Product-Plan Data Collection

Company Legal Name:	**AmeriHealth Caritas VIP Next, Inc.**
HIOS Issuer ID:	**72760**
Effective Date of Rate Change(s):	**1/1/2023**

State:	**DE**
Market:	**Individual**

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.

Product/Plan Level Calculations

Field #	**Section I: General Product and Plan Information**					
1.1	Product Name		AmeriHealth Caritas Next			
1.2	Product ID		72760DE001			
1.3	Plan Name		AmeriHealth	AmeriHealth	AmeriHealth	AmeriHealth
1.4	Plan ID (Standard Component ID)		72760DE0010001	72760DE0010002	72760DE0010003	72760DE0010004
1.5	Metal		Bronze	Bronze	Silver	Gold
1.6	AV Metal Value		0.599	0.642	0.701	0.780
1.7	Plan Category		New	New	New	New
1.8	Plan Type		HMO	HMO	HMO	HMO
1.9	Exchange Plan?		Yes	Yes	Yes	Yes
1.10	Effective Date of Proposed Rates		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%
1.12	Product Rate Increase %		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	72760DE0010001	72760DE0010002	72760DE0010003	72760DE0010004
$0	2.2	Allowed Claims	$0	$0	$0	$0	$0
$0	2.3	Reinsurance	$0	$0	$0	$0	$0
	2.4	Member Cost Sharing	$0	$0	$0	$0	$0
	2.5	Cost Sharing Reduction	$0	$0	$0	$0	$0
$0	2.6	Incurred Claims	$0	$0	$0	$0	$0
$0	2.7	Risk Adjustment Transfer Amount	$0	$0	$0	$0	$0
$0	2.8	Premium	$0	$0	$0	$0	$0
0	2.9	Experience Period Member Months	0	0	0	0	0
	2.10	Current Enrollment	0	0	0	0	0
	2.11	Current Premium PMPM	#DIV/0!	$0.00	$0.00	$0.00	$0.00
	2.12	Loss Ratio	#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!
	2.14	Reinsurance	#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!
	2.16	Cost Sharing Reduction	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.17	Incurred Claims	#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!
	2.19	Premium	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

	Section III: Plan Adjustment Factors					
3.1	Plan ID (Standard Component ID)		72760DE0010001	72760DE0010002	72760DE0010003	72760DE0010004
3.2	Market Adjusted Index Rate		$720.74			
3.3	AV and Cost Sharing Design of Plan		0.6089	0.6846	0.8640	0.8132
3.4	Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000
3.5	Benefits in Addition to EHB		1.0042	1.0042	1.0042	1.0042
	Administrative Costs					
3.6	Administrative Expense		11.00%	11.00%	11.00%	11.00%
3.7	Taxes and Fees		0.09%	0.08%	0.07%	0.07%
3.8	Profit & Risk Load		0.00%	0.00%	0.00%	0.00%
3.9	Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000
3.10	**Plan Adjusted Index Rate**		$495.67	$557.23	$703.18	$661.83
3.11	Age Calibration Factor	0.5770	0.5770			
3.12	Geographic Calibration Factor	1.0000	1.0000			
3.13	Tobacco Calibration Factor	0.9917	0.9917			
3.14	**Calibrated Plan Adjusted Index Rate**		$283.63	$318.85	$402.37	$378.71

	Section IV: Projected Plan Level Information					
4.1	Plan ID (Standard Component ID)	Total	72760DE0010001	72760DE0010002	72760DE0010003	72760DE0010004
4.2	Allowed Claims	$9,979,723	$1,411,393	$1,443,213	$3,597,728	$3,527,389
4.3	Reinsurance	$1,220,728	$142,747	$160,498	$472,615	$444,868
4.4	Member Cost Sharing	$2,185,039	$499,915	$418,387	$579,954	$686,783
4.5	Cost Sharing Reduction	$0	$0	$0	$0	$0
4.6	Incurred Claims	$6,573,956	$768,731	$864,328	$2,545,159	$2,395,738
4.7	Risk Adjustment Transfer Amount	$0	$0	$0	$0	$0
4.8	Premium	$7,628,273	$892,210	$1,003,019	$2,953,345	$2,779,699
4.9	Projected Member Months	12,000	1,800	1,800	4,200	4,200
4.10	Loss Ratio	86.18%	86.16%	86.17%	86.18%	86.19%
	Per Member Per Month					
4.11	Allowed Claims	$831.64	$784.11	$801.79	$856.60	$839.85
4.12	Reinsurance	$101.73	$79.30	$89.17	$112.53	$105.92
4.13	Member Cost Sharing	$182.09	$277.73	$232.44	$138.08	$163.52
4.14	Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00
4.15	Incurred Claims	$547.83	$427.07	$480.18	$605.99	$570.41
4.16	Risk Adjustment Transfer Amount	$0.00	$0.00	$0.00	$0.00	$0.00
4.17	Premium	$635.69	$495.67	$557.23	$703.18	$661.83