Product-Plan Data Collection

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.
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.

Company Legal Name:	**Aetna Health Inc. (a PA corp.)**	State:	**DE**
HIOS Issuer ID:	**67190**	Market:	**Individual**
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		HMO									HMO								
1.2	Product ID		67190DE010									67190DE011								
1.3	Plan Name		network of	network of	network of	network of	network of	network of	network of	network of	network of	network of	network of	network of	network of	network of	network of	network of	network of	network of
1.4	Plan ID (Standard Component ID)		67190DE0100001	67190DE0100002	67190DE0100003	67190DE0100004	67190DE0100005	67190DE0100006	67190DE0100007	67190DE0100008	67190DE0100009	67190DE0110001	67190DE0110002	67190DE0110003	67190DE0110004	67190DE0110005	67190DE0110006	67190DE0110007	67190DE0110008	67190DE0110009
1.5	Metal		Bronze	Bronze	Gold	Silver	Silver	Silver	Bronze	Gold	Silver	Bronze	Bronze	Gold	Silver	Silver	Silver	Bronze	Silver	Gold
1.6	AV Metal Value		0.645	0.641	0.814	0.707	0.703	0.700	0.641	0.780	0.701	0.645	0.641	0.814	0.707	0.703	0.700	0.641	0.701	0.780
1.7	Plan Category		New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New
1.8	Plan Type		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9	Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	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	1/1/2023	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
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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
1.12	Product Rate Increase %		0.00%									0.00%								
1.13	Submission Level Rate Increase %		0.00%																	

Worksheet 1 Totals	**Section II: Experience Period and Current Plan Level Information**																			
	2.1 Plan ID (Standard Component ID)	Total	67190DE0100001	67190DE0100002	67190DE0100003	67190DE0100004	67190DE0100005	67190DE0100006	67190DE0100007	67190DE0100008	67190DE0100009	67190DE0110001	67190DE0110002	67190DE0110003	67190DE0110004	67190DE0110005	67190DE0110006	67190DE0110007	67190DE0110008	67190DE0110009
$0	2.2 Allowed Claims	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$0	2.3 Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	2.4 Member Cost Sharing	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	2.5 Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$0	2.6 Incurred Claims	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$0	2.7 Risk Adjustment Transfer Amount	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$0	2.8 Premium	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
0	2.9 Experience Period Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.10 Current Enrollment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.11 Current Premium PMPM	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	2.12 Loss Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Per Member Per Month																			
	2.13 Allowed Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#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)		67190DE0100001	67190DE0100002	67190DE0100003	67190DE0100004	67190DE0100005	67190DE0100006	67190DE0100007	67190DE0100008	67190DE0100009	67190DE0110001	67190DE0110002	67190DE0110003	67190DE0110004	67190DE0110005	67190DE0110006	67190DE0110007	67190DE0110008	67190DE0110009
3.2	Market Adjusted Index Rate		$715.92																	
3.3	AV and Cost Sharing Design of Plan		0.6309	0.6646	1.0103	0.9060	0.9013	0.8591	0.6405	0.9117	0.8480	0.6320	0.6656	1.0113	0.7306	0.7268	0.6928	0.6416	0.6838	0.9127
3.4	Provider Network Adjustment		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	1.0000	1.0000
3.5	Benefits in Addition to EHB		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	1.0000	1.0000
	Administrative Costs																			
3.6	Administrative Expense		8.83%	8.83%	8.83%	8.83%	8.83%	8.83%	8.83%	8.83%	8.83%	8.83%	8.83%	8.83%	8.83%	8.83%	8.83%	8.83%	8.83%	8.83%
3.7	Taxes and Fees		3.31%	3.31%	3.31%	3.31%	3.31%	3.31%	3.31%	3.31%	3.31%	3.31%	3.31%	3.31%	3.31%	3.31%	3.31%	3.31%	3.31%	3.31%
3.8	Profit & Risk Load		1.56%	1.56%	1.56%	1.56%	1.56%	1.56%	1.56%	1.56%	1.56%	1.56%	1.56%	1.56%	1.56%	1.56%	1.56%	1.56%	1.56%	1.56%
3.9	Catastrophic Adjustment		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	1.0000	1.0000
3.10	**Plan Adjusted Index Rate**		$523.38	$551.34	$838.12	$751.60	$747.70	$712.69	$531.34	$756.32	$703.48	$524.29	$552.17	$838.95	$606.09	$602.94	$574.73	$532.26	$567.26	$757.15
3.11	Age Calibration Factor	0.6083	0.6083																	
3.12	Geographic Calibration Factor	1.0000	1.0000																	
3.13	Tobacco Calibration Factor	0.9981	0.9981																	
3.14	**Calibrated Plan Adjusted Index Rate**		$317.77	$334.74	$508.86	$456.33	$453.96	$432.70	$322.60	$459.20	$427.11	$318.32	$335.24	$509.36	$367.98	$366.07	$348.94	$323.16	$344.41	$459.70

	Section IV: Projected Plan Level Information																			
4.1	Plan ID (Standard Component ID)	Total	67190DE0100001	67190DE0100002	67190DE0100003	67190DE0100004	67190DE0100005	67190DE0100006	67190DE0100007	67190DE0100008	67190DE0100009	67190DE0110001	67190DE0110002	67190DE0110003	67190DE0110004	67190DE0110005	67190DE0110006	67190DE0110007	67190DE0110008	67190DE0110009
4.2	Allowed Claims	$12,476,915	$2,167,526	$309,942	$300,444	$377,591	$755,183	$1,133,464	$619,195	$901,332	$5,288,349	$113,899	$16,567	$15,656	$20,019	$40,037	$59,365	$32,444	$278,189	$47,713
4.3	Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.4	Member Cost Sharing	$2,474,878	$789,597	$102,411	$17,261	$32,896	$69,391	$152,343	$219,610	$134,732	$769,925	$41,367	$5,456	$885	$5,283	$10,720	$17,927	$11,471	$86,514	$7,088
4.5	Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.6	Incurred Claims	$10,002,037	$1,377,929	$207,532	$283,183	$344,695	$685,791	$981,121	$399,584	$766,599	$4,518,424	$72,532	$11,111	$14,771	$14,735	$29,317	$41,438	$20,973	$191,675	$40,625
4.7	Risk Adjustment Transfer Amount	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.8	Premium	$11,930,508	$1,643,604	$247,546	$337,783	$411,155	$818,017	$1,170,289	$476,627	$914,406	$5,389,611	$86,517	$13,254	$17,619	$17,577	$34,970	$49,427	$25,016	$228,631	$48,458
4.9	Projected Member Months	17,939	3,140	449	403	547	1,094	1,642	897	1,209	7,661	165	24	21	29	58	86	47	403	64
4.10	Loss Ratio	83.84%	83.84%	83.84%	83.84%	83.84%	83.84%	83.84%	83.84%	83.84%	83.84%	83.84%	83.84%	83.84%	83.84%	83.84%	83.84%	83.84%	83.84%	83.84%
	Per Member Per Month																			
4.11	Allowed Claims	$695.52	$690.29	$690.29	$745.52	$690.29	$690.29	$690.29	$690.29	$745.52	$690.29	$690.29	$690.30	$745.52	$690.29	$690.30	$690.29	$690.29	$690.29	$745.52
4.12	Reinsurance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4.13	Member Cost Sharing	$137.96	$251.46	$228.09	$42.83	$60.14	$63.43	$92.78	$244.83	$111.44	$100.50	$250.71	$227.33	$42.14	$182.18	$184.82	$208.46	$244.07	$214.68	$110.75
4.14	Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4.15	Incurred Claims	$557.56	$438.83	$462.21	$702.69	$630.16	$626.87	$597.52	$445.47	$634.08	$589.80	$439.59	$462.97	$703.38	$508.12	$505.47	$481.84	$446.23	$475.62	$634.77
4.16	Risk Adjustment Transfer Amount	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4.17	Premium	$665.06	$523.44	$551.33	$838.17	$751.66	$747.73	$712.72	$531.36	$756.33	$703.51	$524.35	$552.23	$838.99	$606.09	$602.93	$574.74	$532.26	$567.32	$757.15