

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1	Unified Rate Review v5.4										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):	1/1/2023																		
6																				
7																				
8	Market Level Calculations (Same for all Plans)																			
9																				
10																				
11	Section I: Experience Period Data																			
12	Experience Period:	1/1/2021			to	12/31/2021														
13		Total			PMPM															
14	Allowed Claims	\$1,245,700.20			\$447.93															
15	Reinsurance	\$0.00			\$0.00															
16	Incurred Claims in Experience Period	\$883,322.42			\$317.63															
17	Risk Adjustment	-\$147,703.95			-\$53.11															
18	Experience Period Premium	\$1,616,429.15			\$581.24															
19	Experience Period Member Months	2,781																		
20																				
21	Section II: Projections																			
22	Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM													
23			Cost	Utilization	Cost	Utilization														
24	Inpatient Hospital	\$16.13	1.033	1.041	1.033	1.030	\$18.46													
25	Outpatient Hospital	\$208.92	1.033	1.041	1.033	1.030	\$239.04													
26	Professional	\$93.14	1.033	1.041	1.033	1.030	\$106.57													
27	Other Medical	\$2.01	1.033	1.041	1.033	1.030	\$2.30													
28	Capitation	\$12.31	1.033	1.041	1.033	1.030	\$14.08													
29	Prescription Drug	\$115.42	1.033	1.041	1.033	1.030	\$132.06													
30	Total	\$447.93					\$512.51													
31																				
32	Morbidity Adjustment				1.060															
33	Demographic Shift				1.004															
34	Plan Design Changes				1.004															
35	Other				1.099															
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2023			\$601.82															
37																				
38	Manual EHB Allowed Claims PMPM				\$677.60															
39	Applied Credibility %				0.00%															
40																				
41	Projected Period Totals																			
42	Projected Index Rate for	1/1/2023			\$677.60		\$1,210,193.60													
43	Reinsurance				\$0.00		\$0.00													
44	Risk Adjustment Payment/Charge				-\$68.14		-\$121,698.04													
45	Exchange User Fees				0.00%		\$0.00													
46	Market Adjusted Index Rate				\$745.74		\$1,331,891.64													
47																				
48	Projected Member Months				1,786															
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): **1/1/2023**

Product/Plan Level Calculations

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

1.1 Product Name	KY009 Plans				KY001 Plans		KY005 Plans
1.2 Product ID	28773KY009						
1.3 Plan Name	CT-79	CT-8A	CT-8B	CC-CD	CC-CC	CC-CE	CC-BH
1.4 Plan ID (Standard Component ID)	28773KY0090002	28773KY0090004	28773KY0090005	28773KY0090001	28773KY0010002	28773KY0010004	28773KY0050001
1.5 Metal	Gold	Gold	Silver	Silver	Gold	Silver	Gold
1.6 AV Metal Value	0.813	0.784	0.716	0.714	0.818	0.715	0.817
1.7 Plan Category	Renewing	New	New	Terminated	Terminated	Terminated	Terminated
1.8 Plan Type	POS	POS	POS	POS	POS	POS	Indemnity
1.9 Exchange Plan?	No	No	No	No	No	No	No
1.10 Effective Date of Proposed Rates	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
1.11 Cumulative Rate Change % (over 12 mos prior)	6.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
1.12 Product Rate Increase %	#DIV/0!				0.00%		0.00%
1.13 Submission Level Rate Increase %	#DIV/0!						

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information								
2.1 Plan ID (Standard Component ID)	Total	28773KY0090002	28773KY0090004	28773KY0090005	28773KY0090001	28773KY0010002	28773KY0010004	28773KY0050001	
\$1,245,700	\$1,245,700	\$0	\$0	\$0	\$15,403	\$875,154	\$355,143	\$0	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	\$362,378	\$0	\$0	\$0	\$7,684	\$206,275	\$148,420	\$0	
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$883,322	\$883,322	\$0	\$0	\$0	\$7,719	\$668,880	\$206,724	\$0	
-\$147,704	-\$147,704	\$0	\$0	\$0	-\$3,002	-\$98,819	-\$45,882	\$0	
\$1,616,429	\$1,616,429	\$0	\$0	\$0	\$32,855	\$1,081,452	\$502,122	\$0	
2,781	2,781	0	0	0	42	1,801	938	0	
	231	0	0	0	3	145	83	0	
	\$607.78	\$0.00	\$0.00	\$0.00	\$591.33	\$626.10	\$576.37	\$0.00	
	60.14%	#DIV/0!	#DIV/0!	#DIV/0!	25.86%	68.07%	45.31%	#DIV/0!	
Per Member Per Month									
	\$447.93	#DIV/0!	#DIV/0!	#DIV/0!	\$366.73	\$485.93	\$378.62	#DIV/0!	
	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	
	\$130.30	#DIV/0!	#DIV/0!	#DIV/0!	\$182.94	\$114.53	\$158.23	#DIV/0!	
	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	
	\$317.63	#DIV/0!	#DIV/0!	#DIV/0!	\$183.79	\$371.39	\$220.39	#DIV/0!	
	-\$53.11	#DIV/0!	#DIV/0!	#DIV/0!	-\$71.48	-\$54.87	-\$48.92	#DIV/0!	
	\$581.24	#DIV/0!	#DIV/0!	#DIV/0!	\$782.26	\$600.47	\$535.31	#DIV/0!	

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	28773KY0090002	28773KY0090004	28773KY0090005	28773KY0090001	28773KY0010002	28773KY0010004	28773KY0050001
3.2 Market Adjusted Index Rate	\$745.74						
3.3 AV and Cost Sharing Design of Plan	0.8093	0.7743	0.7609	0.0000	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		8.81%	9.13%	9.27%	0.00%	0.00%	0.00%	0.00%
3.7 Taxes and Fees		7.63%	7.68%	7.70%	0.00%	0.00%	0.00%	0.00%
3.8 Profit & Risk Load		3.46%	3.58%	3.63%	0.00%	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		\$753.47	\$725.32	\$714.65	\$0.00	\$0.00	\$0.00	\$0.00

3.11 Age Calibration Factor	0.7456	0.7456						
3.12 Geographic Calibration Factor	1.3804	1.3804						
3.13 Tobacco Calibration Factor	1.0000	1.0000						
3.14 Calibrated Plan Adjusted Index Rate		\$775.49	\$746.52	\$735.54	\$0.00	\$0.00	\$0.00	\$0.00

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	28773KY0090002	28773KY0090004	28773KY0090005	28773KY0090001	28773KY0010002	28773KY0010004	28773KY0050001
4.2 Allowed Claims	\$1,210,194	\$373,395	\$571,356	\$265,443	\$0	\$0	\$0	\$0
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$263,822	\$73,432	\$132,202	\$58,188	\$0	\$0	\$0	\$0
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$946,371	\$299,963	\$439,154	\$207,255	\$0	\$0	\$0	\$0
4.7 Risk Adjustment Transfer Amount	-\$119,380	-\$36,563	-\$55,947	-\$26,870	\$0	\$0	\$0	\$0
4.8 Premium	\$1,306,529	\$412,147	\$607,092	\$287,290	\$0	\$0	\$0	\$0
4.9 Projected Member Months	1,786	547	837	402	0	0	0	0
4.10 Loss Ratio	79.72%	79.87%	79.68%	79.58%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Per Member Per Month

4.11 Allowed Claims	\$677.60	\$682.62	\$682.62	\$660.31	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.13 Member Cost Sharing	\$147.72	\$134.24	\$157.95	\$144.75	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.15 Incurred Claims	\$529.88	\$548.38	\$524.68	\$515.56	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.16 Risk Adjustment Transfer Amount	-\$66.84	-\$66.84	-\$66.84	-\$66.84	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.17 Premium	\$731.54	\$753.47	\$725.32	\$714.65	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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 1	0.7600
Rating Area 2	0.7800
Rating Area 3	0.6780
Rating Area 4	0.7390
Rating Area 5	0.7070
Rating Area 6	0.7780
Rating Area 7	0.8280
Rating Area 8	0.8080