

1 **Unified Rate Review v5.0**  
 2  
 3 Company Legal Name: \_\_\_\_\_ State: \_\_\_\_\_  
 4 HIOS Issuer ID: \_\_\_\_\_ Market: \_\_\_\_\_  
 5 Effective Date of Rate Change(s): \_\_\_\_\_  
 6

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.

7 **Market Level Calculations (Same for all Plans)**

11 **Section I: Experience Period Data**  
 12 Experience Period: \_\_\_\_\_ to 12/30/1900  
 13 **Total PMPM**

14 Allowed Claims		#DIV/0!
15 Reinsurance		#DIV/0!
16 Incurred Claims in Experience Period		#DIV/0!
17 Risk Adjustment		#DIV/0!
18 Experience Period Premium		#DIV/0!
19 Experience Period Member Months	0	

21 **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	
24 Inpatient Hospital						\$0.00
25 Outpatient Hospital						\$0.00
26 Professional						\$0.00
27 Other Medical						\$0.00
28 Capitation						\$0.00
29 Prescription Drug						\$0.00
30 Total	\$0.00					\$0.00

32 Morbidity Adjustment	
33 Demographic Shift	
34 Plan Design Changes	
35 Other	
36 Adjusted Trended EHB Allowed Claims PMPM for	\$0.00
37	
38 Manual EHB Allowed Claims PMPM	
39 Applied Credibility %	

41 **Projected Period Totals**

42 Projected Index Rate for	\$0.00	\$0.00
43 Reinsurance		\$0.00
44 Risk Adjustment Payment/Charge		\$0.00
45 Exchange User Fees		\$0.00
46 Market Adjusted Index Rate	\$0.00	\$0.00
47		
48 Projected Member Months		0

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.

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**Product-Plan Data Collection**

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

State:  
 Market:

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**Product/Plan Level Calculations**

Field #	Section I: General Product and Plan Information
1.1	Product Name
1.2	Product ID
1.3	Plan Name
1.4	Plan ID (Standard Component ID)
1.5	Metal
1.6	AV Metal Value
1.7	Plan Category
1.8	Plan Type
1.9	Exchange Plan?
1.10	Effective Date of Proposed Rates
1.11	Cumulative Rate Change % (over 12 mos prior)
1.12	Product Rate Increase %
1.13	Submission Level Rate Increase %

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information	Total
\$0	2.1 Plan ID (Standard Component ID)	\$0
\$0	2.2 Allowed Claims	\$0
\$0	2.3 Reinsurance	\$0
\$0	2.4 Member Cost Sharing	\$0
\$0	2.5 Cost Sharing Reduction	\$0
\$0	2.6 Incurred Claims	\$0
\$0	2.7 Risk Adjustment Transfer Amount	\$0
\$0	2.8 Premium	\$0
0	2.9 Experience Period Member Months	0
	2.10 Current Enrollment	0
	2.11 Current Premium PMPM	#NAME?
	2.12 Loss Ratio	#DIV/0!
	<b>Per Member Per Month</b>	
	2.13 Allowed Claims	#DIV/0!
	2.14 Reinsurance	#DIV/0!
	2.15 Member Cost Sharing	#DIV/0!
	2.16 Cost Sharing Reduction	#DIV/0!
	2.17 Incurred Claims	#DIV/0!
	2.18 Risk Adjustment Transfer Amount	#DIV/0!
	2.19 Premium	#DIV/0!

Section III: Plan Adjustment Factors
3.1 Plan ID (Standard Component ID)
3.2 Market Adjusted Index Rate
3.3 AV and Cost Sharing Design of Plan
3.4 Provider Network Adjustment
3.5 Benefits in Addition to EHB
<b>Administrative Costs</b>
3.6 Administrative Expense
3.7 Taxes and Fees
3.8 Profit & Risk Load
3.9 Catastrophic Adjustment
<b>3.10 Plan Adjusted Index Rate</b>
3.11 Age Calibration Factor
3.12 Geographic Calibration Factor
3.13 Tobacco Calibration Factor
<b>3.14 Calibrated Plan Adjusted Index Rate</b>

Section IV: Projected Plan Level Information	Total
4.1 Plan ID (Standard Component ID)	\$0
4.2 Allowed Claims	\$0
4.3 Reinsurance	\$0
4.4 Member Cost Sharing	\$0
4.5 Cost Sharing Reduction	\$0
4.6 Incurred Claims	\$0
4.7 Risk Adjustment Transfer Amount	\$0
4.8 Premium	\$0
4.9 Projected Member Months	0
4.10 Loss Ratio	#DIV/0!
<b>Per Member Per Month</b>	
4.11 Allowed Claims	#DIV/0!
4.12 Reinsurance	#DIV/0!
4.13 Member Cost Sharing	#DIV/0!
4.14 Cost Sharing Reduction	#DIV/0!
4.15 Incurred Claims	#DIV/0!
4.16 Risk Adjustment Transfer Amount	#DIV/0!
4.17 Premium	#DIV/0!

## Rating Area Data Collection

*Specify the total number of Rati  
Select only the Rating Areas you  
To validate, select the Validate b  
To finalize, select the Finalize bu*

Rating Area	Rating Factor
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Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.  
are offering plans within and add a factor for each area.  
button or Ctrl + Shift + I.  
button or Ctrl + Shift + F.