

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y						
1	Unified Rate Review v3.3																													
2																														
3	Company Legal Name:		Aetna Health Inc. (a ME corp.)												State:		ME													
4	HIOS Issuer ID:		73250												Market:		Individual													
5	Effective Date of Rate Change(s):		01/01/2017																											
6																														
7																														
8	Market Level Calculations (Same for all Plans)																													
9																														
10																														
11	Section I: Experience period data																													
12	Experience Period:		01/01/2015			to		12/31/2015																						
13			<u>Experience Period</u>																											
14			<u>Aggregate Amount</u>		<u>PMPM</u>		<u>% of Prem</u>																							
15	Premiums (net of MLR Rebate) in Experience Period:		\$573,429			\$227.28			100.00%																					
16	Incurred Claims in Experience Period		\$608,227			241.07			106.07%																					
17	Allowed Claims:		\$846,639			335.57			147.64%																					
18	Index Rate of Experience Period					\$336.00																								
19	Experience Period Member Months		2,523																											
20	Section II: Allowed Claims, PMPM basis																													
21			<u>Experience Period</u>								<u>Projection Period:</u>		01/01/2017		to		12/31/2017		Mid-point to Mid-point, Experience to Projection:				24 months							
22			<u>on Actual Experience Allowed</u>				<u>Adj't. from Experience to Projection Period</u>				<u>Annualized Trend Factors</u>				<u>Projections, before credibility Adjustment</u>				<u>Credibility Manual</u>											
23	Benefit Category		Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity		Other		Cost		Util		Utilization per 1,000		Average Cost/Service		PMPM		Utilization per 1,000		Average Cost/Service		PMPM	
24	Inpatient Hospital		Days		180.74		\$5,152.52		\$77.60		1.025		1.092		1.065		1.001		185.74		\$6,375.91		\$98.69		181.68		\$5,606.00		\$84.87	
25	Outpatient Hospital		Visits		694.41		1,137.36		65.82		1.025		1.092		1.059		1.006		720.73		1,393.50		83.70		785.56		1,941.01		127.07	
26	Professional		Visits		3,481.57		280.83		81.48		1.025		1.092		1.018		1.013		3,663.68		317.79		97.02		6931.24		154.64		89.32	
27	Other Medical		Visits		2,154.58		331.81		59.58		1.025		1.092		1.059		1.006		2,236.25		406.54		75.76		4175.09		233.44		81.22	
28	Capitation		Benefit Period		12,000.00		0.43		0.43		1.025		1.092		1.000		0.994		12,149.33		0.47		0.48		13078.64		0.02		0.02	
29	Prescription Drug		Prescriptions		8,147.44		74.62		50.66		1.025		1.092		1.077		1.036		8,964.83		94.60		70.67		8185.47		105.55		72.00	
30	Total								\$335.57										8,964.83		94.60		70.67		8185.47		105.55		72.00	
31																														
32	Section III: Projected Experience:																										After Credibility		Projected Period Totals	
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49	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):

Aetna Health Inc. (a ME corp.)
73250
01/01/2017

State: **ME**
 Market: **Individual**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Aetna Health Maintenance Organization 73250ME004			
Product ID:	73250ME004			
Metal:	Bronze	Silver	Gold	Silver
AV Metal Value	0.620	0.693	0.781	0.685
AV Pricing Value	0.718	0.010	1.233	0.857
Plan Category	Renewing	Terminated	Renewing	Renewing
Plan Type:	HMO	HMO	HMO	HMO
Plan Name	ME Aetna Whole Health Bronze \$40 Copay PD	Aetna Whole Health Silver \$5 Copay 2500 PD	ME Aetna Whole Health Gold \$5 Copay PD	ME Aetna Whole Health Silver \$10 Copay PD
Plan ID (Standard Component ID):	73250ME0040001	73250ME0040004	73250ME0040006	73250ME0040007
Exchange Plan?	No	No	No	No
Historical Rate Increase - Calendar Year - 2	0.00%			
Historical Rate Increase - Calendar Year - 1	0.00%			
Historical Rate Increase - Calendar Year 0	1.19%			
Effective Date of Proposed Rates	01/01/2017	01/01/2017	01/01/2017	01/01/2017
Rate Change % (over prior filing)	12.17%	0.00%	10.08%	10.09%
Cum'tive Rate Change % (over 12 mos prior)	12.17%	0.00%	10.08%	10.09%
Proj'd Per Rate Change % (over Exper. Period)	-3.97%	#DIV/0!	0.77%	0.56%
Product Rate Increase %	10.50%			

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	73250ME0040001	73250ME0040004	73250ME0040006	73250ME0040007
Inpatient	-\$0.02	-\$0.02	\$0.00	-\$0.03	-\$0.02
Outpatient	\$28.87	\$34.76	\$0.00	\$50.77	\$34.86
Professional	-\$17.75	-\$21.38	\$0.00	-\$31.22	-\$21.43
Prescription Drug	\$5.41	\$6.51	\$0.00	\$9.51	\$6.53
Other	-\$1.51	-\$1.82	\$0.00	-\$2.66	-\$1.82
Capitation	-\$0.29	-\$0.35	\$0.00	-\$0.51	-\$0.35
Administration	\$1.60	\$1.93	\$0.00	\$2.81	\$1.93
Taxes & Fees	\$12.06	\$14.52	\$0.00	\$21.20	\$14.56
Risk & Profit Charge	\$2.57	\$3.09	\$0.00	\$4.51	\$3.10
Total Rate Increase	\$30.93	\$37.24	\$0.00	\$54.38	\$37.36
Member Cost Share Increase	-\$17.30	-\$21.74	\$0.00	-\$21.74	-\$21.74

Average Current Rate PMPM	\$363.27	\$306.15	\$0.00	\$539.55	\$370.17
Projected Member Months	117,600	28,224	0	5,880	83,496

tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	73250ME0040001	73250ME0040004	73250ME0040006	73250ME0040007
Plan Adjusted Index Rate	\$314.85	\$357.41	\$0.00	\$585.07	\$407.59
Member Months	2,523	1,134	515	185	689
Total Premium (TP)	\$794,370	\$405,303	\$0	\$108,238	\$280,830
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$846,639	\$363,278	\$123,634	\$156,924	\$202,803
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$111,869	\$58,460	\$5,676	\$23,794	\$23,940
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0				
Portion of above payable by HHS on behalf of insured person, as %	0.00%				
Total Incurred claims, payable with issuer funds	\$734,770	\$304,818	\$117,958	\$133,131	\$178,863
Net Amt of Rein	\$71,645.03	\$47,147.79	-\$1,890.05	\$11,067.94	\$15,319.35
Net Amt of Risk Adj	-\$207,649.27	-\$93,331.06	-\$42,385.80	-\$15,225.97	-\$56,706.44
Incurred Claims PMPM	\$291.23	\$268.80	\$229.04	\$719.63	\$259.60
Allowed Claims PMPM	\$335.57	\$320.35	\$240.07	\$848.24	\$294.34
EHB portion of Allowed Claims, PMPM	\$335.57	\$320.35	\$240.07	\$848.24	\$294.34

tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	73250ME0040001	73250ME0040004	73250ME0040006	73250ME0040007
Plan Adjusted Index Rate	\$402.86	\$343.21	\$0.00	\$589.60	\$409.87
Member Months	117,600	28,224	-	5,880	83,496
Total Premium (TP)	\$47,376,113	\$9,686,759	\$0	\$3,466,848	\$34,222,506
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$53,106,800	\$11,428,334	\$0	\$3,349,948	\$38,328,519
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$12,794,824	\$3,106,544	\$0	\$451,806	\$9,236,474
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0				
Portion of above payable by HHS on behalf of insured person, as %	0.00%				
Total Incurred claims, payable with issuer funds	\$40,311,976	\$8,321,790	\$0	\$2,898,141	\$29,092,044
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	-\$2,249,688	-\$539,925	\$0	-\$112,484	-\$1,597,278