Product, Plan Data Collection

Company Legal Name: UnitedHealthcare Insurance Company
HIOS Issuer ID: 61021
Effective Date of Rate Change(s): 1/1/2021

State: DE
Market: Small Group

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 Level Calculations

Section I: General Product and Plan Information

Field #			Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
1.1	Product Name		DE006 Plans							
1.2	Product ID		61021DE006							
1.3	Plan Name		Products	CE1N	CE1B	CE2A	CE1T	CE1M	CE1O	CE1Q
1.4	Plan ID (Standard Component ID)		61021DE0060000	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1.5	Metal		Not Applicable	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Gold
1.6	AV Metal Value		0.000	0.865	0.889	0.879	0.861	0.817	0.770	0.811
1.7	Plan Category		Terminated	New	New	New	New	New	New	New
1.8	Plan Type		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1.9	Exchange Plan?		No	No	No	No	No	No	No	No
1.10	Effective Date of Proposed Rates		1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021
1.11	Cumulative Rate Change % (over 12 mos prior)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
1.12	Product Rate Increase %		0.00%							
1.13	Submission Level Rate Increase %									

Section II: Experience Period and Current Plan Level Information

Worksheet 1 Totals	Field #		Total	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
	2.1	Plan ID (Standard Component ID)	Total	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
$6,408,605	2.2	Allowed Claims	$6,408,605	$111,676	$0	$0	$0	$0	$0	$0	$0
$0	2.3	Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0
	2.4	Member Cost Sharing	$1,227,669	$13,962	$0	$0	$0	$0	$0	$0	$0
	2.5	Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0
$5,180,936	2.6	Incurred Claims	$5,180,936	$97,714	$0	$0	$0	$0	$0	$0	$0
-$811,104	2.7	Risk Adjustment Transfer Amount	-$811,104	$0	$0	$0	$0	$0	$0	$0	$0
$6,937,328	2.8	Premium	$6,937,328	$198,450	$0	$0	$0	$0	$0	$0	$0
12,119	2.9	Experience Period Member Months	12,119	322	0	0	0	0	0	0	0
	2.10	Current Enrollment	1,290	0	0	0	0	0	0	0	0
	2.11	Current Premium PMPM	$563.72	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	2.12	Loss Ratio	84.57%	49.24%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		Per Member Per Month									
	2.13	Allowed Claims	$528.81	$346.82	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.14	Reinsurance	$0.00	$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.15	Member Cost Sharing	$101.30	$43.36	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.16	Cost Sharing Reduction	$0.00	$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.17	Incurred Claims	$427.51	$303.46	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.18	Risk Adjustment Transfer Amount	-$66.93	$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.19	Premium	$572.43	$616.30	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

Field #			Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
3.1	Plan ID (Standard Component ID)		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
3.2	Market Adjusted Index Rate									
3.3	AV and Cost Sharing Design of Plan		0.0000	1.0405	1.0745	1.1023	0.9615	0.8717	0.8933	0.8847
3.4	Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5	Benefits in Addition to EHB		1.0000	1.0013	1.0013	1.0013	1.0013	1.0013	1.0013	1.0013
	Administrative Costs									
3.6	Administrative Expense		0.00%	10.29%	10.29%	10.29%	10.29%	10.29%	10.29%	10.29%
3.7	Taxes and Fees		0.00%	5.16%	5.16%	5.16%	5.16%	5.16%	5.16%	5.16%
3.8	Profit & Risk Load		0.00%	4.74%	4.74%	4.74%	4.74%	4.74%	4.74%	4.74%
3.9	Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10	**Plan Adjusted Index Rate**		$0.00	$752.83	$777.43	$797.55	$695.67	$630.70	$646.33	$640.11
3.11	Age Calibration Factor	0.7387								
3.12	Geographic Calibration Factor	1.0000								
3.13	Tobacco Calibration Factor	1.0000								
3.14	**Calibrated Plan Adjusted Index Rate**		$0.00	$556.12	$574.29	$589.15	$513.89	$465.90	$477.44	$472.85

Section IV: Projected Plan Level Information

Field #		Total	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
4.1	Plan ID (Standard Component ID)	Total	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4.2	Allowed Claims	$9,258,389	$0	$231,027	$231,027	$231,027	$231,027	$129,286	$129,286	$129,286
4.3	Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.4	Member Cost Sharing	$1,536,893	$0	$14,992	$7,942	$2,174	$31,398	$17,879	$15,118	$16,222
4.5	Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.6	Incurred Claims	$7,721,496	$0	$216,035	$223,084	$228,852	$199,629	$111,407	$114,169	$113,064
4.7	Risk Adjustment Transfer Amount	-$824,758	$0	-$18,495	-$18,495	-$18,495	-$18,495	-$11,385	-$11,385	-$11,385
4.8	Premium	$10,709,506	$0	$299,628	$309,419	$317,424	$276,878	$154,522	$158,351	$156,826
4.9	Projected Member Months	17,748	0	398	398	398	398	245	245	245
4.10	Loss Ratio	78.12%	#DIV/0!	76.84%	76.68%	76.56%	77.26%	77.83%	77.68%	77.74%
	Per Member Per Month									
4.11	Allowed Claims	$521.66	#DIV/0!	$580.47	$580.47	$580.47	$580.47	$527.70	$527.70	$527.70
4.12	Reinsurance	$0.00	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4.13	Member Cost Sharing	$86.60	#DIV/0!	$37.67	$19.96	$5.46	$78.89	$72.98	$61.70	$66.21
4.14	Cost Sharing Reduction	$0.00	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4.15	Incurred Claims	$435.06	#DIV/0!	$542.80	$560.51	$575.01	$501.58	$454.72	$465.99	$461.49
4.16	Risk Adjustment Transfer Amount	-$46.47	#DIV/0!	-$46.47	-$46.47	-$46.47	-$46.47	-$46.47	-$46.47	-$46.47
4.17	Premium	$603.42	#DIV/0!	$752.83	$777.43	$797.55	$695.67	$630.70	$646.33	$640.11