

Product-Plan Data Collection

Company Legal Name: Aetna Health Inc. (a PA corp.)
 HIOS Issuer ID: 67190
 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 + V.
 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 | | HMO | | | | | | | | | | HMO | | | | | | | | | | | |
|---|---|----------------|--|-----------------|--|-----------------|--|---------------|--|-------------|--|-----------------|--|-----------------|--|---------------|--|-------------|--|-----------------|--|-----------------|--|
| Section I: General Product and Plan Information | | 671900010 | | | | | | | | | | 671900011 | | | | | | | | | | | |
| Field # | Section I: General Product and Plan Information | Bronze: Aetna | | Silver 1: Aetna | | Silver 2: Aetna | | Bronze: Aetna | | Gold: Aetna | | Silver 1: Aetna | | Silver 2: Aetna | | Bronze: Aetna | | Gold: Aetna | | Silver 1: Aetna | | Silver 2: Aetna | |
| 1.1 | Product Name | HMO | | | | | | | | | | | | | | | | | | | | | |
| 1.2 | Product ID | 671900010 | | | | | | | | | | | | | | | | | | | | | |
| 1.3 | Plan Name | HMO | | | | | | | | | | | | | | | | | | | | | |
| 1.4 | Plan ID (Standard Component ID) | 671900E0100001 | | | | | | | | | | | | | | | | | | | | | |
| 1.5 | Metal | HMO | | | | | | | | | | | | | | | | | | | | | |
| 1.6 | AV Metal Value | 0.645 | | | | | | | | | | | | | | | | | | | | | |
| 1.7 | Plan Category | New | | | | | | | | | | | | | | | | | | | | | |
| 1.8 | Plan Type | HMO | | | | | | | | | | | | | | | | | | | | | |
| 1.9 | Exchange Plan? | Yes | | | | | | | | | | | | | | | | | | | | | |
| 1.10 | Effective Date of Proposed Rates | 1/1/2023 | | | | | | | | | | | | | | | | | | | | | |
| 1.11 | Cumulative Rate Change % (over 12 mos prior) | 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 | | | | | | | | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Field # | Section II: Experience Period and Current Plan Level Information | Total | | | | | | | | | | | | | | | | | | | |
| 2.1 | Plan ID (Standard Component ID) | 671900E0100001 | | | | | | | | | | | | | | | | | | | |
| 2.2 | Allowed Claims | \$0 | | | | | | | | | | | | | | | | | | | |
| 2.3 | Reinsurance | \$0 | | | | | | | | | | | | | | | | | | | |
| 2.4 | Member Cost Sharing | \$0 | | | | | | | | | | | | | | | | | | | |
| 2.5 | Cost Sharing Reduction | \$0 | | | | | | | | | | | | | | | | | | | |
| 2.6 | Incurred Claims | \$0 | | | | | | | | | | | | | | | | | | | |
| 2.7 | Risk Adjustment Transfer Amount | \$0 | | | | | | | | | | | | | | | | | | | |
| 2.8 | Premium | \$0 | | | | | | | | | | | | | | | | | | | |
| 2.9 | Experience Period Member Months | 0 | | | | | | | | | | | | | | | | | | | |
| 2.10 | Current Enrollment | 0 | | | | | | | | | | | | | | | | | | | |
| 2.11 | Current Premium PMPM | \$0.00 | | | | | | | | | | | | | | | | | | | |
| 2.12 | Loss Ratio | #DIV/0! | | | | | | | | | | | | | | | | | | | |
| Per Member Per Month | | | | | | | | | | | | | | | | | | | | | |
| 2.13 | Allowed Claims | #DIV/0! | | | | | | | | | | | | | | | | | | | |
| 2.14 | Reinsurance | #DIV/0! | | | | | | | | | | | | | | | | | | | |
| 2.15 | Member Cost Sharing | #DIV/0! | | | | | | | | | | | | | | | | | | | |
| 2.16 | Cost Sharing Reduction | #DIV/0! | | | | | | | | | | | | | | | | | | | |
| 2.17 | Incurred Claims | #DIV/0! | | | | | | | | | | | | | | | | | | | |
| 2.18 | Risk Adjustment Transfer Amount | #DIV/0! | | | | | | | | | | | | | | | | | | | |
| 2.19 | Premium | #DIV/0! | | | | | | | | | | | | | | | | | | | |

| Section III: Plan Adjustment Factors | | 671900E0100001 | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|--------------------------------------|----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|--|
| Field # | Section III: Plan Adjustment Factors | Total | | | | | | | | | | | | | | | | | | | |
| 3.1 | Plan ID (Standard Component ID) | 671900E0100001 | | | | | | | | | | | | | | | | | | | |
| 3.2 | Market Adjusted Index Rate | 0.6310 | | | | | | | | | | | | | | | | | | | |
| 3.3 | AV and Cost Sharing Design of Plan | 0.6646 | | | | | | | | | | | | | | | | | | | |
| 3.4 | Provider Network Adjustment | 1.0000 | | | | | | | | | | | | | | | | | | | |
| 3.5 | Benefits in Addition to EHB | 1.0000 | | | | | | | | | | | | | | | | | | | |
| Administrative Costs | | | | | | | | | | | | | | | | | | | | | |
| 3.6 | Administrative Expense | 8.90% | | | | | | | | | | | | | | | | | | | |
| 3.7 | Taxes and Fees | 3.31% | | | | | | | | | | | | | | | | | | | |
| 3.8 | Profit & Risk Load | 1.56% | | | | | | | | | | | | | | | | | | | |
| 3.9 | Catastrophic Adjustment | 1.0000 | | | | | | | | | | | | | | | | | | | |
| 3.10 | Plan Adjusted Index Rate | \$519.62 | \$547.29 | \$831.95 | \$746.16 | \$742.20 | \$707.45 | \$527.44 | \$750.77 | \$698.31 | \$520.52 | \$548.15 | \$832.79 | \$601.64 | \$598.51 | \$570.31 | \$528.35 | \$563.18 | \$751.59 | | |
| 3.11 | Age Calibration Factor | 0.6083 | | | | | | | | | | | | | | | | | | | |
| 3.12 | Geographic Calibration Factor | 1.0000 | | | | | | | | | | | | | | | | | | | |
| 3.13 | Tobacco Calibration Factor | 0.9981 | | | | | | | | | | | | | | | | | | | |
| 3.14 | Calibrated Plan Adjusted Index Rate | \$315.48 | \$332.28 | \$505.12 | \$453.02 | \$450.62 | \$429.53 | \$320.23 | \$455.82 | \$423.98 | \$316.03 | \$332.83 | \$505.62 | \$365.28 | \$363.38 | \$346.38 | \$320.78 | \$341.93 | \$456.32 | | |

| Section IV: Projected Plan Level Information | | 671900E0100001 | | | | | | | | | | | | | | | | | | | |
|--|--|----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|--|
| Field # | Section IV: Projected Plan Level Information | Total | | | | | | | | | | | | | | | | | | | |
| 4.1 | Plan ID (Standard Component ID) | 671900E0100001 | | | | | | | | | | | | | | | | | | | |
| 4.2 | Allowed Claims | \$14,909,514 | | | | | | | | | | | | | | | | | | | |
| 4.3 | Reinsurance | \$2,031,314 | | | | | | | | | | | | | | | | | | | |
| 4.4 | Member Cost Sharing | \$2,957,479 | | | | | | | | | | | | | | | | | | | |
| 4.5 | Cost Sharing Reduction | \$0 | | | | | | | | | | | | | | | | | | | |
| 4.6 | Incurred Claims | \$9,920,521 | | | | | | | | | | | | | | | | | | | |
| 4.7 | Risk Adjustment Transfer Amount | \$0 | | | | | | | | | | | | | | | | | | | |
| 4.8 | Premium | \$11,842,609 | | | | | | | | | | | | | | | | | | | |
| 4.9 | Projected Member Months | 17,939 | | | | | | | | | | | | | | | | | | | |
| 4.10 | Loss Ratio | 83.77% | 83.77% | 83.77% | 83.77% | 83.77% | 83.77% | 83.77% | 83.77% | 83.77% | 83.77% | 83.77% | 83.77% | 83.77% | 83.77% | 83.77% | 83.77% | 83.77% | 83.77% | | |
| Per Member Per Month | | | | | | | | | | | | | | | | | | | | | |
| 4.11 | Allowed Claims | \$831.15 | \$824.90 | \$824.90 | \$890.89 | \$824.90 | \$824.90 | \$824.90 | \$890.89 | \$824.90 | \$824.90 | \$824.90 | \$890.89 | \$824.90 | \$824.90 | \$824.90 | \$824.90 | \$824.90 | \$890.89 | | |
| 4.12 | Reinsurance | \$113.27 | \$89.15 | \$93.90 | \$142.75 | \$128.02 | \$127.35 | \$121.39 | \$90.50 | \$128.81 | \$119.82 | \$89.30 | \$94.05 | \$142.89 | \$103.22 | \$102.69 | \$97.89 | \$90.65 | \$96.62 | | |
| 4.13 | Member Cost Sharing | \$164.86 | \$300.50 | \$272.56 | \$51.18 | \$71.87 | \$75.80 | \$110.87 | \$292.57 | \$133.17 | \$120.10 | \$299.59 | \$271.66 | \$50.36 | \$217.70 | \$220.87 | \$249.11 | \$291.66 | \$256.54 | | |
| 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 | | |
| 4.15 | Incurred Claims | \$553.01 | \$435.25 | \$454.44 | \$696.96 | \$625.02 | \$613.76 | \$593.65 | \$441.84 | \$628.81 | \$588.99 | \$436.01 | \$489.19 | \$607.64 | \$500.88 | \$501.35 | \$477.81 | \$440.59 | \$471.74 | | |
| 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 | | |
| 4.17 | Premium | \$660.16 | \$519.58 | \$547.26 | \$832.00 | \$746.12 | \$742.22 | \$707.47 | \$527.44 | \$750.76 | \$698.31 | \$520.48 | \$548.16 | \$832.81 | \$601.62 | \$598.49 | \$570.50 | \$528.34 | \$563.14 | | |