

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
1	<b>Unified Rate Review v5.4</b>																				
2																To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.					
3	Company Legal Name:	WellCare Health Plans of Kentucky, Inc.													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:	72001													Market:	Individual	To validate, select the Validate button or Ctrl + Shift + I.				
5	Effective Date of Rate Change(s):	1/1/2023																			
6																					
7																					
8	<b>Market Level Calculations (Same for all Plans)</b>																				
9																					
10																					
11	<b>Section I: Experience Period Data</b>																				
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	<b>Section II: Projections</b>																				
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	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	\$0.00										
25	Outpatient Hospital	\$0.00	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	\$0.00										
26	Professional	\$0.00	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	\$0.00										
27	Other Medical	\$0.00	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	\$0.00										
28	Capitation	\$0.00	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	\$0.00										
29	Prescription Drug	\$0.00	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	\$0.00										
30	Total	\$0.00									\$0.00										
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	1/1/2023			\$0.00																
37																					
38	Manual EHB Allowed Claims PMPM				\$524.82																
39	Applied Credibility %				0.00%																
40																					
41	<b>Projected Period Totals</b>																				
42	Projected Index Rate for	1/1/2023			\$524.82			\$12,630,318.12													
43	Reinsurance				\$0.00			\$0.00													
44	Risk Adjustment Payment/Charge				-\$116.98			-\$2,815,240.68													
45	Exchange User Fees				0.00%			\$0.00													
46	Market Adjusted Index Rate				\$641.80			\$15,445,558.80													
47																					
48	Projected Member Months				24,066																
49																					
50	<b>Information Not Releasable to the Public Unless Authorized by Law:</b> 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: WellCare Health Plans of Kentucky, Inc.  
 HIOS Issuer ID: 72001  
 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	Ambetter					
1.2 Product ID	72001KY002					
1.3 Plan Name	Ambetter	Ambetter	Ambetter Clear	Ambetter	Ambetter Focused	Ambetter Choice
1.4 Plan ID (Standard Component ID)	72001KY0020009	72001KY0020010	72001KY0020006	72001KY0020005	72001KY0020007	72001KY0020002
1.5 Metal	Gold	Gold	Silver	Silver	Silver	Bronze
1.6 AV Metal Value	0.815	0.783	0.701	0.714	0.702	0.644
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
1.8 Plan Type	HMO	HMO	HMO	HMO	HMO	HMO
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes
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
1.11 Cumulative Rate Change % (over 12 mos prior)	0.02%	2.65%	7.87%	2.38%	5.64%	9.84%
1.12 Product Rate Increase %	6.68%					
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	72001KY0020009	72001KY0020010	72001KY0020006	72001KY0020005	72001KY0020007	72001KY0020002
\$0	2.2 Allowed Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2.4 Member Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.6 Incurred Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.7 Risk Adjustment Transfer Amount	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.8 Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	2.9 Experience Period Member Months	0	0	0	0	0	0	0
	2.10 Current Enrollment	2,189	91	77	210	77	284	154
	2.11 Current Premium PMPM	\$593.71	\$702.20	\$749.98	\$673.07	\$674.69	\$672.44	\$578.78
	2.12 Loss Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	<b>Per Member Per Month</b>							
	2.13 Allowed Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.14 Reinsurance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.15 Member Cost Sharing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.16 Cost Sharing Reduction	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.17 Incurred Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.18 Risk Adjustment Transfer Amount	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.19 Premium	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

**Section III: Plan Adjustment Factors**

3.1 Plan ID (Standard Component ID)	72001KY0020009	72001KY0020010	72001KY0020006	72001KY0020005	72001KY0020007	72001KY0020002
3.2 Market Adjusted Index Rate						
3.3 AV and Cost Sharing Design of Plan	0.9954	0.9550	0.8606	0.8946	0.8802	0.7685

3.4 Provider Network Adjustment		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

**Administrative Costs**

3.6 Administrative Expense		10.03%	10.03%	10.03%	10.03%	10.03%	10.03%
3.7 Taxes and Fees		2.17%	2.17%	2.17%	2.17%	2.17%	2.17%
3.8 Profit & Risk Load		3.75%	3.75%	3.75%	3.75%	3.75%	3.75%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$760.08	\$729.23	\$657.15	\$683.11	\$672.11	\$586.82

3.11 Age Calibration Factor	0.5321						
3.12 Geographic Calibration Factor	1.0000						
3.13 Tobacco Calibration Factor	0.9952						
3.14 Calibrated Plan Adjusted Index Rate		\$402.50	\$386.16	\$347.99	\$361.74	\$355.92	\$310.75

**Section IV: Projected Plan Level Information**

4.1 Plan ID (Standard Component ID)	Total	72001KY0020009	72001KY0020010	72001KY0020006	72001KY0020005	72001KY0020007	72001KY0020002
4.2 Allowed Claims	\$12,816,932	\$598,973	\$475,021	\$1,681,708	\$490,762	\$2,011,111	\$739,564
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$2,258,000	\$91,965	\$84,642	\$189,731	\$82,017	\$216,084	\$177,319
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$10,558,932	\$507,008	\$390,379	\$1,491,977	\$408,745	\$1,795,027	\$562,244
4.7 Risk Adjustment Transfer Amount	-\$2,319,797	-\$162,794	-\$133,178	-\$237,552	-\$91,910	-\$250,505	-\$151,170
4.8 Premium	\$15,337,105	\$839,907	\$659,215	\$1,978,686	\$643,490	\$2,377,262	\$865,619
4.9 Projected Member Months	24,066	1,105	904	3,011	942	3,537	1,475
4.10 Loss Ratio	81.11%	74.88%	74.21%	85.69%	74.10%	84.40%	78.70%

**Per Member Per Month**

4.11 Allowed Claims	\$532.57	\$542.06	\$525.47	\$558.52	\$520.98	\$568.59	\$501.40
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$93.83	\$83.23	\$93.63	\$63.01	\$87.07	\$61.09	\$120.22
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$438.75	\$458.83	\$431.84	\$495.51	\$433.91	\$507.50	\$381.18
4.16 Risk Adjustment Transfer Amount	-\$96.39	-\$147.33	-\$147.32	-\$78.89	-\$97.57	-\$70.82	-\$102.49
4.17 Premium	\$637.29	\$760.10	\$729.22	\$657.15	\$683.11	\$672.11	\$586.86

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  
Market: Individual

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

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 + R.

To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + P.



Ambetter + Vision + Adult Dental										
72001KY003										
Ambetter Clear	Ambetter	Ambetter		Ambetter	Ambetter	Ambetter Clear	Ambetter	Ambetter Focused	Ambetter Choice	Ambetter Clear
72001KY0020001	72001KY0020003	72001KY0020008	72001KY0020004	72001KY0030009	72001KY0030010	72001KY0030006	72001KY0030005	72001KY0030007	72001KY0030002	72001KY0030001
Bronze	Bronze	Silver	Bronze	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze
0.614	0.648	0.692	0.646	0.815	0.783	0.701	0.714	0.702	0.644	0.614
Renewing	Renewing	Terminated	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
9.70%	7.93%	0.00%	0.00%	-0.27%	1.88%	6.95%	2.95%	4.97%	8.97%	8.75%
									5.57%	
6.37%										

72001KY0020001	72001KY0020003	72001KY0020008	72001KY0020004	72001KY0030009	72001KY0030010	72001KY0030006	72001KY0030005	72001KY0030007	72001KY0030002	72001KY0030001
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	0	0	0	0	0	0	0	0	0
352	156	34	84	60	44	140	33	127	52	112
\$494.04	\$579.29	\$690.28	\$563.51	\$606.13	\$579.50	\$588.35	\$623.78	\$538.25	\$502.87	\$450.61
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72001KY0020001	72001KY0020003	72001KY0020008	72001KY0020004	72001KY0030009	72001KY0030010	72001KY0030006	72001KY0030005	72001KY0030007	72001KY0030002	72001KY0030001
\$641.80										
0.7039	0.7622	0.0000	0.0000	0.9954	0.9550	0.8606	0.8946	0.8802	0.7685	0.7039

1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1.0000	1.0000	1.0000	1.0000	1.0414	1.0414	1.0414	1.0414	1.0414	1.0414	1.0414	1.0414

10.03%	10.03%	0.00%	0.00%	10.03%	10.03%	10.03%	10.03%	10.03%	10.03%	10.03%	10.03%
2.17%	2.17%	0.00%	0.00%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%
3.75%	3.75%	0.00%	0.00%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%
1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$537.49	\$582.01	\$0.00	\$0.00	\$791.55	\$759.42	\$684.35	\$711.39	\$699.94	\$611.12	\$559.75	

0.5321											
1.0000											
0.9952											
\$284.63	\$308.20	\$0.00	\$0.00	\$419.16	\$402.15	\$362.40	\$376.71	\$370.65	\$323.61	\$296.41	

72001KY0020001	72001KY0020003	72001KY0020008	72001KY0020004	72001KY0030009	72001KY0030010	72001KY0030006	72001KY0030005	72001KY0030007	72001KY0030002	72001KY0030001	
\$2,129,588	\$713,146	\$0	\$0	\$266,395	\$211,743	\$811,245	\$225,334	\$988,128	\$303,752	\$877,026	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$577,318	\$146,299	\$0	\$0	\$41,692	\$38,131	\$95,331	\$38,208	\$110,959	\$72,510	\$235,398	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$1,552,270	\$566,847	\$0	\$0	\$224,703	\$173,612	\$715,914	\$187,127	\$877,169	\$231,242	\$641,628	
-\$453,137	-\$151,284	\$0	\$0	-\$69,095	-\$56,571	-\$109,506	-\$40,198	-\$117,710	-\$59,033	-\$177,074	
\$2,377,001	\$858,465	\$0	\$0	\$371,233	\$291,605	\$949,860	\$293,084	\$1,163,261	\$352,015	\$967,294	
4,422	1,475	0	0	469	384	1,388	412	1,662	576	1,728	
80.69%	80.16%	#DIV/0!	#DIV/0!	74.37%	73.87%	85.19%	74.00%	83.90%	78.93%	81.20%	

\$481.59	\$483.49	#DIV/0!	#DIV/0!	\$568.01	\$551.41	\$584.47	\$546.93	\$594.54	\$527.35	\$507.54	
\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$130.56	\$99.19	#DIV/0!	#DIV/0!	\$88.90	\$99.30	\$68.68	\$92.74	\$66.76	\$125.89	\$136.23	
\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$351.03	\$384.30	#DIV/0!	#DIV/0!	\$479.11	\$452.11	\$515.79	\$454.19	\$527.78	\$401.46	\$371.31	
-\$102.47	-\$102.57	#DIV/0!	#DIV/0!	-\$147.33	-\$147.32	-\$78.89	-\$97.57	-\$70.82	-\$102.49	-\$102.47	
\$537.54	\$582.01	#DIV/0!	#DIV/0!	\$791.54	\$759.39	\$684.34	\$711.37	\$699.92	\$611.14	\$559.78	

ct button or Ctrl + Shift +

trl + Shift +



Ambetter	Ambetter	
72001KY0030003	72001KY0030008	72001KY0030004
Bronze	Silver	Bronze
0.648	0.692	0.646
Renewing	Terminated	Terminated
HMO	HMO	HMO
Yes	No	No
1/1/2023	1/1/2023	1/1/2023
7.40%	0.00%	0.00%

72001KY0030003	72001KY0030008	72001KY0030004
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
0	0	0
42	20	40
\$540.95	\$623.85	\$613.11
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72001KY0030003	72001KY0030008	72001KY0030004
0.7622	0.0000	0.0000

1.0000	1.0000	1.0000
1.0414	1.0000	1.0000

10.03%	0.00%	0.00%
2.17%	0.00%	0.00%
3.75%	0.00%	0.00%
1.0000	1.0000	1.0000
\$606.11	\$0.00	\$0.00

\$320.96	\$0.00	\$0.00

72001KY0030003	72001KY0030008	72001KY0030004
\$293,436	\$0	\$0
\$0	\$0	\$0
\$60,397	\$0	\$0
\$0	\$0	\$0
\$233,039	\$0	\$0
-\$59,078	\$0	\$0
\$349,106	\$0	\$0
576	0	0
80.35%	#DIV/0!	#DIV/0!

\$509.44	#DIV/0!	#DIV/0!
\$0.00	#DIV/0!	#DIV/0!
\$104.86	#DIV/0!	#DIV/0!
\$0.00	#DIV/0!	#DIV/0!
\$404.58	#DIV/0!	#DIV/0!
-\$102.57	#DIV/0!	#DIV/0!
\$606.09	#DIV/0!	#DIV/0!

## 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	0.9593
Rating Area 2	1.0116
Rating Area 3	0.9494
Rating Area 4	0.9936
Rating Area 5	0.9675
Rating Area 6	1.1933
Rating Area 7	0.8392
Rating Area 8	0.9945