

Humana Health Plan
Part II - Preliminary Justification

Scope and Range of Rate Increase

The requested annualized rate increase for the Humana Health Plan small group major medical business in the state of KY for an effective date of 1/1/2022 averages to 14.05 percent. The minimum annualized plan increase is 12.1 percent and the maximum annualized plan increase is 15.88 percent.

There are 11,522 covered individuals impacted by the rate increase. The individual group base rate increase will vary from the average increase due to changes in various characteristics, such as age, plan, and geographic location.

Financial Experience

For the experience period, the experience for groups on an ACA compliant plan has been provided below (the experience for groups on a transitional product has been excluded). The Company is proposing a rate action that is needed to maintain a target projected loss ratio.

Experience Period

Earned Premium	82,001,328
Incurred Claims	70,413,471
Loss Ratio	85.9 percent

Changes in Medical Services and Costs

Medical Service Changes: Represents the change in plan claim costs associated with the increase or decrease of service utilization, severity of services, and change in mix of services. The medical service change represents 0.83 percent of the 8.48 percent annual pricing trend increase.

Medical Cost Changes: Represents the change in plan claim costs due to changes in the unit cost of services, or changes in provider contracts. The medical cost change represents 7.65 percent of the 8.48 percent annual pricing trend increase.

Area Changes: Represents the impact of the area factor changes. The impact of the area factor change is 0 percent.

Market Risk Changes: Represents the change in plan claim costs due to expected mix changes to the overall small group single risk pool, expected inforce risk mix changes in relation to the single risk pool, and emerging claims experience related to risk mix changes. The combined impact of these changes is 6.66 percent.

Changes in Benefits

Medical Benefit Changes Required by Law: Represents benefit changes mandated by either State or Federal Regulation. There are no changes in additional benefits included in this filing and this change represents 0% of the filed increase.

Medical Benefit Changes Not Required by Law: Represents benefit changes that are not required by either State or Federal Regulation. There are no changes in additional benefits included in this filing and this change represents 0 percent of the filed increase.

Impact from the Updated Actuarial Value Calculator: This represents changes to plan design, mainly as a result of changes in the Actuarial Value Calculator and 2022 Final Notice of Benefit and Payment Parameters. The product portfolio has been modified to realign with the update Actuarial Value Calculator. The impact of these cost sharing benefit changes across the entire product portfolio is 0.12 percent.

Administrative Costs and Anticipated Profits

Changes to Administrative Costs: Represents the change related to the cost of providing insurance. Examples include claims payment expenses, employee salaries and benefits, agent commissions, taxes, rent and overhead. The impact for claims payment expenses represents -1.56 percent of the average filed increase.

Other Changes Required by Law: Represents changes mandated by either State or Federal Regulation that are not related to benefits. There are no impacts to premium due to these changes in this filing which represents 0 percent of the filed increase.