## Product-Plan Data Collection

Company Legal Name: HIOS Issuer ID: Effective Date of Rate Change(s):

Product/Plan Level Calculations

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Field # Section I: General Product and Plan Information								
1.1 Product Name	AmeriHealth Caritas Next							
1.2 Product ID		72760DE001						
1.3 Plan Name								i i
1.4 Plan ID (Standard Component ID)		72760DE0010001	72760DE0010002	72760DE0010003	72760DE0010004	72760DE0010006	72760DE0010007	72760DE0010005
1.5 Metal		Bronze	Bronze	Silver	Gold	Bronze	Silver	Silver
1.6 AV Metal Value		0.602	0.644	0.700	0.780	0.650	0.719	0.713
1.7 Plan Category		Renewing	Renewing	Renewing	Renewing	New	New	New
1.8 Plan Type		HMO						
1.9 Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	No
1.10 Effective Date of Proposed Rates		1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024
1.11 Cumulative Rate Change % (over 12 mos prior)		-5.24%	-4.92%	-7.97%	-2.67%	0.00%	0.00%	0.00%
1.12 Product Rate Increase %		0.00%						
1.13 Submission Level Rate Increase %		0.00%						

State: Market:

1/0/1900



1 Totals	Section II: Experience Period and Current Plan Leve	I Information							
	2.1 Plan ID (Standard Component ID)	Total	0	0	0	0	0	0	0
\$0	2.2 Allowed Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2.4 Member Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.6 Incurred Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.7 Risk Adjustment Transfer Amount	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.8 Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	2.9 Experience Period Member Months	0	0	0	0	0	0	0	0
	2.10 Current Enrollment	124	0	0	0	0	0	0	0
	2.11 Current Premium PMPM	\$615.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.12 Loss Ratio	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Per Member Per Month								
	2.13 Allowed Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.15 Member Cost Sharing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.17 Incurred Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.18 Risk Adjustment Transfer Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.19 Premium	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section III: Plan Adjustment Factors								
3.1 Plan ID (Standard Component ID)		0	0	0	0	0	Ö	0
3.2 Market Adjusted Index Rate		\$0.00						-
3.3 AV and Cost Sharing Design of Plan		0.6006	0.6791	0.8325	0.8286	0.6945	0.8393	0.7782
3.4 Provider Network Adjustment		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
Administrative Costs								
3.6 Administrative Expense		11.77%	11.57%	11.28%	11.29%	11.53%	11.27%	11.37%
3.7 Taxes and Fees		0.72%	0.71%	0.69%	0.69%	0.71%	0.69%	0.70%
3.8 Profit & Risk Load		2.37%	2.37%	2.37%	2.37%	2.37%	2.37%	2.37%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.11 Age Calibration Factor	0.5783				0.0000			
3.12 Geographic Calibration Factor	1.0000	1.0000 0.0000						
3.13 Tobacco Calibration Factor	0.9917	0.9917 0.0000						
3.14 Calibrated Plan Adjusted Index Rate		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section IV: Projected Plan Level Information								
4.1 Plan ID (Standard Component ID)	Total	0	0	0	0	0	Ö	0
4.2 Allowed Claims	\$6,790,821	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.3 Reinsurance	\$918,079	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$1,531,373	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$4,341,369	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.7 Risk Adjustment Transfer Amount	-\$25,170	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.8 Premium	\$5,238,379	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.9 Projected Member Months	7,800	0	0	0	0	0	0	0
4.10 Loss Ratio	83.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Per Member Per Month								
4.11 Allowed Claims	\$870.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.12 Reinsurance	\$117.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$196.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$556.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.16 Risk Adjustment Transfer Amount	-\$3.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.17 Premium	\$671.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

To add a product to Worksheet 2 - Plan Product Info, select the Add Plan 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 + F. To finalize, select the Finalize button or Ctrl + Shift + F. To remove a plan, wought to the corresponding Plank Home/Product ID field and select the Remove Product button or Ctrl + Shift + Q. To remove a plan, wought to the corresponding Plank Home/Plank ID field and select the Remove Plank Lotton or Ctrl + Shift + A.