FILED

AUG 13 2025

INSURANCE REGULATION

OFFICE OF INSURANCE REGULATION

MICHAEL YAWORSKY
COMMISSIONER

Index: OIR 2025-121

IN THE MATTER OF: CASE NO.: 401783-25-CO

UNITEDHEALTHCARE OF FLORIDA, INC.
_____/

CONSENT ORDER

THIS CAUSE came for consideration upon the rate filing of UNITEDHEALTHCARE OF FLORIDA, INC. ("UHC FLORIDA") with the FLORIDA OFFICE OF INSURANCE REGULATION ("OIR"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise advised in the premises, the OIR finds as follows:

1. The OIR has jurisdiction over the subject matter and the parties herein.

2. UHC FLORIDA is a domestic health maintenance organization authorized to transact health insurance in Florida and offer health insurance plans on the Federal Facilitated Marketplace, the federally operated healthcare exchange formed in conjunction with the Patient Protection and Affordable Care Act ("ACA").

3. UHC FLORIDA was issued a Certificate of Authority by the OIR on March 6, 1973, and is subject to regulation by the OIR pursuant to the Florida Insurance Code.

4. On or before June 11, 2025, UHC FLORIDA submitted a rate filing, Filing ID #25-034172 ("FILING"), to the OIR requesting approval of its ACA product(s) rates for plan year 2026.

5. The OIR approves UHC FLORIDA's FILING for plan year 2026.

6. UHC FLORIDA agrees that upon this Consent Order's execution through December 31, 2026, UHC FLORIDA shall be subject to the following terms and conditions:

a. UHC FLORIDA agrees to request and obtain the OIR's prior written approval in advance of UHC FLORIDA declaring any dividend or distributing any dividend payments or other assets to its stockholders.

b. UHC FLORIDA must provide a distribution or dividend request ("Request") to the OIR at least thirty days prior to any proposed declaration or distribution date, whichever is earlier.

c. UHC FLORIDA's Request must include:

i. A detailed explanation as to the planned use of the funds being requested.

ii. Updated proforma financial statements, presented on a monthly basis, through end-of-year 2027.

iii. Such other information as the OIR determines is relevant to its review of the Request.

d. To approve UHC FLORIDA's Request, OIR must determine that the proposed distribution or dividend declaration will not jeopardize the financial condition of UHC FLORIDA. In the OIR's determination,

i. The OIR must consider the liquidity, quality, and diversification of UHC FLORIDA's assets and the effect of the Request on its ability to meet its obligations.

ii. The OIR must consider the impact of the Request on UHC FLORIDA's investment portfolio and investment income.

iii. The OIR must consider the impact of the Request on UHC FLORIDA's written premium to surplus ratios, as required by the Florida Insurance Code.

iv. The OIR may consider industrywide financial conditions.

v. The OIR must consider the impact of the Request in relation to UHC FLORIDA's prior dividend distributions.

vi. The OIR must consider whether the Request relates exclusively to a "pass-through" dividend from a subsidiary of UHC FLORIDA.

e. UHC FLORIDA shall provide the OIR with the following data monthly:

i. enrollment data broken down by month, quarter, and plan year, including the total number of primary enrollees and covered lives;

ii. the total number of claims received in the month; and

iii. a list of the top-25 ICD 10 codes by frequency and cost.

7. Any prior orders, consent orders, or corrective action plans that UHC FLORIDA has entered into with the OIR prior to the execution of this Consent Order shall apply and remain in full force and effect for UHC FLORIDA, except where provisions of such orders, consent orders, or corrective action plans have expired; have been superseded by subsequent orders, consent orders, or corrective action plans; or are inconsistent with this Consent Order.

8. Any deadlines, reporting requirements, other provisions, or requirements set forth in this Consent Order may be altered or terminated by written approval of the OIR. Such approval must be requested in writing prior to any proposed deviation from the terms of this Consent Order.

9. UHC FLORIDA affirms that all requirements set forth herein are material to the issuance of this Consent Order.

10. UHC FLORIDA expressly waives a hearing in this matter, the making of findings of fact and conclusions of law by the OIR, and all further and other proceedings herein to which it may be entitled by law or rules of the OIR. UHC FLORIDA hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order in any forum available to it, now or in the future, including the right to any administrative proceeding, state or federal court action, or any appeal.

11. Each party to this action shall bear its own costs and fees.

12. UHC FLORIDA agrees that, upon execution of this Consent Order, failure to adhere to one or more of the terms and conditions contained herein may result, without further proceedings, in the OIR suspending, revoking, or taking other administrative action as it deems appropriate upon the Certificate of Authority of UHC FLORIDA in this state in accordance with sections 120.569(2)(n) and 120.60(6), Florida Statutes.

13. The parties agree that this Consent Order shall be deemed to be executed when the OIR has signed a copy of this Consent Order bearing the notarized signatures of the individuals or authorized representatives of UHC FLORIDA.

(The remainder of the page is intentionally left blank.)

WHEREFORE, the agreement between UNITEDHEALTHCARE OF FLORIDA, INC., and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 13 day of August, 2025.

Michael Yaworsky, Commissioner
Office of Insurance Regulation

By execution hereof, UNITEDHEALTHCARE OF FLORIDA, INC., consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind UNITEDHEALTHCARE OF FLORIDA, INC., to the terms and conditions of this Consent Order.

UNITEDHEALTHCARE OF FLORIDA, INC.

By: _____

[Corporate Seal]

Print Name: Nicholas Shjerve

Title: Assistant Secretary

Date: 8/12/2025

STATE OF Minnesota

COUNTY OF Hennepin

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 12 day of Aug 2025, by Nick Shjerve (name of person)

as Assistant Secretary (type of authority, e.g., officer, trustee, attorney in fact) for United Healthcare of Florida Inc (company name)

_____ (Signature of the Notary)

Brenda Ryan (Print, Type or Stamp Commissioned Name of Notary)

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires 1/31/2026

BRENDA LOUISE RYAN
Notary Public
Minnesota
My Commission Expires
Jan 31, 2026

COPIES FURNISHED TO:

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