

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1	Unified Rate Review v5.3										To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.									
2											To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.									
3	Company Legal Name:	UnitedHealthcare Insurance Company										State:	KY		To validate, select the Validate button or Ctrl + Shift + I.					
4	HIOS Issuer ID:	28773										Market:	Small Group		To finalize, select the Finalize button or Ctrl + Shift + F.					
5	Effective Date of Rate Change(s):	1/1/2022																		
6																				
7																				
8	Market Level Calculations (Same for all Plans)																			
9																				
10																				
11	Section I: Experience Period Data																			
12	Experience Period:	1/1/2020			to	12/31/2020														
13					Total	PMPM														
14	Allowed Claims				\$1,278,356.71				\$448.70											
15	Reinsurance				\$0.00				\$0.00											
16	Incurred Claims in Experience Period				\$1,050,878.24				\$368.86											
17	Risk Adjustment				-\$75,269.96				-\$26.42											
18	Experience Period Premium				\$1,576,334.33				\$553.29											
19	Experience Period Member Months				2,849															
20																				
21	Section II: Projections																			
22		Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM													
23	Benefit Category		Cost	Utilization	Cost	Utilization														
24	Inpatient Hospital	\$80.86	1.033	1.024	1.032	1.045	\$92.24													
25	Outpatient Hospital	\$202.35	1.033	1.024	1.032	1.045	\$230.83													
26	Professional	\$90.33	1.033	1.024	1.032	1.045	\$103.05													
27	Other Medical	\$2.52	1.033	1.024	1.032	1.045	\$2.87													
28	Capitation	\$11.15	1.033	1.024	1.032	1.045	\$12.72													
29	Prescription Drug	\$61.49	1.033	1.024	1.032	1.045	\$70.15													
30	Total	\$448.70					\$511.86													
31																				
32	Morbidity Adjustment						1.040													
33	Demographic Shift						1.000													
34	Plan Design Changes						0.999													
35	Other						1.079													
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2022					\$573.82													
37																				
38	Manual EHB Allowed Claims PMPM						\$637.62													
39	Applied Credibility %						0.00%													
40																				
41	Projected Period Totals																			
42	Projected Index Rate for	1/1/2022					\$637.62	\$1,931,350.98												
43	Reinsurance						\$0.00	\$0.00												
44	Risk Adjustment Payment/Charge						-\$31.97	-\$96,837.13												
45	Exchange User Fees						0.00%	\$0.00												
46	Market Adjusted Index Rate						\$669.59	\$2,028,188.11												
47																				
48	Projected Member Months						3,029													
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: UnitedHealthcare Insurance Company
 HIOS Issuer ID: 28773
 Effective Date of Rate Change(s): 1/1/2022

State: KY
 Market: Small Group

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 + Q.

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

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

Field #	Section I: General Product and Plan Information	KY009 Plans	KY010 Plans	KY001 Plans	KY005 Plans
1.1	Product Name	28773KY009	28773KY010	28773KY001	28773KY005
1.2	Product ID	28773KY009	28773KY010	28773KY001	28773KY005
1.3	Plan Name	CM-SV	CC-CD	CM-SZ	CC-CE
1.4	Plan ID (Standard Component ID)	28773KY0090002	28773KY0090001	28773KY0100001	28773KY0010004
1.5	Metal	Gold	Silver	Gold	Silver
1.6	AV Metal Value	0.819	0.714	0.817	0.818
1.7	Plan Category	New	Renewing	New	Terminated
1.8	Plan Type	POS	POS	POS	Indemnity
1.9	Exchange Plan?	No	No	No	No
1.10	Effective Date of Proposed Rates	1/1/2022	1/1/2022	1/1/2022	1/1/2022
1.11	Cumulative Rate Change % (over 12 mos prior)	0.00%	15.65%	0.00%	0.00%
1.12	Product Rate Increase %	15.65%	0.00%	0.00%	0.00%
1.13	Submission Level Rate Increase %	15.65%	15.65%	0.00%	0.00%

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

Field #	Section II: Experience Period and Current Plan Level Information	Total	28773KY0090002	28773KY0090001	28773KY0090003	28773KY0100001	28773KY0010002	28773KY0010004	28773KY0050001
2.1	Plan ID (Standard Component ID)	Total	28773KY0090002	28773KY0090001	28773KY0090003	28773KY0100001	28773KY0010002	28773KY0010004	28773KY0050001
2.2	Allowed Claims	\$1,278,357	\$0	\$554	\$0	\$0	\$1,087,793	\$190,010	\$0
2.3	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4	Member Cost Sharing	\$227,478	\$0	\$384	\$0	\$0	\$159,338	\$67,757	\$0
2.5	Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6	Incurred Claims	\$1,050,878	\$0	\$170	\$0	\$0	\$934,451	\$122,253	\$0
2.7	Risk Adjustment Transfer Amount	-\$75,270	\$0	-\$120	\$0	\$0	-\$60,893	-\$14,256	\$0
2.8	Premium	\$1,576,334	\$0	\$2,503	\$0	\$0	\$1,275,279	\$298,553	\$0
2.9	Experience Period Member Months	2,849	0	3	0	0	2,195	651	0
2.10	Current Enrollment	344	0	3	0	0	273	70	0
2.11	Current Premium PMPM	\$564.58	\$0.00	\$834.34	\$0.00	\$0.00	\$579.13	\$496.71	\$0.00
2.12	Loss Ratio	70.01%	#DIV/0!	7.15%	#DIV/0!	#DIV/0!	76.45%	43.00%	#DIV/0!
Per Member Per Month									
2.13	Allowed Claims	\$448.70	#DIV/0!	\$184.76	#DIV/0!	#DIV/0!	\$495.58	\$291.87	#DIV/0!
2.14	Reinsurance	\$0.00	#DIV/0!	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	#DIV/0!
2.15	Member Cost Sharing	\$79.85	#DIV/0!	\$127.97	#DIV/0!	#DIV/0!	\$72.50	\$104.08	#DIV/0!
2.16	Cost Sharing Reduction	\$0.00	#DIV/0!	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	#DIV/0!
2.17	Incurred Claims	\$368.86	#DIV/0!	\$56.79	#DIV/0!	#DIV/0!	\$422.99	\$187.79	#DIV/0!
2.18	Risk Adjustment Transfer Amount	-\$26.42	#DIV/0!	-\$39.84	#DIV/0!	#DIV/0!	-\$27.74	-\$21.90	#DIV/0!
2.19	Premium	\$553.29	#DIV/0!	\$834.34	#DIV/0!	#DIV/0!	\$580.96	\$458.61	#DIV/0!

Section III: Plan Adjustment Factors

Field #	Section III: Plan Adjustment Factors	28773KY0090002	28773KY0090001	28773KY0090003	28773KY0100001	28773KY0010002	28773KY0010004	28773KY0050001	
3.1	Plan ID (Standard Component ID)	28773KY0090002	28773KY0090001	28773KY0090003	28773KY0100001	28773KY0010002	28773KY0010004	28773KY0050001	
3.2	Market Adjusted Index Rate				\$649.59				
3.3	AV and Cost Sharing Design of Plan	0.8185	0.7781	0.6932	1.8672	0.0000	0.0000	0.0000	
3.4	Provider Network Adjustment	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	
Administrative Costs									
3.6	Administrative Expense	13.21%	13.39%	13.21%	13.21%	0.00%	0.00%	0.00%	
3.7	Taxes and Fees	7.77%	7.77%	7.77%	7.77%	0.00%	0.00%	0.00%	
3.8	Profit & Risk Load	2.98%	2.98%	2.98%	2.98%	0.00%	0.00%	0.00%	
3.9	Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
3.10	Plan Adjusted Index Rate	5720.75	5686.80	5610.42	51,644.21	50.00	50.00	50.00	
3.11	Age Calibration Factor	0.7085			0.7085				
3.12	Geographic Calibration Factor	1.4305			1.4305				
3.13	Tobacco Calibration Factor	1.0000			1.0000				
3.14	Calibrated Plan Adjusted Index Rate	5730.49	5696.08	5618.66	51,666.42	50.00	50.00	50.00	

Section IV: Projected Plan Level Information

Field #	Section IV: Projected Plan Level Information	Total	28773KY0090002	28773KY0090001	28773KY0090003	28773KY0100001	28773KY0010002	28773KY0010004	28773KY0050001
4.1	Plan ID (Standard Component ID)	Total	28773KY0090002	28773KY0090001	28773KY0090003	28773KY0100001	28773KY0010002	28773KY0010004	28773KY0050001
4.2	Allowed Claims	\$1,931,351	\$1,418,191	\$59,995	\$388,170	\$64,995	\$0	\$0	\$0
4.3	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4	Member Cost Sharing	\$337,986	\$279,453	\$10,384	\$102,209	-\$54,060	\$0	\$0	\$0
4.5	Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6	Incurred Claims	\$1,593,363	\$1,138,727	\$49,612	\$285,961	\$119,063	\$0	\$0	\$0
4.7	Risk Adjustment Transfer Amount	-\$79,891	-\$51,551	-\$2,638	-\$17,065	\$3,689	\$0	\$0	\$0
4.8	Premium	\$2,200,720	\$1,572,680	\$68,680	\$394,939	\$164,421	\$0	\$0	\$0
4.9	Projected Member Months	3,029	2,182	100	647	100	0	0	0
4.10	Loss Ratio	75.13%	75.16%	75.12%	75.68%	73.59%	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month									
4.11	Allowed Claims	\$637.62	\$649.95	\$599.95	\$599.95	\$649.95	#DIV/0!	#DIV/0!	#DIV/0!
4.12	Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!
4.13	Member Cost Sharing	\$111.58	\$128.07	\$103.84	\$157.97	-\$54.00	#DIV/0!	#DIV/0!	#DIV/0!
4.14	Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!
4.15	Incurred Claims	\$526.04	\$521.88	\$496.12	\$441.98	\$1,190.63	#DIV/0!	#DIV/0!	#DIV/0!
4.16	Risk Adjustment Transfer Amount	-\$26.38	-\$26.38	-\$26.38	-\$26.38	-\$26.38	#DIV/0!	#DIV/0!	#DIV/0!
4.17	Premium	\$726.55	\$720.75	\$686.80	\$610.42	\$1,644.21	#DIV/0!	#DIV/0!	#DIV/0!

Rating Area Data Collection

*Specify the total number of Rating Areas
Select only the Rating Areas you are
To validate, select the Validate button
To finalize, select the Finalize button*

Rating Area	Rating Factor
Rating Area 1	0.7660
Rating Area 2	0.7867
Rating Area 3	0.6730
Rating Area 4	0.7392
Rating Area 5	0.7128
Rating Area 6	0.7739
Rating Area 7	0.8350
Rating Area 8	0.8081

