

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T			
1	Unified Rate Review v5.2																					
2																To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.						
3	Company Legal Name:	CareSource Kentucky Co.													State:	KY		To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.				
4	HIOS Issuer ID:	45636													Market:	Individual		To validate, select the Validate button or Ctrl + Shift + I.				
5	Effective Date of Rate Change(s):	1/1/2021																				
6																						
7																						
8	Market Level Calculations (Same for all Plans)																					
9																						
10																						
11	Section I: Experience Period Data																					
12	Experience Period:	1/1/2019			to	12/31/2019																
13					Total				PMPM													
14	Allowed Claims				\$227,614,751.41				\$622.91													
15	Reinsurance				\$0.00				\$0.00													
16	Incurred Claims in Experience Period				\$188,091,373.48				\$514.75													
17	Risk Adjustment				\$27,032,513.94				\$73.98													
18	Experience Period Premium				\$216,777,986.37				\$593.26													
19	Experience Period Member Months				365,403																	
20																						
21	Section II: Projections																					
22			Year 1 Trend				Year 2 Trend				Trended EHB Allowed Claims											
23	Benefit Category	Experience Period Index Rate PMPM	Cost		Utilization		Cost		Utilization		PMPM											
24	Inpatient Hospital	\$99.66	1.034	1.007	1.034	1.007	1.034	1.007	\$108.05													
25	Outpatient Hospital	\$223.02	1.048	1.007	1.048	1.007	1.048	1.007	\$248.38													
26	Professional	\$195.38	1.031	1.003	1.031	1.003	1.031	1.003	\$208.93													
27	Other Medical	\$13.62	1.031	1.003	1.031	1.003	1.031	1.003	\$14.56													
28	Capitation	\$0.00	1.000	1.000	1.000	1.000	1.000	1.000	\$0.00													
29	Prescription Drug	\$90.26	1.034	1.007	1.034	1.007	1.034	1.007	\$97.86													
30	Total	\$621.94							\$677.79													
31																						
32	Morbidity Adjustment				1.000																	
33	Demographic Shift				0.987																	
34	Plan Design Changes				0.999																	
35	Other				0.970																	
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2021			\$648.26																	
37																						
38	Manual EHB Allowed Claims PMPM				\$0.00																	
39	Applied Credibility %				100.00%																	
40																						
41	Projected Period Totals																					
42	Projected Index Rate for	1/1/2021			\$648.26	\$256,941,740.56																
43	Reinsurance				\$0.00	\$0.00																
44	Risk Adjustment Payment/Charge				\$78.64	\$31,169,435.84																
45	Exchange User Fees				3.24%	\$7,559,965.56																
46	Market Adjusted Index Rate				\$588.69	\$233,332,270.28																
47																						
48	Projected Member Months				396,356																	
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: CareSource Kentucky Co.
 HIOS Issuer ID: 45636
 Effective Date of Rate Change(s): 1/1/2021

State: KY
 Market: Individual

Product/Plan Level Calculations

Field # **Section I: General Product and Plan Information**

1.1 Product Name	CareSource Marketplace							CareSource Marketplace Dental, Vision, & Fitness			
1.2 Product ID	45636KY001							45636KY002			
1.3 Plan Name	CareSource	CareSource	CareSource	CareSource	CareSource	CareSource	CareSource	CareSource	CareSource	CareSource	CareSource
1.4 Plan ID (Standard Component ID)	45636KY0010010	45636KY0010013	45636KY0010014	45636KY0010017	45636KY0010029	45636KY0010030	45636KY0010031	45636KY0020014	45636KY0020015	45636KY0020016	45636KY0020017
1.5 Metal	Catastrophic	Bronze	Silver	Bronze	Gold	Silver	Silver	Silver	Gold	Silver	Bronze
1.6 AV Metal Value	0.636	0.650	0.689	0.650	0.802	0.705	0.714	0.689	0.802	0.705	0.650
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
1.8 Plan Type	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1.10 Effective Date of Proposed Rates	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021
1.11 Cumulative Rate Change % (over 12 mos prior)	-2.90%	1.00%	5.21%	4.35%	2.90%	4.91%	3.35%	4.36%	2.60%	4.08%	3.03%
1.12 Product Rate Increase %	4.30%							3.55%			
1.13 Submission Level Rate Increase %	4.11%										

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	45636KY0010010	45636KY0010013	45636KY0010014	45636KY0010017	45636KY0010029	45636KY0010030	45636KY0010031	45636KY0020014	45636KY0020015	45636KY0020016	45636KY0020017
2.2 Allowed Claims	\$227,614,751	\$150,411	\$5,966,586	\$66,776,043	\$38,462,269	\$39,180,538	\$20,387,239	\$5,178,774	\$16,981,131	\$16,302,799	\$7,645,712	\$8,080,599
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$39,523,378	\$74,140	\$1,376,619	\$9,604,672	\$11,253,083	\$5,400,029	\$2,652,122	\$624,304	\$2,293,575	\$2,370,184	\$1,041,693	\$2,614,860
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$188,091,373	\$76,271	\$4,589,967	\$57,171,370	\$27,209,186	\$33,780,509	\$17,735,117	\$4,554,469	\$14,687,556	\$13,932,615	\$6,604,020	\$5,465,740
2.7 Risk Adjustment Transfer Amount	\$27,032,514	\$5,493	-\$1,177,894	\$12,594,817	-\$9,780,065	\$13,441,782	\$2,868,652	\$709,198	\$3,621,558	\$5,785,747	\$1,310,312	-\$2,665,020
2.8 Premium	\$216,777,986	\$354,545	\$6,918,967	\$66,694,754	\$52,724,996	\$24,146,002	\$15,171,219	\$3,804,638	\$16,469,067	\$9,570,372	\$5,906,690	\$13,392,137
2.9 Experience Period Member Months	365,403	1,550	12,970	95,669	107,690	35,741	21,790	5,387	27,509	15,384	9,953	29,345
2.10 Current Enrollment	35,697	95	1,925	8,727	10,955	2,450	1,353	572	3,133	1,039	781	4,324
2.11 Current Premium PMPM	\$546.54	\$222.90	\$509.81	\$685.54	\$425.46	\$702.80	\$685.84	\$664.34	\$581.41	\$641.81	\$589.14	\$388.18
2.12 Loss Ratio	77.15%	21.18%	79.95%	72.10%	63.36%	89.87%	98.31%	100.90%	73.11%	90.73%	91.51%	50.95%

Per Member Per Month

2.13 Allowed Claims	\$622.91	\$97.04	\$460.03	\$697.99	\$357.16	\$1,096.24	\$935.62	\$961.35	\$617.29	\$1,059.72	\$768.18	\$275.37
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	\$0.00
2.15 Member Cost Sharing	\$108.16	\$47.83	\$106.14	\$100.39	\$104.50	\$151.09	\$121.71	\$115.89	\$83.38	\$154.07	\$104.66	\$89.11
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	\$0.00
2.17 Incurred Claims	\$514.75	\$49.21	\$353.89	\$597.60	\$252.66	\$945.15	\$813.91	\$845.46	\$533.92	\$905.66	\$663.52	\$186.26
2.18 Risk Adjustment Transfer Amount	\$73.98	\$3.54	-\$90.82	\$131.65	-\$90.82	\$376.09	\$131.65	\$131.65	\$131.65	\$376.09	\$131.65	-\$90.82
2.19 Premium	\$593.26	\$228.74	\$533.46	\$697.14	\$489.60	\$675.58	\$696.25	\$706.26	\$598.68	\$622.10	\$593.46	\$456.37

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	45636KY0010010	45636KY0010013	45636KY0010014	45636KY0010017	45636KY0010029	45636KY0010030	45636KY0010031	45636KY0020014	45636KY0020015	45636KY0020016	45636KY0020017
3.2 Market Adjusted Index Rate	588.69										
3.3 AV and Cost Sharing Design of Plan	0.6496	0.6572	0.8510	0.5926	0.9912	0.8963	0.9202	0.8359	0.9848	0.8825	0.5854

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	1.0000	
3.5 Benefits in Addition to EHB		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0543	1.0476	1.0529	1.0542

Administrative Costs

3.6 Administrative Expense		13.77%	13.57%	13.57%	13.57%	13.57%	13.57%	13.57%	13.57%	13.57%	13.57%	13.57%	13.57%
3.7 Taxes and Fees		3.18%	3.08%	3.07%	3.08%	3.07%	3.07%	3.07%	3.07%	3.07%	3.07%	3.07%	3.08%
3.8 Profit & Risk Load		5.34%	5.27%	5.27%	5.27%	5.27%	5.27%	5.27%	5.27%	5.27%	5.27%	5.27%	5.27%
3.9 Catastrophic Adjustment		0.8350	1.0000	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		\$410.91	\$495.50	\$641.54	\$446.80	\$747.23	\$675.69	\$693.71	\$664.37	\$777.75	\$700.48	\$465.29	

3.11 Age Calibration Factor	0.5687	0.5687										
3.12 Geographic Calibration Factor	1.0000	1.0000										
3.13 Tobacco Calibration Factor	0.9877	0.9877										
3.14 Calibrated Plan Adjusted Index Rate		\$230.81	\$278.33	\$360.36	\$250.97	\$419.72	\$379.54	\$389.66	\$373.18	\$436.86	\$393.46	\$261.36

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	45636KY0010010	45636KY0010013	45636KY0010014	45636KY0010017	45636KY0010029	45636KY0010030	45636KY0010031	45636KY0020014	45636KY0020015	45636KY0020016	45636KY0020017
4.2 Allowed Claims	\$259,698,165	\$285,415	\$13,644,825	\$62,746,082	\$74,112,636	\$22,674,978	\$10,572,122	\$4,327,212	\$22,904,944	\$9,940,456	\$6,060,519	\$29,850,180
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$66,111,739	\$98,084	\$4,506,943	\$9,918,738	\$27,052,898	\$4,547,260	\$1,399,570	\$501,480	\$3,867,787	\$2,010,839	\$858,373	\$11,032,346
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$193,586,427	\$187,331	\$9,137,882	\$52,827,344	\$47,059,738	\$18,127,718	\$9,172,552	\$3,825,732	\$19,037,158	\$7,929,617	\$5,202,146	\$18,817,834
4.7 Risk Adjustment Transfer Amount	\$23,234,990	\$43,059	\$1,095,841	\$6,334,649	\$5,643,845	\$2,173,697	\$1,099,879	\$458,738	\$2,282,758	\$950,827	\$623,780	\$2,256,762
4.8 Premium	\$225,591,726	\$222,172	\$10,648,931	\$61,557,492	\$54,844,537	\$21,123,083	\$10,688,172	\$4,457,829	\$22,182,893	\$9,239,741	\$6,061,636	\$21,930,273
4.9 Projected Member Months	396,356	1,018	21,487	95,935	122,725	28,263	15,815	6,425	33,381	11,878	8,652	47,120
4.10 Loss Ratio	77.80%	70.63%	77.80%	77.81%	77.80%	77.81%	77.81%	77.81%	77.81%	77.81%	77.81%	77.80%

Per Member Per Month

4.11 Allowed Claims	\$655.21	\$280.37	\$635.03	\$654.05	\$603.89	\$802.28	\$668.49	\$673.50	\$686.17	\$836.88	\$700.48	\$633.49
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$166.80	\$96.35	\$209.75	\$103.39	\$220.44	\$160.89	\$88.50	\$78.05	\$115.87	\$169.29	\$99.21	\$234.13
4.14 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	\$0.00
4.15 Incurred Claims	\$488.42	\$184.02	\$425.27	\$550.66	\$383.46	\$641.39	\$579.99	\$595.44	\$570.30	\$667.59	\$601.27	\$399.36
4.16 Risk Adjustment Transfer Amount	\$58.62	\$42.30	\$51.00	\$66.03	\$45.99	\$76.91	\$69.55	\$71.40	\$68.38	\$80.05	\$72.10	\$47.89
4.17 Premium	\$569.16	\$218.24	\$495.60	\$641.66	\$446.89	\$747.38	\$675.82	\$693.83	\$664.54	\$777.89	\$700.61	\$465.41

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

To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.



CareSource
45636KY0020031
Silver
0.714
Renewing
HMO
Yes
1/1/2021
2.59%

45636KY0020031
\$2,502,651
\$0
\$218,097
\$0
\$2,284,554
\$317,935
\$1,624,598
2,415
343
\$603.38
117.61%

\$1,036.29
\$0.00
\$90.31
\$0.00
\$945.99
\$131.65
\$672.71

45636KY0020031
0.9084

1.0000
1.0520

13.57%
3.07%
5.27%
1.0000
\$720.42

\$404.66

45636KY0020031
\$2,578,795
\$0
\$317,421
\$0
\$2,261,375
\$271,155
\$2,634,968
3,657
77.81%

\$705.17
\$0.00
\$86.80
\$0.00
\$618.37
\$74.15
\$720.53

Rating Area Data Collection

*Specify the total number of Rating Areas in your State by selecting the Create Rating Areas
Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.*

Rating Area	Rating Factor
Rating Area 2	0.9560
Rating Area 3	0.9560
Rating Area 4	1.0120
Rating Area 5	0.9760
Rating Area 6	1.2440
Rating Area 7	0.9890
Rating Area 8	0.9460

button or Ctrl + Shift + R.