

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	<b>Unified Rate Review v6.1</b>																		
2																			
3	Company Legal Name:	Aetna Health Inc. (a PA corp.)																	
4	HIOS Issuer ID:	67190	State:	DE															
5	Effective Date of Rate Change(s):	1/0/1900	Market:	Individual															
6																			
7																			
8	<b>Market Level Calculations (Same for all Plans)</b>																		
9																			
10																			
11	<b>Section I: Experience Period Data</b>																		
12	Experience Period:	1/1/2023	to	12/31/2023															
13			Total		PMPM														
14	Allowed Claims		\$16,719,320.71		\$662.89														
15	Reinsurance		\$2,400,000.00		\$95.16														
16	Incurred Claims in Experience Period		\$11,365,335.22		\$450.61														
17	Risk Adjustment		-\$2,302,851.84		-\$91.30														
18	Experience Period Premium		\$16,064,070.23		\$636.91														
19	Experience Period Member Months		25,222																
20																			
21	<b>Section II: Projections</b>																		
22			Year 1 Trend		Year 2 Trend														
23	Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	Trended EHB Allowed Claims PMPM												
24	Inpatient Hospital	\$191.91	1.042	1.026	1.042	1.026	\$219.25												
25	Outpatient Hospital	\$257.17	1.042	1.026	1.042	1.026	\$293.79												
26	Professional	\$79.50	1.042	1.026	1.042	1.026	\$90.82												
27	Other Medical	\$37.24	1.042	1.026	1.042	1.026	\$42.55												
28	Capitation	\$23.60	2.020	1.000	2.020	1.000	\$96.30												
29	Prescription Drug	\$73.47	1.043	1.032	1.043	1.032	\$85.08												
30	Total	\$662.89					\$827.78												
31																			
32	Morbidity Adjustment					0.972													
33	Demographic Shift					1.008													
34	Plan Design Changes					1.194													
35	Other					1.000													
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2025				\$967.82													
37																			
38	Manual EHB Allowed Claims PMPM					\$974.61													
39	Applied Credibility %					72.36%													
40																			
41	<b>Projected Period Totals</b>																		
42	Projected Index Rate for	1/1/2025			\$969.70	\$18,619,209.70													
43	Reinsurance				\$175.98	\$3,379,073.04													
44	Risk Adjustment Payment/Charge				-\$91.12	-\$1,749,514.89													
45	Exchange User Fees				1.72%	\$297,336.19													
46	Market Adjusted Index Rate				\$900.32	\$17,286,987.75													
47																			
48	Projected Member Months					19,201													
49																			
50	<b>Information Not Releasable to the Public Unless Authorized by Law:</b> This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																		
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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.