Maine Individual Aetna Whole Health HMO - Premium Rate Manual: Rate Calculation

The following steps are used to calculate Individual Aetna Whole Health HMO premium rates.
Rates are determined using the federal member build-up approach to calculate a Member Rate, as follows:

	1	**Calibrated Plan Adj. Index Rate** – Premium rate by plan offering, as of January 1, 2017.
x	2	**Member Age Factor** – An adjustment to reflect a member's age as of the renewal date of the policy.
x	3	**Tobacco Usage Factor** - An adjustment reflecting differences in cost by tobacco use.
x	4	**Area Factor** – An adjustment reflecting differences in cost by geographic area.
=	5	**Final Member Premium Rate** – Each member covered under the policy, up to the dependent children limit noted below, will have a specific Member Rate.

<u>To determine a single Individual's monthly premium rate (no dependents):</u>

The Final Member Rate is the single Individual's monthly rate for the policy year.

<u>To determine the 'family'/non-single Individual monthly premium rate:</u>

A Add together the Member Rates for the Individual, any spouse, and any dependent children age 21 & older.

B For dependent children under age 21, there is a limit whereby the Member Rates for only the three (3) oldest dependent children can be included in a family's monthly premium.

C Thus, the calculation is: the sum of the Members Rates for every family member age 21 & older plus the sum of the Member Rates for the three oldest dependent children under age 21.

Maine Individual - Aetna Whole Health HMO Premium Rate Manual: #1 - Plan Rates

			Tier 1 Medical Cost-Share								Tier 2 Medical			Pharmacy Cost-Share				
Plan Name	HIOS ID	Calibrated Plan Adjusted Index Rate	Deduct-ible	Mem Coins %	OOP Max.	PCP Copay	Spec Copay	IP Hosp Copay	OP Surg Copay	ER Copay	Deduct-ible	Mem Coins %	OOP Max.	Subject to Medical Deduct.?	Formulary Generic	Formulary Brand	All Non-Formulary	Formulary Specialty / Injectables
ME AWH Gold $5 Copay PD	73250ME0040006	**408.43**	$1,500	20%	$4,500	$5 DW	$40 DW	Ded & %	Ded & %	Ded+$250; $75 UC	$3,750	40%	$6,000	No	$3 / $10	$30	$50	40% / 50%
ME AWH Silver $10 Copay PD	73250ME0040007	**283.93**	$4,000	20%	$6,000	$10 DW	$60 DW	Ded & %	Ded + $100	Ded+$250; $75 UC	$5,750	40%	$6,850	No; $500 Rx only	$3 / $10	$40	$50	40% / 50%
ME AWH Bronze $40 Copay PD	73250ME0040001	**237.75**	$6,400	0%	$7,150	$40 DW	Ded & %	Ded & %	Ded & %	Ded+%; $60 UC	$7,100	40%	$7,150	No	$20	$75	50%	50% / 50%

ME Individual Aetna Whole Health HMO - Premium Rate Manual: Rating Factors

2 - Member Age Table

Age	Factor
0 - 20	0.635
21 - 24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64 and Older	3.000

3 - Tobacco Use Table

Status/Usage	Factor
Tobacco User	1.20
Non-User	1.0

4 - Area Factor Table

Region	Factor
Region #1	0.845
Cumberland, Sagadahoc, & York	
Region #2	0.908
Knox, Lincoln, & Oxford	
Region #3	0.926
Androscoggin, Franklin & Waldo	