Α	В	C	D	E	F		G		Н	_	J	K I	_ N	A N	0	Р	Q	R	S	T
1	Unified Rate Review v6.1	·										To add a product	t to Worksh	eet 2 - Plan F	roduct Info, se	lect the Add I	roduct butt	on or Ctrl +	Shift + P.	
2												To add a plan to								
3	Company Legal Name:	AmeriHealth Caritas VIP Next,	Inc.							1		To validate, selec							-	
J	HIOS Issuer ID:	72760		DE						1					-					
_			State:	Individual								To finalize, select	t the Finaliza	e button or C	tri + Snijt + F.					
5	Effective Date of Rate Change(s):	1/1/2026	Market:	Individual	1															
6																				
7																				
	Market Level Calculations (Same for a																			
9																				
10	Castley I. Francisco Paried Date																			
	Section I: Experience Period Data Experience Period:		1/1/2024	1	12/31/2024															
13	Experience renou.		1/1/2024	to Total	PMPM															
	Allowed Claims			\$40,362,919.71		\$628.92														
15	Reinsurance			\$7,923,142.00		\$123.46														
16	Incurred Claims in Experience Period			\$28,782,023.02		\$448.47														
17	Risk Adjustment			-\$11,999,476.00		-\$186.97														
	Experience Period Premium			\$42,027,952.62		\$654.87														
19	Experience Period Member Months			64,178																
20																				
21	Section II: Projections									_										
22			Year	1 Trend		Year 2 1	rend													
	Benefit Category	Experience Period Index							Trended EHB Allowed Claims											
23		Rate PMPM	Cost	Utilization	Cost		Utilization		PMPM											
24	Inpatient Hospital	\$221.25				1.000		1.046	\$242.07											
25 26	Outpatient Hospital	\$191.63				1.000		1.046	\$209.67											
26 27	Professional Other Medical	\$107.95 \$9.38				1.000		1.046	\$118.11 \$10.26											
28	Capitation	\$8.08				1.000		1.046	\$8.84											
29	Prescription Drug	\$90.63				1.066		1.042	\$111.82											
30	Total	\$628.92	1		I				\$700.77	1										
31			•							3										
32	Morbidity Adjustment		1.036																	
33	Demographic Shift					0.996														
34	Plan Design Changes					0.998														
	Other					0.989														
36	Adjusted Trended EHB Allowed Claims PMPM for 1/1/2026 \$				\$713.71															ļ
3/	Manual EHB Allowed Claims PMPM					\$0.00														
	Applied Credibility %					100.00%														
40	Applied Credibility %					100.00%														
41							Projected Period Tota	als												
_	Projected Index Rate for 1/1/2026					Ś	49,100,393.16													
_	Reinsurance						7,628,100.48													
44	Risk Adjustment Payment/Charge					-\$260.93 -	\$17,950,940.28													
45	xchange User Fees					3.04%	1,863,104.66													
46	Market Adjusted Index Rate \$1					\$	61,286,337.62													
17																				
	Projected Member Months				68796															ļ
49																				ļ
																				ļ
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