

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																			
2											To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.									
3	Company Legal Name:	Aetna Health Inc. (a PA corp.)										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:	34822										Market:	Small Group	To validate, select the Validate button or Ctrl + Shift + I.						
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				\$13,085.86				\$229.58											
15	Reinsurance				\$0.00				\$0.00											
16	Incurred Claims in Experience Period				\$9,290.11				\$162.98											
17	Risk Adjustment				\$0.00				\$0.00											
18	Experience Period Premium				\$38,605.04				\$677.28											
19	Experience Period Member Months				57															
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	\$0.00	1.076	1.025	1.076	1.025					\$0.00									
25	Outpatient Hospital	\$54.65	1.041	1.050	1.041	1.050					\$65.29									
26	Professional	\$66.18	1.016	1.055	1.016	1.055					\$76.04									
27	Other Medical	\$62.17	1.041	1.050	1.041	1.050					\$74.28									
28	Capitation	\$0.58	1.000	1.000	1.000	1.000					\$0.58									
29	Prescription Drug	\$57.17	1.065	1.031	1.065	1.031					\$68.93									
30	Total	\$240.75									\$285.11									
31																				
32	Morbidity Adjustment				1.450															
33	Demographic Shift				1.011															
34	Plan Design Changes				0.964															
35	Other				1.190															
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2022			\$479.47															
37																				
38	Manual EHB Allowed Claims PMPM				\$971.77															
39	Applied Credibility %				0.00%															
40																				
41	Projected Period Totals																			
42	Projected Index Rate for	1/1/2022			\$971.77	\$58,306.20														
43	Reinsurance				\$0.00	\$0.00														
44	Risk Adjustment Payment/Charge				-\$3.20	-\$192.00														
45	Exchange User Fees				0.00%	\$0.00														
46	Market Adjusted Index Rate				\$974.97	\$58,498.20														
47																				
48	Projected Member Months				60															
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: Aetna Health Inc. (a PA corp.)
 HIOS Issuer ID: 34822
 Effective Date of Rate Change(s): 1/1/2022

NOTE: PRICING MODEL RATES HAVE NOT BEEN VALIDATED

Product/Plan Level Calculations

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

1.1 Product Name		POS
1.2 Product ID		34822KY006
1.3 Plan Name		Aetna Silver
1.4 Plan ID (Standard Component ID)		34822KY0060007
1.5 Metal		Silver
1.6 AV Metal Value		0.683
1.7 Plan Category		Renewing
1.8 Plan Type		POS
1.9 Exchange Plan?		No
1.10 Effective Date of Proposed Rates		1/1/2022
1.11 Cumulative Rate Change % (over 12 mos prior)		0.13%
1.12 Product Rate Increase %		0.13%
1.13 Submission Level Rate Increase %		0.13%

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information		
	2.1 Plan ID (Standard Component ID)	Total	34822KY0060007
\$13,086	2.2 Allowed Claims	\$13,086	\$13,086
\$0	2.3 Reinsurance	\$0	\$0
	2.4 Member Cost Sharing	\$3,796	\$3,796
	2.5 Cost Sharing Reduction	\$0	\$0
\$9,290	2.6 Incurred Claims	\$9,290	\$9,290
\$0	2.7 Risk Adjustment Transfer Amount	\$0	\$0
\$38,605	2.8 Premium	\$38,605	\$38,605
57	2.9 Experience Period Member Months	57	57
	2.10 Current Enrollment	5	5
	2.11 Current Premium PMPM	\$1,006.52	\$1,006.52
	2.12 Loss Ratio	24.06%	24.06%
	Per Member Per Month		
	2.13 Allowed Claims	\$229.58	\$229.58
	2.14 Reinsurance	\$0.00	\$0.00
	2.15 Member Cost Sharing	\$66.60	\$66.60
	2.16 Cost Sharing Reduction	\$0.00	\$0.00
	2.17 Incurred Claims	\$162.98	\$162.98
	2.18 Risk Adjustment Transfer Amount	\$0.00	\$0.00
	2.19 Premium	\$677.28	\$677.28

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		34822KY0060007
3.2 Market Adjusted Index Rate		\$974.97
3.3 AV and Cost Sharing Design of Plan		0.7799

3.4 Provider Network Adjustment		1.0000
3.5 Benefits in Addition to EHB		1.0000

Administrative Costs

3.6 Administrative Expense		6.81%
3.7 Taxes and Fees		3.17%
3.8 Profit & Risk Load		4.74%
3.9 Catastrophic Adjustment		1.0000
3.10 Plan Adjusted Index Rate		\$891.63

3.11 Age Calibration Factor	0.6440	0.6440
3.12 Geographic Calibration Factor	0.7765	0.7765
3.13 Tobacco Calibration Factor	1.0000	1.0000
3.14 Calibrated Plan Adjusted Index Rate		\$445.87

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	34822KY0060007
4.2 Allowed Claims	\$58,306	\$58,306
4.3 Reinsurance	\$0	\$0
4.4 Member Cost Sharing	\$12,830	\$12,830
4.5 Cost Sharing Reduction	\$0	\$0
4.6 Incurred Claims	\$45,476	\$45,476
4.7 Risk Adjustment Transfer Amount	-\$150	-\$150
4.8 Premium	\$53,505	\$53,505
4.9 Projected Member Months	60	60
4.10 Loss Ratio	85.23%	85.23%

Per Member Per Month

4.11 Allowed Claims	\$971.77	\$971.77
4.12 Reinsurance	\$0.00	\$0.00
4.13 Member Cost Sharing	\$213.84	\$213.84
4.14 Cost Sharing Reduction	\$0.00	\$0.00
4.15 Incurred Claims	\$757.93	\$757.93
4.16 Risk Adjustment Transfer Amount	-\$2.50	-\$2.50
4.17 Premium	\$891.74	\$891.74

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.

State: **KY**

To validate, select the Validate button or Ctrl + Shift + I.

Market: **Small Group**

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.



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 3	1.1200
Rating Area 5	1.1860
Rating Area 6	1.3000
Rating Area 7	1.4640
Rating Area 8	1.3700