

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:	Aetna Life Insurance Company										State:	KY	To validate, select the Validate button or Ctrl + Shift + I.						
4	HIOS Issuer ID:	39127										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				\$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																			
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	1.076	1.025	\$0.00											
25	Outpatient Hospital	\$0.00	1.041	1.050	1.041	1.050	1.041	1.050	\$0.00											
26	Professional	\$0.00	1.016	1.055	1.016	1.055	1.016	1.055	\$0.00											
27	Other Medical	\$0.00	1.041	1.050	1.041	1.050	1.041	1.050	\$0.00											
28	Capitation	\$0.00	1.000	1.000	1.000	1.000	1.000	1.000	\$0.00											
29	Prescription Drug	\$0.00	1.065	1.031	1.065	1.031	1.065	1.031	\$0.00											
30	Total	\$0.00							\$0.00											
31																				
32	Morbidity Adjustment				1.000															
33	Demographic Shift				1.048															
34	Plan Design Changes				0.939															
35	Other				1.000															
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2023			\$0.00															
37																				
38	Manual EHB Allowed Claims PMPM				\$917.70															
39	Applied Credibility %				0.00%															
40																				
41	Projected Period Totals																			
42	Projected Index Rate for	1/1/2023			\$917.70	\$33,037.20														
43	Reinsurance				\$0.00	\$0.00														
44	Risk Adjustment Payment/Charge				\$0.00	\$0.00														
45	Exchange User Fees				0.00%	\$0.00														
46	Market Adjusted Index Rate				\$917.70	\$33,037.20														
47																				
48	Projected Member Months				36															
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 Life Insurance Company**
 HIOS Issuer ID: **39127**
 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	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	0.682
1.7 Plan Category	Renewing
1.8 Plan Type	PPO
1.9 Exchange Plan?	No
1.10 Effective Date of Proposed Rates	1/1/2023
1.11 Cumulative Rate Change % (over 12 mos prior)	9.08%
1.12 Product Rate Increase %	#DIV/0!
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	39127KY0070013
\$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	0	0
	2.11 Current Premium PMPM	#DIV/0!	\$893.18
	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	\$917.70
3.3 AV and Cost Sharing Design of Plan	0.8147

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

Administrative Costs

3.6 Administrative Expense		7.06%
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		\$881.77

3.11 Age Calibration Factor	0.6440	0.6440
3.12 Geographic Calibration Factor	0.9892	0.9892
3.13 Tobacco Calibration Factor	1.0000	1.0000
3.14 Calibrated Plan Adjusted Index Rate		\$561.73

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	39127KY0070013
4.2 Allowed Claims	\$33,037	\$33,037
4.3 Reinsurance	\$0	\$0
4.4 Member Cost Sharing	\$6,123	\$6,123
4.5 Cost Sharing Reduction	\$0	\$0
4.6 Incurred Claims	\$26,914	\$26,914
4.7 Risk Adjustment Transfer Amount	\$0	\$0
4.8 Premium	\$31,744	\$31,744
4.9 Projected Member Months	36	36
4.10 Loss Ratio	84.78%	84.78%

Per Member Per Month

4.11 Allowed Claims	\$917.70	\$917.70
4.12 Reinsurance	\$0.00	\$0.00
4.13 Member Cost Sharing	\$170.08	\$170.08
4.14 Cost Sharing Reduction	\$0.00	\$0.00
4.15 Incurred Claims	\$747.62	\$747.62
4.16 Risk Adjustment Transfer Amount	\$0.00	\$0.00
4.17 Premium	\$881.78	\$881.78

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	1.0109
Rating Area 4	1.0920
Rating Area 5	1.0427
Rating Area 6	1.1175
Rating Area 7	1.2582
Rating Area 8	1.1777