

	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>		<u>Aggregate Amount</u>		<u>PMPM</u>		<u>% of Prem</u>																					
14	Premiums (net of MLR Rebate) in Experience Period:		\$573,429		\$227.28		100.00%																							
15	Incurred Claims in Experience Period		\$608,227		241.07		106.07%																							
16	Allowed Claims:		\$846,639		335.57		147.64%																							
17	Index Rate of Experience Period				\$336.00																									
18	Experience Period Member Months				2,523																									
19																														
20	Section II: Allowed Claims, PMPM basis																													
21																														
22			<u>Experience Period</u>				<u>Projection Period: 01/01/2017 to 12/31/2017</u>				<u>Mid-point to Mid-point, Experience to Projection: 24 months</u>																			
23			<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>											
24	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	
25	Inpatient Hospital		Days		180.74		\$5,152.52		\$77.60		1.025		1.092		1.065		0.976		176.55		\$6,375.91		\$93.80		172.69		\$5,606.00		\$80.67	
26	Outpatient Hospital		Visits		694.41		1,137.36		65.82		1.025		1.092		1.059		0.981		685.07		1,393.50		79.55		746.68		1,941.01		120.78	
27	Professional		Visits		3,481.57		280.83		81.48		1.025		1.092		1.018		0.988		3,482.37		317.79		92.22		6588.21		154.64		84.90	
28	Other Medical		Visits		2,154.58		331.81		59.58		1.025		1.092		1.059		0.981		2,125.58		406.54		72.01		3968.47		233.44		77.20	
29	Capitation		Benefit Period		12,000.00		0.43		0.43		1.025		1.092		1.000		0.969		11,548.05		0.47		0.45		12431.37		0.02		0.02	
30	Prescription Drug		Prescriptions		8,147.44		74.62		50.66		1.025		1.092		1.077		1.010		8,521.16		94.60		67.17		7780.36		105.55		68.43	
31	Total								\$335.57																				\$432.00	
32	Section III: Projected Experience:																													
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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				Health Maintenance Organization - CB			
	73250ME0004				73250ME0004			
Product ID:								
Metal:	Silver	Gold	Silver	Bronze	Catastrophic	Gold	Silver	Silver
AV Metal Value:	0.693	0.781	0.685	0.619	0.617	0.780	0.681	0.717
AV Pricing Value:	0.010	1.296	0.901	0.760	0.641	1.276	0.887	0.986
Plan Category:	Terminated	Renewing	Renewing	New	New	New	New	New
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name:	Aetna Whole Health Silver 55 Copay 2500 P0	ME Aetna Whole Health Gold 55 Copay P0	ME Aetna Whole Health Silver 510 Copay P0	CB ME AWH Bronze	CB ME AWH Catastrophic	CB ME AWH Gold	CB ME AWH Silver Everyday	CB ME AWH Silver Everyday P0
Plan ID (Standard Component ID):	73250ME00400004	73250ME00400006	73250ME00400007	73250ME00700001	73250ME00700002	73250ME00700003	73250ME00700005	73250ME00700006
Exchange Plan?	No	No	No	Yes	Yes	Yes	Yes	Yes
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	01/01/2017	01/01/2017	01/01/2017	01/01/2017
Rate Change % (over prior filing)	0.00%	14.00%	14.00%	17.00%	0.00%	0.00%	0.00%	0.00%
Rate Change % (over 12 mos prior)	0.00%	14.00%	14.00%	17.00%	0.00%	0.00%	0.00%	0.00%
Cumulative Rate Change % (over Exper. Period)	#DIV/0!	4.36%	4.13%	0.19%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Rate Increase %	14.00%							

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

Plan ID (Standard Component ID):	Total	73250ME00400004	73250ME00400006	73250ME00400007	73250ME00700001	73250ME00700002	73250ME00700003	73250ME00700005	73250ME00700006
Inpatient	\$0.77	\$0.00	\$1.34	\$0.92	\$0.93	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$28.91	\$0.00	\$50.63	\$34.75	\$34.94	\$0.00	\$0.00	\$0.00	\$0.00
Professional	\$16.27	\$0.00	\$28.50	\$19.56	\$19.67	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$5.86	\$0.00	\$10.26	\$7.04	\$7.08	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.72	\$0.00	\$1.26	\$0.87	\$0.87	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	\$0.27	\$0.00	\$0.49	\$0.33	\$0.33	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.32	\$0.00	\$0.50	\$0.38	\$0.39	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$21.82	\$0.00	\$38.21	\$26.23	\$26.37	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$2.73	\$0.00	\$4.78	\$3.28	\$3.30	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$43.13	\$0.00	\$75.53	\$51.84	\$52.14	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$39.42	\$0.00	\$49.53	\$49.53	\$49.53	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$78.53	\$0.00	\$39.55	\$10.17	\$306.35	\$0.00	\$0.00	\$0.00	\$0.00
Projected Member Months	117,600	0	444	3,932	27,048	1,176	5,484	61,376	20,388

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	73250ME00400004	73250ME00400006	73250ME00400007	73250ME00700001	73250ME00700002	73250ME00700003	73250ME00700005	73250ME00700006
Plan Adjusted Index Rate	\$214.85	\$0.00	\$585.07	\$407.59	\$357.41	\$0.00	\$0.00	\$0.00	\$0.00
Member Months	2,522	515	185	680	1,134	0	0	0	0
Total Premium (TP)	\$794,320	\$0	\$108,238	\$280,830	\$405,303	\$0	\$0	\$0	\$0
EHB Percent of TP (see instructions)	100.00%	100.00%	100.00%	100.00%	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%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$846,139	\$123,634	\$356,914	\$202,801	\$363,278	\$0	\$0	\$0	\$0
EHB Percent of TAC (see instructions)	100.00%	100.00%	100.00%	100.00%	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%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$111,869	\$5,676	\$23,794	\$23,940	\$58,460	\$0	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred Claims, payable with issuer funds	\$734,770	\$117,958	\$333,131	\$178,861	\$304,818	\$0	\$0	\$0	\$0
Net Amt of Reim	\$71,645.03	-\$1,890.05	\$11,067.94	\$15,319.35	\$47,147.79	\$0.00	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	-\$207,649.27	-\$42,385.80	-\$15,225.97	-\$56,706.44	-\$99,131.06	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims PMPM	\$291.23	\$229.04	\$719.63	\$259.60	\$268.80	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	\$335.57	\$240.07	\$848.24	\$294.34	\$320.35	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	\$335.57	\$240.07	\$848.24	\$294.34	\$320.35	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	73250ME00400004	73250ME00400006	73250ME00400007	73250ME00700001	73250ME00700002	73250ME00700003	73250ME00700005	73250ME00700006
Plan Adjusted Index Rate	\$420.35	\$0.00	\$610.57	\$424.44	\$358.08	\$301.87	\$601.57	\$417.79	\$464.41
Member Months	417,680	444	1,932	4,176	27,048	4,416	5,484	61,376	20,388
Total Premium (TP)	\$49,432,782	\$0	\$271,093	\$820,018	\$9,665,348	\$354,999	\$3,270,135	\$25,538,721	\$9,472,469
EHB Percent of TP (see instructions)	100.00%	100.00%	100.00%	100.00%	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%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$50,478,524	\$0	\$255,253	\$894,935	\$10,511,964	\$387,320	\$3,071,560	\$26,067,141	\$9,290,361
EHB Percent of TAC (see instructions)	100.00%	100.00%	100.00%	100.00%	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%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$9,527,096	\$0	\$34,492	\$215,963	\$2,412,206	\$86,930	\$407,035	\$4,886,617	\$1,483,853
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$4,892,237	\$0	\$0	\$0	\$1,468,906	\$21,505	\$3,566	\$2,649,834	\$748,426
Portion of above payable by HHS on behalf of insured person, as %	51.35%	0.00%	0.00%	0.00%	60.89%	24.74%	0.88%	54.23%	50.44%
Total Incurred claims, payable with issuer funds	\$40,951,428	\$0	\$220,762	\$678,971	\$8,099,747	\$300,390	\$2,664,525	\$21,180,524	\$7,806,508
Net Amt of Reim	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	-\$2,249,688	\$0	-\$8,494	-\$38,959	-\$517,428	-\$22,497	-\$103,991	-\$1,170,297	-\$390,023