .....                                      | 576,030     | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 576,030            | 0     |                   |       |
| 9. Total  | 2,258,843   | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 2,258,843          | 0     |                   |       |
| 10. Hospital Patient Days Incurred                          | 82,208      | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 82,208             | 0     |                   |       |
| 11. Number of Inpatient Admissions                          | 15,282      | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 15,282             | 0     |                   |       |
| 12. Health Premiums Written (b) .....                       | 671,779,056 | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 671,779,056        | 0     |                   |       |
| 13. Life Premiums Direct                                    | 0           | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 0                  | 0     |                   |       |
| 14. Property/Casualty Premiums Written .....                | 0           | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 0                  | 0     |                   |       |
| 15. Health Premiums Earned .....                            | 671,402,589 | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 671,402,589        | 0     |                   |       |
| 16. Property/Casualty Premiums Earned                       | 0           | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 0                  | 0     |                   |       |
| 17. Amount Paid for Provision of Health Care Services ..... | 484,359,079 | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 484,359,079        | 0     |                   |       |
| 18. Amount Incurred for Provision of Health Care Services   | 513,923,986 | 0                                  | 0     | 0                    | 0           | 0           | 0                                     | 0                    | 513,923,986        | 0     |                   |       |

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare Community Plan of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION UnitedHealthcare Community Plan of Ohio, Inc. 2. Westerville, OH

| NAIC Group Code   |  | BUSINESS IN THE STATE OF |                                    | Grand Total |                     | DURING THE YEAR |             | 2013                                  |                      | (LOCATION)         |       |
|---|--|--------------------------|------------------------------------|-------------|---------------------|-----------------|-------------|---------------------------------------|----------------------|--------------------|-------|
| 0707  |  |                          |                                    |             |                     |                 |             |                                       |                      | NAIC Company Code  |       |
|   |  | 1                        | Comprehensive (Hospital & Medical) |             | 4                   | 5               | 6           | 7                                     | 8                    | 9                  | 10    |
|   |  | Total                    | 2                                  | 3           | Medicare Supplement | Vision Only     | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
|   |  |                          | Individual                         | Group       |                     |                 |             |                                       |                      |                    |       |
| Total Members at end of:                                  |  |                          |                                    |             |                     |                 |             |                                       |                      |                    |       |
| 1. Prior Year   |  | 115,096                  | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 115,096            | 0     |
| 2. First Quarter  |  | 114,999                  | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 114,999            | 0     |
| 3. Second Quarter   |  | 114,595                  | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 114,595            | 0     |
| 4. Third Quarter  |  | 165,769                  | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 165,769            | 0     |
| 5. Current Year   |  | 167,699                  | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 167,699            | 0     |
| 6. Current Year Member Months                             |  | 1,679,642                | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 1,679,642          | 0     |
| Total Member Ambulatory Encounters for Year:              |  |                          |                                    |             |                     |                 |             |                                       |                      |                    |       |
| 7. Physician  |  | 1,682,813                | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 1,682,813          | 0     |
| 8. Non-Physician  |  | 576,030                  | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 576,030            | 0     |
| 9. Total  |  | 2,258,843                | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 2,258,843          | 0     |
| 10. Hospital Patient Days Incurred                        |  | 82,208                   | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 82,208             | 0     |
| 11. Number of Inpatient Admissions                        |  | 15,282                   | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 15,282             | 0     |
| 12. Health Premiums Written (b)                           |  | 671,779,056              | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 671,779,056        | 0     |
| 13. Life Premiums Direct                                  |  | 0                        | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 0                  | 0     |
| 14. Property/Casualty Premiums Written                    |  | 0                        | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 0                  | 0     |
| 15. Health Premiums Earned                                |  | 671,402,589              | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 671,402,589        | 0     |
| 16. Property/Casualty Premiums Earned                     |  | 0                        | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 0                  | 0     |
| 17. Amount Paid for Provision of Health Care Services     |  | 484,359,079              | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 484,359,079        | 0     |
| 18. Amount Incurred for Provision of Health Care Services |  | 513,923,986              | 0                                  | 0           | 0                   | 0               | 0           | 0                                     | 0                    | 513,923,986        | 0     |

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

|  | 1<br>As Reported<br>(net of ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(gross of ceded) |
|--|------------------------------------|---------------------------------|-----------------------------------|
| <b>ASSETS (Page 2, Col. 3)</b>   |                                    |                                 |                                   |
| 1. Cash and invested assets (Line 12) .....  | 212,907,361                        | 0                               | 212,907,361                       |
| 2. Accident and health premiums due and unpaid (Line 15) .....   | 18,279,690                         | 0                               | 18,279,690                        |
| 3. Amounts recoverable from reinsurers (Line 16.1) .....   | 588,044                            | (588,044)                       | 0                                 |
| 4. Net credit for ceded reinsurance .....  | XXX                                | 2,326,809                       | 2,326,809                         |
| 5. All other admitted assets (Balance) .....   | 10,818,408                         | 0                               | 10,818,408                        |
| 6. Total assets (Line 28)  | 242,593,503                        | 1,738,765                       | 244,332,268                       |
| <b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>   |                                    |                                 |                                   |
| 7. Claims unpaid (Line 1) .....  | 71,932,541                         | 1,803,727                       | 73,736,268                        |
| 8. Accrued medical incentive pool and bonus payments (Line 2) .....  | 1,007,825                          | 0                               | 1,007,825                         |
| 9. Premiums received in advance (Line 8) .....   | 855,808                            | 0                               | 855,808                           |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first<br>inset amount plus second inset amount) ..... | 0                                  | 0                               | 0                                 |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....   | 0                                  | 0                               | 0                                 |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....   | 0                                  | 0                               | 0                                 |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....   | 0                                  | 0                               | 0                                 |
| 14. All other liabilities (Balance) .....  | 37,908,716                         | (64,962)                        | 37,843,754                        |
| 15. Total liabilities (Line 24) .....  | 111,704,891                        | 1,738,765                       | 113,443,656                       |
| 16. Total capital and surplus (Line 33) .....  | 130,888,612                        | XXX                             | 130,888,612                       |
| 17. Total liabilities, capital and surplus (Line 34)   | 242,593,503                        | 1,738,765                       | 244,332,268                       |
| <b>NET CREDIT FOR CEDED REINSURANCE</b>  |                                    |                                 |                                   |
| 18. Claims unpaid .....  | 1,803,727                          |                                 |                                   |
| 19. Accrued medical incentive pool .....   | 0                                  |                                 |                                   |
| 20. Premiums received in advance .....   | 0                                  |                                 |                                   |
| 21. Reinsurance recoverable on paid losses .....   | 588,044                            |                                 |                                   |
| 22. Other ceded reinsurance recoverables .....   | 0                                  |                                 |                                   |
| 23. Total ceded reinsurance recoverables .....   | 2,391,771                          |                                 |                                   |
| 24. Premiums receivable .....  | 0                                  |                                 |                                   |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....  | 0                                  |                                 |                                   |
| 26. Unauthorized reinsurance .....   | 0                                  |                                 |                                   |
| 27. Reinsurance with Certified Reinsurers .....  | 0                                  |                                 |                                   |
| 28. Funds held under reinsurance treaties with Certified Reinsurers .....  | 0                                  |                                 |                                   |
| 29. Other ceded reinsurance payables/offsets .....   | 64,962                             |                                 |                                   |
| 30. Total ceded reinsurance payables/offsets .....   | 64,962                             |                                 |                                   |
| 31. Total net credit for ceded reinsurance   | 2,326,809                          |                                 |                                   |