

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:	CareSource Kentucky Co.										State:	KY	To validate, select the Validate button or Ctrl + Shift + I.						
4	HIOS Issuer ID:	45636										Market:	Individual	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				\$240,713,388.52				\$503.11											
15	Reinsurance				\$0.00				\$0.00											
16	Incurred Claims in Experience Period				\$202,434,595.50				\$423.11											
17	Risk Adjustment				\$5,693,157.84				\$11.90											
18	Experience Period Premium				\$263,362,619.76				\$550.45											
19	Experience Period Member Months				478,447															
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	\$76.50	1.038	1.005	1.038	1.005	\$83.25													
25	Outpatient Hospital	\$181.81	1.062	1.014	1.062	1.014	\$210.84													
26	Professional	\$160.16	1.038	1.000	1.038	1.000	\$172.56													
27	Other Medical	\$11.82	1.038	1.000	1.038	1.000	\$12.74													
28	Capitation	\$0.00	1.000	1.000	1.000	1.000	\$0.00													
29	Prescription Drug	\$70.78	1.033	1.014	1.033	1.014	\$77.66													
30	Total	\$501.07					\$557.04													
31																				
32	Morbidity Adjustment				1.000															
33	Demographic Shift				1.000															
34	Plan Design Changes				1.000															
35	Other				1.000															
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2022			\$557.04															
37																				
38	Manual EHB Allowed Claims PMPM				\$611.83															
39	Applied Credibility %				0.00%															
40																				
41	Projected Period Totals																			
42	Projected Index Rate for	1/1/2022			\$611.83	\$249,739,216.72														
43	Reinsurance				\$0.00	\$0.00														
44	Risk Adjustment Payment/Charge				-\$11.66	-\$4,759,425.44														
45	Exchange User Fees				0.00%	\$0.00														
46	Market Adjusted Index Rate				\$623.49	\$254,498,642.16														
47																				
48	Projected Member Months				408,184															
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): **1/1/2022**

State: **KY**
 Market: **Individual**

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Product/Plan Level Calculations

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

1.1 Product Name	CareSource Marketplace							CareSource Marketplace Dental, Vision, & Fitness					
	45636KY001							45636KY002					
1.2 Product ID	CareSource	CareSource	CareSource	CareSource	CareSource	CareSource	CareSource	CareSource	CareSource	CareSource	CareSource	CareSource	CareSource
1.3 Plan Name	45636KY0010010	45636KY0010013	45636KY0010014	45636KY0010017	45636KY0010029	45636KY0010030	45636KY0010031	45636KY0020014	45636KY0020015	45636KY0020016	45636KY0020017	45636KY0020031	
1.4 Plan ID (Standard Component ID)	Catastrophic	Bronze	Silver	Bronze	Gold	Silver	Silver	Silver	Gold	Silver	Bronze	Silver	
1.5 Metal	0.611	0.650	0.687	0.649	0.796	0.705	0.715	0.687	0.796	0.705	0.649	0.715	
1.6 AV Metal Value	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	
1.7 Plan Category	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	
1.8 Plan Type	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
1.9 Exchange Plan?	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	
1.10 Effective Date of Proposed Rates	5.55%	7.63%	0.89%	4.76%	1.67%	1.64%	2.49%	-0.95%	-0.77%	-0.40%	2.78%	0.20%	
1.11 Cumulative Rate Change % (over 12 mos prior)	3.07%							0.74%					
1.12 Product Rate Increase %													
1.13 Submission Level Rate Increase %													

Worksheet 1 Totals

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	45636KY0020031
\$240,713,389	\$240,713,389	\$114,461	\$10,814,364	\$71,799,328	\$38,550,760	\$37,819,947	\$13,878,994	\$7,548,059	\$22,886,197	\$9,989,921	\$8,151,503	\$15,854,857	\$3,304,999
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$38,278,793	\$38,278,793	\$25,787	\$2,456,045	\$8,462,177	\$11,687,694	\$3,758,128	\$1,647,645	\$675,402	\$2,806,365	\$1,624,068	\$763,889	\$4,043,121	\$328,471
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$202,434,596	\$202,434,596	\$88,673	\$8,358,318	\$63,337,151	\$26,863,066	\$34,061,818	\$12,231,349	\$6,872,657	\$20,079,832	\$8,365,853	\$7,387,614	\$11,811,736	\$2,976,528
\$5,693,158	\$5,693,158	\$337,671	-\$3,667,640	\$5,776,850	-\$26,805,514	\$20,689,235	\$4,789,772	\$3,731,708	\$2,265,634	\$3,049,461	\$2,715,944	-\$8,213,825	\$1,023,861
\$263,362,620	\$263,362,620	\$270,446	\$13,776,764	\$79,287,408	\$64,054,440	\$23,606,381	\$12,427,629	\$5,195,083	\$24,273,019	\$9,140,623	\$6,360,630	\$22,367,225	\$2,602,974
478,447	478,447	1,163	26,872	114,791	149,328	33,651	18,027	7,789	40,807	14,440	10,812	56,537	4,230
	44,237	117	2,695	8,826	16,152	2,984	1,125	704	3,153	1,245	627	6,175	434
	\$552.56	\$219.67	\$507.74	\$727.77	\$450.63	\$722.83	\$724.47	\$684.33	\$620.82	\$623.28	\$616.79	\$405.85	\$616.35
	75.24%	14.58%	82.68%	74.46%	72.12%	76.90%	71.04%	76.99%	75.66%	68.63%	81.39%	83.46%	82.07%
Per Member Per Month													
2.13 Allowed Claims	\$503.11	\$98.42	\$402.44	\$625.48	\$258.16	\$1,123.89	\$769.90	\$969.07	\$560.84	\$691.82	\$753.93	\$280.43	\$781.32
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	\$0.00
2.15 Member Cost Sharing	\$80.01	\$22.17	\$91.40	\$73.72	\$78.27	\$111.68	\$91.40	\$86.71	\$68.77	\$112.47	\$70.65	\$71.51	\$77.65
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	\$0.00
2.17 Incurred Claims	\$423.11	\$76.25	\$311.04	\$551.76	\$179.89	\$1,012.21	\$678.50	\$882.35	\$492.07	\$579.35	\$683.28	\$208.92	\$703.67
2.18 Risk Adjustment Transfer Amount	\$11.90	\$290.34	-\$136.49	\$50.32	-\$179.51	\$614.82	\$265.70	\$479.10	\$55.52	\$211.18	\$251.20	-\$145.28	\$242.05
2.19 Premium	\$550.45	\$232.54	\$512.68	\$690.71	\$428.95	\$701.51	\$689.39	\$666.98	\$594.82	\$633.01	\$588.29	\$395.62	\$615.36

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	45636KY0010010	45636KY0010013	45636KY0010014	45636KY0010017	45636KY0010029	45636KY0010030	45636KY0010031	45636KY0020014	45636KY0020015	45636KY0020016	45636KY0020017	45636KY0020031
3.2 Market Adjusted Index Rate	623.49											
3.3 AV and Cost Sharing Design of Plan	0.6593	0.6980	0.8471	0.6126	0.9944	0.8989	0.9305	0.8468	0.9929	0.8986	0.6129	0.9302
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	1.0000
3.5 Benefits in Addition to EHB	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0168	1.0158	1.0159	1.0217	1.0153
Administrative Costs												
3.6 Administrative Expense	12.62%	12.66%	12.66%	12.66%	12.66%	12.66%	12.66%	12.66%	12.66%	12.64%	12.66%	12.67%
3.7 Taxes and Fees	1.14%	1.08%	1.08%	1.08%	1.09%	1.08%	1.08%	1.08%	1.08%	1.08%	1.08%	1.09%
3.8 Profit & Risk Load	5.21%	5.23%	5.23%	5.23%	5.23%	5.23%	5.23%	5.23%	5.26%	5.37%	5.26%	5.17%
3.9 Catastrophic Adjustment	0.8611	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	\$436.84	\$537.08	\$651.81	\$471.43	\$765.15	\$691.66	\$715.98	\$662.77	\$777.21	\$702.69	\$481.60	\$726.97

3.11 Age Calibration Factor	0.5628	0.5628											
3.12 Geographic Calibration Factor	1.0000	1.0000											
3.13 Tobacco Calibration Factor	0.9881	0.9881											
3.14 Calibrated Plan Adjusted Index Rate		\$242.93	\$298.67	\$362.47	\$262.16	\$425.50	\$384.64	\$398.16	\$368.57	\$432.21	\$390.77	\$267.82	\$404.27

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	45636KY0020031
4.2 Allowed Claims	\$250,316,165	\$295,203	\$15,088,327	\$50,876,221	\$85,838,395	\$20,641,493	\$6,614,846	\$4,179,160	\$18,423,000	\$8,710,200	\$3,734,890	\$33,303,893	\$2,610,537
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$65,464,320	\$92,313	\$4,468,070	\$8,664,139	\$29,978,878	\$3,889,612	\$903,602	\$480,692	\$3,095,269	\$1,620,983	\$503,524	\$11,470,831	\$296,408
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$184,851,846	\$202,890	\$10,620,257	\$42,212,082	\$55,859,517	\$16,751,882	\$5,711,244	\$3,698,468	\$15,327,731	\$7,089,218	\$3,231,366	\$21,833,063	\$2,314,128
4.7 Risk Adjustment Transfer Amount	-\$3,515,370	-\$7,124	-\$201,776	-\$801,945	-\$1,061,365	-\$318,243	-\$108,499	-\$70,261	-\$291,304	-\$134,879	-\$61,410	-\$414,585	-\$43,978
4.8 Premium	\$232,695,901	\$254,184	\$13,368,855	\$53,133,546	\$70,321,634	\$21,085,460	\$7,188,708	\$4,655,168	\$19,300,613	\$8,936,495	\$4,068,785	\$27,468,665	\$2,913,788
4.9 Projected Member Months	408,184	1,080	24,867	81,439	149,035	27,533	10,384	6,496	29,093	11,488	5,785	56,979	4,005
4.10 Loss Ratio	80.66%	82.12%	80.66%	80.66%	80.65%	80.67%	80.66%	80.67%	80.63%	80.54%	80.64%	80.70%	80.64%
Per Member Per Month													
4.11 Allowed Claims	\$613.24	\$273.34	\$606.76	\$624.72	\$575.96	\$749.70	\$637.02	\$643.34	\$633.25	\$758.20	\$645.62	\$584.49	\$651.82
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	\$0.00
4.13 Member Cost Sharing	\$160.38	\$85.48	\$179.68	\$106.39	\$201.15	\$141.27	\$87.02	\$74.00	\$106.39	\$141.10	\$87.04	\$201.32	\$74.01
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	\$0.00
4.15 Incurred Claims	\$452.86	\$187.86	\$427.08	\$518.33	\$374.81	\$608.43	\$550.00	\$569.35	\$526.85	\$617.10	\$558.58	\$383.18	\$577.81
4.16 Risk Adjustment Transfer Amount	-\$8.61	-\$6.60	-\$8.11	-\$9.85	-\$7.12	-\$11.56	-\$10.45	-\$10.82	-\$10.01	-\$11.74	-\$10.62	-\$7.28	-\$10.98
4.17 Premium	\$570.08	\$235.36	\$537.61	\$652.43	\$471.85	\$765.82	\$692.29	\$716.62	\$663.41	\$777.90	\$703.33	\$482.08	\$727.54

› *Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P*

Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L

the Validate button or Ctrl + Shift + I

the Finalize button or Ctrl + Shift + F

ct, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q

navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A



Rating Area Data Collection

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.

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 1	0.9920
Rating Area 2	0.9750
Rating Area 3	0.9750
Rating Area 4	0.9920
Rating Area 5	0.9470
Rating Area 6	1.3200
Rating Area 7	0.9690
Rating Area 8	0.9270