

	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																							
3		Company Legal Name:	Aetna Life Insurance Company													State:	KY						
4		HIOS Issuer ID:	39127													Market:	Small Group						
5		Effective Date of Rate Change(s):	1/1/2022																				
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11																							
12		Section I: Experience Period Data																					
13		Experience Period:	1/1/2020			to			12/31/2020			PMPM											
14		Allowed Claims							\$0.00						#DIV/0!								
15		Reinsurance							\$0.00						#DIV/0!								
16		Incurred Claims in Experience Period							\$0.00						#DIV/0!								
17		Risk Adjustment							\$0.00						#DIV/0!								
18		Experience Period Premium							\$0.00						#DIV/0!								
19		Experience Period Member Months							0														
20																							
21		Section II: Projections																					
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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.

Product-Plan Data Collection

Company Legal Name: **Aetna Life Insurance Company**
 HIOS Issuer ID: **39127**
 Effective Date of Rate Change(s): **1/1/2022**

State: **KY**
 Market: **Small Group**

To add a product to
 To add a plan to Wc
 To validate, select t
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 To remove a produc
 To remove a plan, n

NOTE: PRICING MODEL RATES HAVE NOT BEEN VALIDATED

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name	PPO
1.2 Product ID	39127KY007
1.3 Plan Name	Aetna Silver PPO
1.4 Plan ID (Standard Component ID)	39127KY0070013
1.5 Metal	Silver
1.6 AV Metal Value	0.670
1.7 Plan Category	Renewing
1.8 Plan Type	PPO
1.9 Exchange Plan?	No
1.10 Effective Date of Proposed Rates	1/1/2022
1.11 Cumulative Rate Change % (over 12 mos prior)	-3.21%
1.12 Product Rate Increase %	-3.22%
1.13 Submission Level Rate Increase %	-3.22%

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

	Total	39127KY0070013
2.1 Plan ID (Standard Component ID)		
\$0 2.2 Allowed Claims	\$0	\$0
\$0 2.3 Reinsurance	\$0	\$0
2.4 Member Cost Sharing	\$0	\$0
2.5 Cost Sharing Reduction	\$0	\$0
\$0 2.6 Incurred Claims	\$0	\$0
\$0 2.7 Risk Adjustment Transfer Amount	\$0	\$0
\$0 2.8 Premium	\$0	\$0
0 2.9 Experience Period Member Months	0	0
2.10 Current Enrollment	1	1
2.11 Current Premium PMPM	\$1,092.27	\$1,092.27
2.12 Loss Ratio	#DIV/0!	#DIV/0!
Per Member Per Month		
2.13 Allowed Claims	#DIV/0!	#DIV/0!
2.14 Reinsurance	#DIV/0!	#DIV/0!
2.15 Member Cost Sharing	#DIV/0!	#DIV/0!
2.16 Cost Sharing Reduction	#DIV/0!	#DIV/0!
2.17 Incurred Claims	#DIV/0!	#DIV/0!
2.18 Risk Adjustment Transfer Amount	#DIV/0!	#DIV/0!
2.19 Premium	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	39127KY0070013
3.2 Market Adjusted Index Rate	\$1,013.97
3.3 AV and Cost Sharing Design of Plan	0.7871
3.4 Provider Network Adjustment	1.0000
3.5 Benefits in Addition to EHB	1.0000
Administrative Costs	
3.6 Administrative Expense	6.50%
3.7 Taxes and Fees	3.41%
3.8 Profit & Risk Load	4.74%
3.9 Catastrophic Adjustment	1.0000
3.10 Plan Adjusted Index Rate	\$935.09

3.11 Age Calibration Factor	0.6440	0.6440
3.12 Geographic Calibration Factor	0.7767	0.7767
3.13 Tobacco Calibration Factor	1.0000	1.0000
3.14 Calibrated Plan Adjusted Index Rate		\$467.73

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	39127KY0070013
4.2 Allowed Claims	\$36,383	\$36,383
4.3 Reinsurance	\$0	\$0
4.4 Member Cost Sharing	\$7,745	\$7,745
4.5 Cost Sharing Reduction	\$0	\$0
4.6 Incurred Claims	\$28,638	\$28,638
4.7 Risk Adjustment Transfer Amount	-\$94	-\$94
4.8 Premium	\$33,663	\$33,663
4.9 Projected Member Months	36	36
4.10 Loss Ratio	85.31%	85.31%

Per Member Per Month

4.11 Allowed Claims	\$1,010.64	\$1,010.64
4.12 Reinsurance	\$0.00	\$0.00
4.13 Member Cost Sharing	\$215.14	\$215.14
4.14 Cost Sharing Reduction	\$0.00	\$0.00
4.15 Incurred Claims	\$795.50	\$795.50
4.16 Risk Adjustment Transfer Amount	-\$2.62	-\$2.62
4.17 Premium	\$935.08	\$935.08

› 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 3	1.1200
Rating Area 4	1.3300
Rating Area 5	1.1860
Rating Area 6	1.3000
Rating Area 7	1.4640
Rating Area 8	1.3700