

Unified Rate Review v6.1

Company Legal Name:	Celtic Insurance Company		
HIOS Issuer ID:	64004	State:	DE
Effective Date of Rate Change(s):	1/1/2025	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.

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:	1/1/2023	to	12/31/2023	
		Total		PMPM
Allowed Claims		\$0.00		#DIV/0!
Reinsurance		\$0.00		#DIV/0!
Incurred Claims in Experience Period		\$0.00		#DIV/0!
Risk Adjustment		\$0.00		#DIV/0!
Experience Period Premium		\$0.00		#DIV/0!
Experience Period Member Months		0		

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Outpatient Hospital	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Professional	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Other Medical	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Capitation	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Prescription Drug	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Total	\$0.00					\$0.00

Morbidity Adjustment	\$1.000
Demographic Shift	\$1.000
Plan Design Changes	\$1.000
Other	\$1.000
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2025	\$0.00

Manual EHB Allowed Claims PMPM	\$691.17
Applied Credibility %	0.00%

Projected Period Totals

Projected Index Rate for 1/1/2025	\$691.17	\$48,486,266.67
Reinsurance	\$123.72	\$8,679,041.73
Risk Adjustment Payment/Charge	-\$31.86	-\$2,235,227.04
Exchange User Fees	1.93%	\$828,573.22
Market Adjusted Index Rate	\$611.12	\$42,871,025.19
Projected Member Months	70,151	

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Product-Plan Data Collection

Company Legal Name: **Citic Insurance Company**
 HOS Issuer ID: **6404** State: **DC**
 Effective Date of Rate Change(s): **1/1/2025** 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/Plan ID field and select the **Remove Product** button or **Ctrl + Shift + G**.
 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	Amberley	Amberley + Vision + Adult Dental
1.1	Product Name	Amberley	
1.2	Plan ID	6404DC010001	
1.3	Plan Name	HSA Energy Bronze	
1.4	Plan ID (Standard Component ID)	6404DC010001	
1.5	Market	Individual	
1.6	Plan Value	0.420	
1.7	Plan Category	Energy Bronze	
1.8	Plan Type	EPO	
1.9	Effective Date of Proposed Rates	1/1/2025	
1.10	Effective Date of Proposed Rates (over 12 mos prior)	1/1/2025	
1.11	Cumulative Rate Change % (over 12 mos prior)	-14.21%	
1.12	Product Rate Increase %	-15.62%	
1.13	Submission Level Rate Increase %	-14.90%	

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

Field #	Section II: Experience Period and Current Plan Level Information	6404DC010001	6404DC010002	6404DC010003	6404DC010004	6404DC010005	6404DC010006	6404DC010007	6404DC010008	6404DC010009	6404DC010010	6404DC010011	6404DC010012	6404DC010013	6404DC010014	6404DC010015	6404DC010016	6404DC010017	6404DC010018	6404DC010019	6404DC010020
2.1	Plan ID (Standard Component ID)	Total	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$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	\$0
2.5	Cost Sharing Reimburse	\$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	Current Enrollment	94	238	180	33	33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10	Current Premium PMPM	\$675.94	\$668.60	\$669.62	\$677.81	\$697.25	\$741.50	\$676.72	\$670.00	\$670.00	\$670.00	\$670.00	\$670.00	\$670.00	\$670.00	\$670.00	\$670.00	\$670.00	\$670.00	\$670.00	\$670.00
2.11	Cost Rate	\$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	\$0.00
2.12	Per Member Per Month	\$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	\$0.00
2.13	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	\$0.00
2.14	Member Cost Sharing	\$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	\$0.00
2.15	Member Cost Sharing	\$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	\$0.00
2.16	Cost Sharing Reimburse	\$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	\$0.00
2.17	Incurred Claims	\$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	\$0.00
2.18	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	\$0.00
2.19	Premium	\$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	\$0.00

Section III: Plan Adjustment Factors

Field #	Section III: Plan Adjustment Factors	6404DC010001	6404DC010002	6404DC010003	6404DC010004	6404DC010005	6404DC010006	6404DC010007	6404DC010008	6404DC010009	6404DC010010	6404DC010011	6404DC010012	6404DC010013	6404DC010014	6404DC010015	6404DC010016	6404DC010017	6404DC010018	6404DC010019	6404DC010020	
3.1	Plan ID (Standard Component ID)	6404DC010001																				
3.2	Age and Cost Sharing Design of Plan	0.7543	0.7029	0.6984	0.6953	0.6989	0.6933	0.6962	0.6967	0.6938	0.6900	0.6900	0.6900	0.6900	0.6900	0.6900	0.6900	0.6900	0.6900	0.6900	0.6900	
3.3	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	1.0000	1.0000	
3.4	Benefits in Addition to DRB	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	1.0000	1.0000	
3.5	Administrative Costs	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	1.0000	1.0000	
3.6	Administrative Expense	12.13%	12.13%	12.13%	12.13%	12.13%	12.13%	12.13%	12.13%	12.13%	12.13%	12.13%	12.13%	12.13%	12.13%	12.13%	12.13%	12.13%	12.13%	12.13%	12.13%	
3.7	Taxes and Fees	6.14%	6.14%	6.14%	6.14%	6.14%	6.14%	6.14%	6.14%	6.14%	6.14%	6.14%	6.14%	6.14%	6.14%	6.14%	6.14%	6.14%	6.14%	6.14%	6.14%	
3.8	Profit & Risk Load	3.61%	3.61%	3.61%	3.61%	3.61%	3.61%	3.61%	3.61%	3.61%	3.61%	3.61%	3.61%	3.61%	3.61%	3.61%	3.61%	3.61%	3.61%	3.61%	3.61%	
3.9	Calculated Plan Adjusted Index Rate	\$558.48	\$549.81	\$546.35	\$538.17	\$533.21	\$530.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	
3.10	Plan Adjusted Index Rate	\$558.48	\$549.81	\$546.35	\$538.17	\$533.21	\$530.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	\$529.11	
3.11	Age Calibration Factor	0.9932																				
3.12	Geographic Calibration Factor	1.0000																				
3.13	Subarea Calibration Factor	0.9974																				
3.14	Calibrated Plan Adjusted Index Rate	\$329.12	\$324.25	\$322.19	\$317.63	\$314.70	\$310.55	\$308.43	\$308.21	\$308.07	\$308.00	\$308.00	\$308.00	\$308.00	\$308.00	\$308.00	\$308.00	\$308.00	\$308.00	\$308.00	\$308.00	\$308.00

Section IV: Projected Plan Level Information

Field #	Section IV: Projected Plan Level Information	6404DC010001	6404DC010002	6404DC010003	6404DC010004	6404DC010005	6404DC010006	6404DC010007	6404DC010008	6404DC010009	6404DC010010	6404DC010011	6404DC010012	6404DC010013	6404DC010014	6404DC010015	6404DC010016	6404DC010017	6404DC010018	6404DC010019	6404DC010020
4.1	Plan ID (Standard Component ID)	Total	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.2	Allowed Claims	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94
4.3	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	\$0.00
4.4	Member Cost Sharing	\$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	\$0.00
4.5	Cost Sharing Reimburse	\$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	\$0.00
4.6	Incurred Claims	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94
4.7	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	\$0.00
4.8	Premium	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94
4.9	Current Enrollment	94	238	180	33	33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.10	Cost Rate	\$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	\$0.00
4.11	Allowed Claims	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94	\$675.94
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	\$0.00
4.13	Member Cost Sharing	\$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	\$0.00
4.14	Cost Sharing Reimburse	\$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	\$0.00
4.15	Incurred Claims	\$675.94																			

Rating Area Data Collection

*Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.*

Rating Area	Rating Factor
Rating Area 1	1.0000