

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1	Unified Rate Review v6.1																			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.
2																				
3	Company Legal Name:	Celtic Insurance Company																		
4	HIOS Issuer ID:	64004	State:	DE																
5	Effective Date of Rate Change(s):	1/0/1900	Market:	Individual																
6																				
7																				
8	Market Level Calculations (Same for all Plans)																			
9																				
10																				
11	Section I: Experience Period Data																			
12	Experience Period:	1/1/2023	to	12/31/2023																
13			Total	PMPM																
14	Allowed Claims		\$0.00	\$0.00																
15	Reinsurance		\$0.00	\$0.00																
16	Incurred Claims in Experience Period		\$0.00	\$0.00																
17	Risk Adjustment		\$0.00	\$0.00																
18	Experience Period Premium		\$0.00	\$0.00																
19	Experience Period Member Months		0																	
20																				
21	Section II: Projections																			
22		Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM													
23	Benefit Category		Cost	Utilization	Cost	Utilization														
24	Inpatient Hospital	\$0.00	1.000	1.000	1.000	1.000	\$0.00													
25	Outpatient Hospital	\$0.00	1.000	1.000	1.000	1.000	\$0.00													
26	Professional	\$0.00	1.000	1.000	1.000	1.000	\$0.00													
27	Other Medical	\$0.00	1.000	1.000	1.000	1.000	\$0.00													
28	Capitation	\$0.00	1.000	1.000	1.000	1.000	\$0.00													
29	Prescription Drug	\$0.00	1.000	1.000	1.000	1.000	\$0.00													
30	Total	\$0.00					\$0.00													
31																				
32	Morbidity Adjustment					1.000														
33	Demographic Shift					1.000														
34	Plan Design Changes					1.000														
35	Other					1.000														
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2025				\$0.00														
37																				
38	Manual EHB Allowed Claims PMPM					\$691.17														
39	Applied Credibility %					0.00%														
40																				
41	Projected Period Totals																			
42	Projected Index Rate for	1/1/2025				\$691.17	\$48,486,266.67													
43	Reinsurance					\$123.72	\$8,679,041.73													
44	Risk Adjustment Payment/Charge					-\$31.86	-\$2,235,227.04													
45	Exchange User Fees					1.93%	\$828,573.22													
46	Market Adjusted Index Rate					\$611.12	\$42,871,025.19													
47																				
48	Projected Member Months					70,151														
49																				
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically 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.																			
51																				