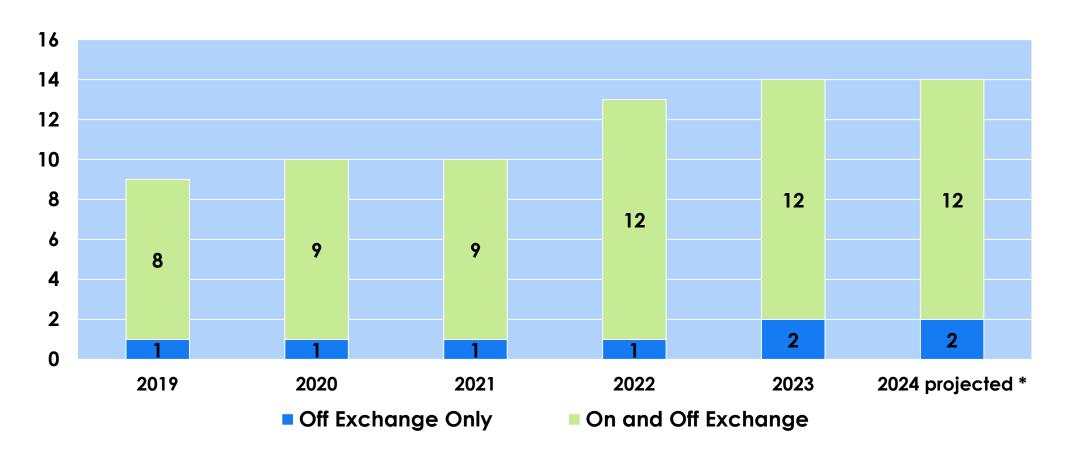


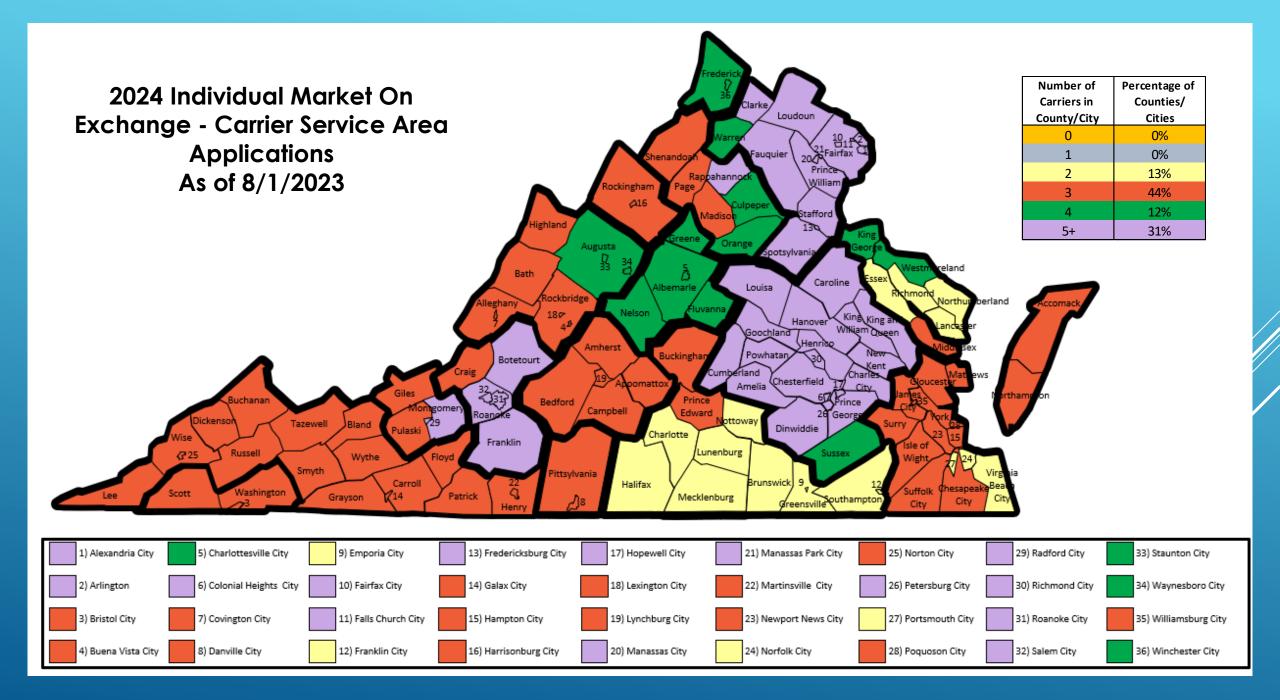
### PRESENTATION OVERVIEW

- Welcome and Introduction
  - Alexander Skirpan, Chief Hearing Examiner,
     State Corporation Commission (SCC)
- Broad Overview of Virginia's Individual and Small Group Health Insurance Markets and Key Issues
  - Julie Blauvelt, Life & Health Division Deputy Commissioner, SCC Bureau of Insurance
- Discussion of Key Observations Virginia's Individual and Small group Health Insurance Rates
  - David Shea, Health Actuary, SCC Bureau of Insurance
- Presentation of Carriers' Rates
  - Carrier Presenters
- Closing
  - Alexander Skirpan

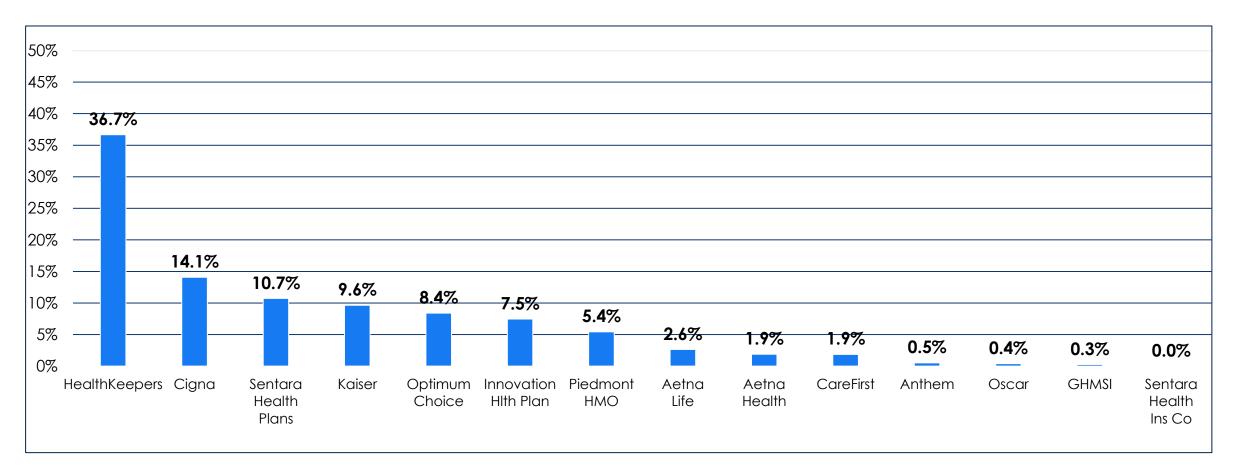
## NUMBER OF CARRIERS IN VIRGINIA IN THE INDIVIDUAL MARKET - ON AND OFF EXCHANGE



\*2024 QHP applications received through SERFF



## VIRGINIA INDIVIDUAL MARKET SHARE BY 2024 PROJECTED COVERED LIVES <sup>1</sup>



<sup>&</sup>lt;sup>1</sup> Covered lives based on carrier projected member months submitted in the carrier Virginia Rate Filing Templates

## VIRGINIA INDIVIDUAL ACA TOTAL ENROLLMENT AND AVERAGE PREMIUM PMPM 2019 – 2024



Source: 2022 and prior - Experience period data submitted in carrier ACA filings.

2019 and 2020 exclude data from Virginia Premier with approx. 5000 members. 2022 data excludes Bright Health.

2023 and 2024 - projected PMPM premium and enrollment from carrier ACA filings, actual 3/1/2023 enrollment for 2023.

- ► The General Assembly directed the SCC to apply for a waiver that provides federal funding to Virginia to largely support a reinsurance program for the individual ACA market. CMS approved the program for up to 5 years beginning in 2023.
- ► The program reduces health carriers' costs, reducing premiums. Persons who purchase individual coverage but do not receive federal subsidies (APTCs) benefit the most from the program.
- ► The law sets the goal of the program to decrease premiums by up to 20% depending on available revenue.
- ► The SCC relies on the General Assembly money committees to target the level of funding Virginia will contribute to the program. For 2023, legislators selected a 15% premium reduction target with an estimated cost to Virginia of about \$69 million.

### REINSURANCE PROGRAM WAIVER APPLICATION

- The 2023 program targeted a 15.6% premium reduction on average.
- Federal agencies granted approval of the program that pays a portion of expensive claims using a combination of state and federal funds.
  - Estimated federal funds: \$331,877,124
  - Estimated Virginia funds: \$43,424,482
- Reinsurance program parameters set by SCC reduced rates on average 19.5% from what they would have been with no reinsurance. Rates were reduced 17.2% from 2022 rates on average.

### 2023 REINSURANCE PROGRAM

- An actuarial study\* found that many people continued to purchase individual coverage in Virginia without federal advance premium tax credits. This raises the projected state costs for the program.
- ► The SCC did not receive agreement from the General Assembly money committees on a level of funding or premium reduction for the 2024 Program.
  - A program could cost the state between \$36 to more than \$65 million for just a 5% premium reduction.
  - Virginia could expect to receive more than \$100 million in Federal funds for a program
    of that size.
- For 2024, the SCC established a 0% premium reduction for the program, thereby resulting in a rebound from the previous year's rate levels.
- ► For more information, go to: <a href="https://scc.virginia.gov/pages/Reinsurance-Waiver">https://scc.virginia.gov/pages/Reinsurance-Waiver</a>

### 2024 REINSURANCE PROGRAM

<sup>\*</sup> Oliver Wyman 2024 Reinsurance Modeling Results, April 14, 2013 – funded by a grant from U.S. Health and Human Services

Income (% of poverty)	Affordable Care Act (before legislative change)	COVID-19 Relief (current law 2021-2022)		
Under 100%	Not eligible for subsidies*	Not eligible for subsidies**		
100% – 133%	2.07%	0.0%		
133% – 150%	3.10% – 4.14%	0.0%		
150% – 200%	4.14% - 6.52%	0.0% - 2.0%		
200% – 250%	6.52% - 8.33%	2.0% - 4.0%		
250% – 300%	8.33% – 9.83%	4.0% - 6.0%		
300% – 400%	9.83%	6.0% - 8.5%		
Over 400%	Not eligible for subsidies	8.5%		

NOTES: \*Lawfully present immigrants whose household incomes are below 100% FPL and are not otherwise eligible for Medicaid are eligible for tax subsidies through the Marketplace if they meet all other eligibility requirements.

\*\*In the COVID-19 relief law, lawfully present immigrants in states that have not expanded Medicaid would continue to be eligible for marketplace subsidies. In addition, people receiving Unemployment Insurance (UI) are treated as though their income is no more than 133% of poverty for the purposes of the premium tax credit. This could extend premium tax credits to some individuals with incomes below poverty.

SOURCE: KFF

## ARPA ACA SUBSIDIES

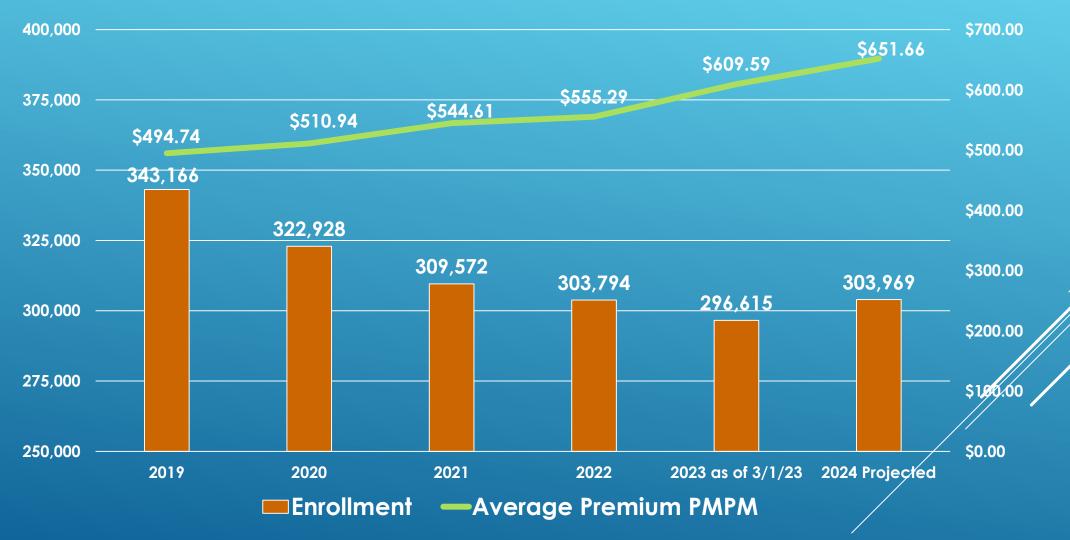
## 2023 MARKETPLACE OPEN ENROLLMENT PERIOD

Number of Consumers with a Marketplace Plan Section	Consumers with APTC	Average Premium	Average Premium after APTC among Consumers Receiving APTC	
346,140	304,469	\$485	\$86	

The 2023 Open Enrollment Period for the Health Insurance Marketplaces ran between November 1, 2022 and January 15, 2023 for the 33 states that used HealthCare.gov.

Source: 2023 OEP State-level Public Use File at www.cms.gov

## VIRGINIA SMALL GROUP ACA TOTAL ENROLLMENT AND AVERAGE PREMIUM PMPM 2019 – 2024



Source: 2022 and prior - premium and enrollment from experience period data submitted in carrier ACA filings.

2023 and 2024 - projected PMPM premium and enrollment from carrier ACA filings, actual 3/1/2023 enrollment for 2023.

- The individual market continues to show signs of a healthy market
  - Increased carrier participation/competition
     At least two carriers in all areas of Virginia
     ARPA subsidies increasing enrollment

  - Medicaid unwinding adding enrollment to the commercial market
- The Reinsurance Program was effective in 2023 at reducing average premium PMPM nearly 20% from what it would have been without reinsurance.
- The Reinsurance Program for 2024 is not expected to reduce rates for 2024, so rates in the individual market will rebound back.
- Small group market facing some challenges
  - More study of this market

### KEY TAKEAWAYS

# 2024 PREMIUM DRIVERS

#### **Top Premium Drivers**

- **► INDIVIDUAL (28.5%)**
- Reinsurance: 26.4%
- Risk Adjustment: 11.2%
- Experience: -7.0%

- **►** SMALL GROUP (5.1%)
- Experience: -4.7%
- Increase in Benefits: 1.4%

### VIRGINIA 2024 ACA PRICING TRENDS

#### Individual

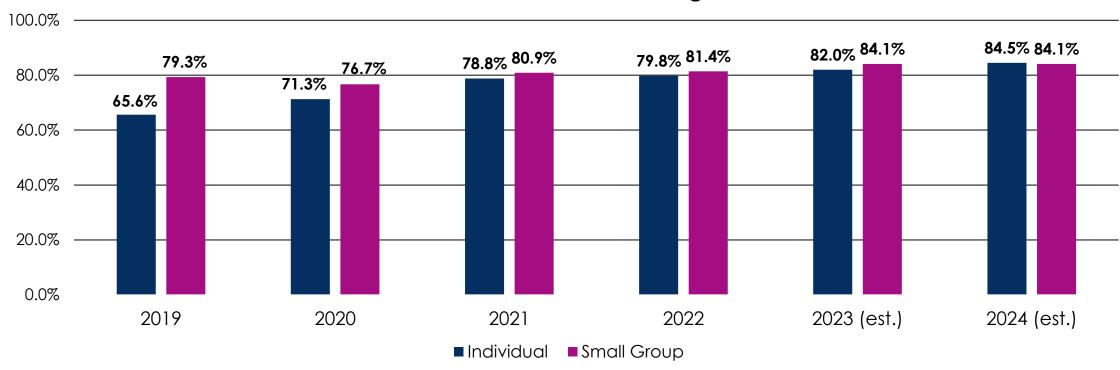
	ll li	NPATIEN	IT	OI	JTPATIE	NT	Pł	HYSICIA	N		Rx		
<u>Carrier</u>	<u>Cost</u>	<u>Util</u>	<u>Total</u>	<u>TOTAL</u>									
Cigna	7.4%	2.5%	10.1%	7.8%	2.5%	10.5%	1.8%	2.5%	4.3%	6.9%	1.2%	8.2%	8.3%
Optimum Choice	1.9%	3.8%	5.8%	2.2%	5.7%	8.0%	0.6%	3.2%	3.8%	4.8%	3.8%	8.8%	5.7%
Sentara Health Plans	3.6%	1.0%	4.6%	3.6%	1.0%	4.6%	3.6%	1.0%	4.6%	10.4%	0.1%	10.5%	6.2%

#### **Small Group**

	II	NPATIEN	IT	OL	JTPATIE	NT	PH	HYSICIA	N		Rx		
<u>Carrier</u>	<u>Cost</u>	<u>Util</u>	<u>Total</u>	<u>TOTAL</u>									
Optimum Choice	3.3%	4.4%	7.8%	3.3%	4.4%	7.8%	3.3%	4.4%	7.8%	3.3%	4.4%	7.8%	7.8%
Sentara Health Plans	3.0%	1.0%	4.0%	4.8%	1.0%	5.8%	3.0%	1.0%	4.0%	10.4%	0.1%	10.5%	6.0%

### **ACA LOSS RATIO EXPERIENCE**

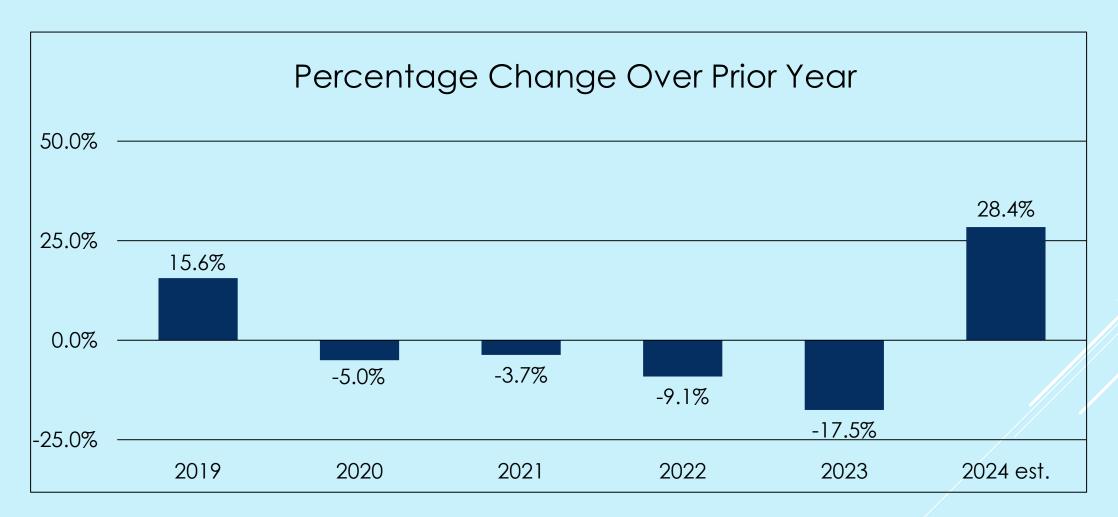
#### ACA Historical Data in Virginia



Source: Historical and projected carrier experience data submitted in the annual carrier ACA rate filings

Note: 2020 and 2021 data excludes Virginia Premier, 2022 excludes Bright Health

#### VIRGINIA INDIVIDUAL AVERAGE RATE CHANGE



Source: Average change in approved Calibrated Plan Adjusted Index Rates, annual carrier ACA rate filings

- 2024 rate changes for individual reflect the elimination of the reinsurance program, while small group rate changes are similar to past years
- Pricing trends saw a slight increase, driven by cost of hospital services and prescription drugs
- Collectively, carriers estimate a 10% increase in individual enrollment in 2024 and a slight increase in small group

### KEY TAKEAWAYS

## PRESENTING COMPANIES

- Cigna Health and Life Insurance Company Individual
- Optimum Choice, Inc. Individual and Small Group
- Sentara Health Plans Individual and Small Group

Note: Company presentation data is from Tab VIII of the Virginia ACA Rate Filing Templates submitted as of 8/1/23

- Enrollment, morbidity and premium impact of eliminating the tobacco surcharge
- Enrollment and morbidity impact of Medicaid unwinding
- Change in trends post-COVID and how they compare to pre-COVID and during COVID
- (Sentara Health Plans only) Reasons behind Sentara's name change

ISSUES TO BE
ADDRESSED
ISSUES FOR THE
PRESENTING
COMPANIES TO
ADDRESS

# CIGNA HEALTH AND LIFE INSURANCE COMPANY INDIVIDUAL

Presenter:
Cathy Wang,
Actuarial Advisor

#### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change				
Carrier Name	Cigna Health and Life Insurance Company						
NAIC Number	67369	Market Segment	Individual				
Product(s)	EPO	Rate Effective Date	1/1/2024				

#### Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	26.0%
Carrier Calculated Avg Total Rate Change	26.1%

	Most Pop	oular Plan		
Plan Name	Connect Bronze 6500 Indiv M			
Plan Name	Dedu	ctible		
HIOS Plan ID	41921VA	0020012		
Metallic Tier	Bro	nze		
Plan Design Information	2024 Design	2023 Design		
In-Network Individual Deductible	\$6,500	\$6,750		
In-Network Member Coinsurance	50%	50%		
In-Network Individual OOP	\$9,450	\$9,100		
In-Network PCP OV Copay	\$35	\$35		
Members as of 3/1/2023	8,6	574		
Pct of Statewide Membership	16.1%			
Age Used in Comparison	40			
Rating Area Used in Comparison	Area 7 (Richmond)			
	PMPM \$ % Change			
	PMPM \$	% Change		
Rate on 1/1/2023	PMPM \$ \$301.10	% Change		
Rate on 1/1/2023 Individual Mandate		% Change 0.0%		
	\$301.10			
Individual Mandate	\$301.10 \$0.00	0.0%		
Individual Mandate Other Morbidity	\$301.10 \$0.00 -\$9.32	0.0% -3.1%		
Individual Mandate Other Morbidity Trend	\$301.10 \$0.00 -\$9.32 \$20.95	0.0% -3.1% 7.0%		
Individual Mandate Other Morbidity Trend Risk Adjustment	\$301.10 \$0.00 -\$9.32 \$20.95 -\$2.74	0.0% -3.1% 7.0% -0.9%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance	\$301.10 \$0.00 -\$9.32 \$20.95 -\$2.74 \$56.40	0.0% -3.1% 7.0% -0.9% 18.7%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses	\$301.10 \$0.00 -\$9.32 \$20.95 -\$2.74 \$56.40 -\$5.69 \$4.71 \$1.19	0.0% -3.1% 7.0% -0.9% 18.7% -1.9%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes	\$301.10 \$0.00 -\$9.32 \$20.95 -\$2.74 \$56.40 -\$5.69 \$4.71	0.0% -3.1% 7.0% -0.9% 18.7% -1.9% 1.6%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes CSR Load	\$301.10 \$0.00 -\$9.32 \$20.95 -\$2.74 \$56.40 -\$5.69 \$4.71 \$1.19	0.0% -3.1% 7.0% -0.9% 18.7% -1.9% 1.6% 0.4%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes CSR Load Inflation	\$301.10 \$0.00 -\$9.32 \$20.95 -\$2.74 \$56.40 -\$5.69 \$4.71 \$1.19 \$1.51 \$0.00 \$1.25	0.0% -3.1% 7.0% -0.9% 18.7% -1.9% 1.6% 0.4% 0.5% 0.0%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes CSR Load Inflation Area Factor Change	\$301.10 \$0.00 -\$9.32 \$20.95 -\$2.74 \$56.40 -\$5.69 \$4.71 \$1.19 \$1.51 \$0.00	0.0% -3.1% 7.0% -0.9% 18.7% -1.9% 1.6% 0.4% 0.5% 0.0%		

Table 15. Geographic Factors

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)			N/A
Area 2 (Charlottesville)			N/A
Area 3 (Danville)			N/A
Area 4 (Harrisonburg)			N/A
Area 5 (Bristol)			N/A
Area 6 (Lynchburg)			N/A
Area 7 (Richmond)	0.999	0.999	0.0%
Area 8 (Roanoke)			N/A
Area 9 (Tidewater)			N/A
Area 10 (Northern VA)	1.001	1.001	0.0%
Area 11 (Winchester)	1.043	0.986	5.8%
Area 12 (Non-MSA)	1.050	1.001	4.9%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# OPTIMUM CHOICE, INC. INDIVIDUAL

Presenter:
Katherine Simon
Director of Actuarial
Services

#### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change			
Carrier Name	Optimum Choice, Inc.					
NAIC Number	96940	Market Segment	Individual			
Product(s)	НМО	Rate Effective Date	1/1/2024			

Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	22.6%
Carrier Calculated Avg Total Rate Change	23.2%

Table 14. Plan Specific Rate Change Information

-	Most Por	oular Plan		
Plan Name	UHC Bronze Value			
HIOS Plan ID	24251VA0060007			
Metallic Tier	Bro	nze		
Plan Design Information	2024 Design 2023 Desig			
In-Network Individual Deductible	\$6,750	\$6,500		
In-Network Member Coinsurance	40%	40%		
In-Network Individual OOP	\$9,450	\$9,100		
In-Network PCP OV Copay	\$0	\$0		
Members as of 3/1/2023	10,	221		
Pct of Statewide Membership	41.3%			
Age Used in Comparison	40			
Rating Area Used in Comparison	Area 10 (Northern VA)			
	PMPM \$ % Change			
	PMPM\$	% Change		
Rate on 1/1/2023	PMPM \$ \$327.13	% Change		
Rate on 1/1/2023 Individual Mandate		% Change 0.0%		
	\$327.13			
Individual Mandate	\$327.13 \$0.00	0.0%		
Individual Mandate Other Morbidity	\$327.13 \$0.00 -\$2.99	0.0% -0.9%		
Individual Mandate Other Morbidity Trend	\$327.13 \$0.00 -\$2.99 \$19.19	0.0% -0.9% 5.9%		
Individual Mandate Other Morbidity Trend Risk Adjustment	\$327.13 \$0.00 -\$2.99 \$19.19 \$57.45	0.0% -0.9% 5.9% 17.6%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance	\$327.13 \$0.00 -\$2.99 \$19.19 \$57.45 \$62.40	0.0% -0.9% 5.9% 17.6% 19.1%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses	\$327.13 \$0.00 -\$2.99 \$19.19 \$57.45 \$62.40 \$3.16	0.0% -0.9% 5.9% 17.6% 19.1% 1.0%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes	\$327.13 \$0.00 -\$2.99 \$19.19 \$57.45 \$62.40 \$3.16 \$0.69	0.0% -0.9% 5.9% 17.6% 19.1% 1.0% 0.2%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Experience & Demographics	\$327.13 \$0.00 -\$2.99 \$19.19 \$57.45 \$62.40 \$3.16 \$0.69 -\$57.64	0.0% -0.9% 5.9% 17.6% 19.1% 1.0% 0.2%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Experience & Demographics Removal of Tobacco Rating Factor	\$327.13 \$0.00 -\$2.99 \$19.19 \$57.45 \$62.40 \$3.16 \$0.69 -\$57.64 \$1.19	0.0% -0.9% 5.9% 17.6% 19.1% 1.0% 0.2% -17.6% 0.4%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Experience & Demographics Removal of Tobacco Rating Factor Network	\$327.13 \$0.00 -\$2.99 \$19.19 \$57.45 \$62.40 \$3.16 \$0.69 -\$57.64 \$1.19 -\$11.93	0.0% -0.9% 5.9% 17.6% 19.1% 1.0% 0.2% -17.6% 0.4%		

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)			N/A
Area 2 (Charlottesville)			N/A
Area 3 (Danville)			N/A
Area 4 (Harrisonburg)			N/A
Area 5 (Bristol)			N/A
Area 6 (Lynchburg)			N/A
Area 7 (Richmond)	0.977	0.970	0.8%
Area 8 (Roanoke)			N/A
Area 9 (Tidewater)			N/A
Area 10 (Northern VA)	1.004	1.003	0.1%
Area 11 (Winchester)	1.027	1.066	-3.6%
Area 12 (Non-MSA)	0.893		N/A

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

Confidential

# OPTIMUM CHOICE, INC. SMALL GROUP

Presenter:
Katherine Simon
Director of Actuarial
Services

#### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Optimum Choice Inc.		
NAIC Number	96940 Market Segment Small Group		
Product(s)	HMO, POS	Rate Effective Date	1/1/2024

#### Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	3.8%
Carrier Calculated Avg Total Rate Change	3.0%

	Most Popular Plan	
Plan Name	UHC OCI Gold 1500-2	
HIOS Plan ID	24251VA0040016	
Metallic Tier	Gold	
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$1,500	\$2,000
In-Network Member Coinsurance	20%	20%
In-Network Individual OOP	\$6,100	\$6,000
In-Network PCP OV Copay	\$30	\$30
Members as of 3/1/2023	371	
Pct of Statewide Membership	16.4%	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 10 (Northern VA)	
	PMPM \$ % Change	
	PMPM \$	% Change
Rate on 1/1/2023	PMPM \$ \$468.78	% Change
Rate on 1/1/2023 Individual Mandate		% Change 0.0%
	\$468.78	
Individual Mandate	\$468.78 \$0.00	0.0%
Individual Mandate Other Morbidity	\$468.78 \$0.00 \$0.00	0.0% 0.0%
Individual Mandate Other Morbidity Trend	\$468.78 \$0.00 \$0.00 \$34.69	0.0% 0.0% 7.4%
Individual Mandate Other Morbidity Trend Risk Adjustment	\$468.78 \$0.00 \$0.00 \$34.69 \$0.00	0.0% 0.0% 7.4% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance	\$468.78 \$0.00 \$0.00 \$34.69 \$0.00 \$0.00	0.0% 0.0% 7.4% 0.0% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses	\$468.78 \$0.00 \$0.00 \$34.69 \$0.00 \$0.00 \$2.77	0.0% 0.0% 7.4% 0.0% 0.0% 0.6%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes	\$468.78 \$0.00 \$0.00 \$34.69 \$0.00 \$0.00 \$2.77	0.0% 0.0% 7.4% 0.0% 0.0% 0.6% -1.9%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Other Change 1	\$468.78 \$0.00 \$0.00 \$34.69 \$0.00 \$0.00 \$2.77	0.0% 0.0% 7.4% 0.0% 0.0% 0.6% -1.9%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Other Change 1 Other Change 2	\$468.78 \$0.00 \$0.00 \$34.69 \$0.00 \$0.00 \$2.77	0.0% 0.0% 7.4% 0.0% 0.0% 0.6% -1.9% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Other Change 1 Other Change 2 Other Change 3	\$468.78 \$0.00 \$0.00 \$34.69 \$0.00 \$0.00 \$2.77	0.0% 0.0% 7.4% 0.0% 0.0% 0.6% -1.9% 0.0% 0.0%

Table 15. Geographic Factors

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	1.020	1.020	0.0%
Area 2 (Charlottesville)	0.869	0.945	-8.0%
Area 3 (Danville)	1.020	1.020	0.0%
Area 4 (Harrisonburg)	1.020	1.020	0.0%
Area 5 (Bristol)	1.020	1.020	0.0%
Area 6 (Lynchburg)	1.020	1.020	0.0%
Area 7 (Richmond)	0.997	0.997	0.0%
Area 8 (Roanoke)	1.010	1.010	0.0%
Area 9 (Tidewater)	0.935	0.935	0.0%
Area 10 (Northern VA)	0.884	0.884	0.0%
Area 11 (Winchester)	0.884	0.884	0.0%
Area 12 (Non-MSA)	0.907	0.975	-7.0%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# SENTARA HEALTH PLANS INDIVIDUAL

#### Presenter:

Margaret Chance,
Principal and Consulting
Actuary

#### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Sentara Health Plans		
NAIC Number	95281 Market Segment Individual		
Product(s)	НМО	Rate Effective Date	1/1/2024

Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	21.9%
Carrier Calculated Avg Total Rate Change	21.1%

Table 14. Plan Specific Rate Change Information

Table 14. Plan Specific Rate Change Information			
	Most Popular Plan		
Plan Name	Sentara Direct Silver 6600 Ded M		
	М		
HIOS Plan ID	20507VA1410026		
Metallic Tier	Silver		
Plan Design Information	2024 Design	2023 Design	
In-Network Individual Deductible	\$6,600	\$6,600	
In-Network Member Coinsurance	30%	30%	
In-Network Individual OOP	\$9,000	\$8,700	
In-Network PCP OV Copay	\$25	\$25	
Members as of 3/1/2023	9,8	331	
Pct of Statewide Membership	24.7%		
Age Used in Comparison	40		
Rating Area Used in Comparison	Area 9 (Tidewater)		
	PMPM \$ % Change		
Rate on 1/1/2023	\$390.56		
Individual Mandate	\$0.00	0.0%	
Other Morbidity	-\$68.81	-17.6%	
Trend	\$23.51	6.0%	
Risk Adjustment	\$58.19	14.9%	
Reinsurance	\$85.06	21.8%	
Other Non-Benefit Expenses	-\$11.23	-2.9%	
Benefit Changes	-\$4.73	-1.2%	
Other Change 1	-\$0.27	-0.1%	
Other Change 2		0.0%	
Other Change 3		0.0%	
Other Change 4		0.0%	
Other Change 5		0.0%	
Other change 5	\$472.28 20.9%		

Table 15. Geographic Factors

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	1.074	N/A	N/A
Area 2 (Charlottesville)	1.074	1.041	3.2%
Area 3 (Danville)	1.074	1.041	3.2%
Area 4 (Harrisonburg)	1.074	1.041	3.2%
Area 5 (Bristol)	1.074	1.041	3.2%
Area 6 (Lynchburg)	1.074	1.041	3.2%
Area 7 (Richmond)	1.042	1.041	0.2%
Area 8 (Roanoke)	1.074	1.041	3.2%
Area 9 (Tidewater)	1.000	1.000	0.0%
Area 10 (Northern VA)	0.939	0.938	0.2%
Area 11 (Winchester)	1.074	N/A	N/A
Area 12 (Non-MSA)	1.074	1.041	3.2%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# SENTARA HEALTH PLANS SMALL GROUP

Presenter:

Margaret Chance,
Principal and Consulting
Actuary

#### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Sentara Health Plans		
NAIC Number	95281 Market Segment Small Group		
Product(s)	HMO/POS	Rate Effective Date	1/1/2024

Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	1.8%
Carrier Calculated Avg Total Rate Change	1.8%

Table 14. Plan Specific Rate Change Information

	Most Popular Plan	
Plan Name	Sentara Direct Vantage Gold 2000	
Plati Natile	Ded	
HIOS Plan ID	20507VA	1250019
Metallic Tier	Go	old
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$2,000	\$2,000
In-Network Member Coinsurance	30%/50%	30%/50%
In-Network Individual OOP	\$6,500	\$5,500
In-Network PCP OV Copay	\$25/\$50	\$25/\$50
Members as of 3/1/2023	5,994	
Pct of Statewide Membership	23.9%	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 9 (Tidewater)	
	PMPM \$	% Change
Rate on 1/1/2023	PMPM \$ \$464.82	% Change
Rate on 1/1/2023 Individual Mandate		% Change 0.0%
	\$464.82	
Individual Mandate	\$464.82 \$0.00	0.0%
Individual Mandate Other Morbidity	\$464.82 \$0.00 \$0.00	0.0%
Individual Mandate Other Morbidity Trend	\$464.82 \$0.00 \$0.00 \$27.96	0.0% 0.0% 6.0%
Individual Mandate Other Morbidity Trend Risk Adjustment	\$464.82 \$0.00 \$0.00 \$27.96 -\$0.06	0.0% 0.0% 6.0% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance	\$464.82 \$0.00 \$0.00 \$27.96 -\$0.06 \$0.00	0.0% 0.0% 6.0% 0.0% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses	\$464.82 \$0.00 \$0.00 \$27.96 -\$0.06 \$0.00 \$3.19	0.0% 0.0% 6.0% 0.0% 0.0% 0.7%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes	\$464.82 \$0.00 \$0.00 \$27.96 -\$0.06 \$0.00 \$3.19 -\$13.95	0.0% 0.0% 6.0% 0.0% 0.0% 0.7%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes RxPBM	\$464.82 \$0.00 \$0.00 \$27.96 -\$0.06 \$0.00 \$3.19 -\$13.95 \$0.05	0.0% 0.0% 6.0% 0.0% 0.0% 0.7% -3.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes RxPBM	\$464.82 \$0.00 \$0.00 \$27.96 -\$0.06 \$0.00 \$3.19 -\$13.95 \$0.05	0.0% 0.0% 6.0% 0.0% 0.0% 0.7% -3.0% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes RxPBM	\$464.82 \$0.00 \$0.00 \$27.96 -\$0.06 \$0.00 \$3.19 -\$13.95 \$0.05	0.0% 0.0% 6.0% 0.0% 0.0% 0.7% -3.0% 0.0% 0.1%

Table 15. Geographic Factors

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	1.039	1.047	-0.7%
Area 2 (Charlottesville)	1.002	1.035	-3.2%
Area 3 (Danville)	1.039	1.047	-0.7%
Area 4 (Harrisonburg)	1.071	1.070	0.1%
Area 5 (Bristol)	1.039	1.047	-0.7%
Area 6 (Lynchburg)	0.955	0.957	-0.2%
Area 7 (Richmond)	1.008	1.003	0.5%
Area 8 (Roanoke)	1.039	1.047	-0.7%
Area 9 (Tidewater)	0.947	0.946	0.1%
Area 10 (Northern VA)	0.957	0.956	0.1%
Area 11 (Winchester)	1.039	1.047	-0.7%
Area 12 (Non-MSA)	1.039	1.047	-0.7%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

Confidentia

# AETNA HEALTH, INC. INDIVIDUAL

#### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Aetna Health, Inc.		
NAIC Number	95109	Market Segment	Individual
Product(s)	нмо	Rate Effective Date	1/1/2024

#### Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	18.0%
Carrier Calculated Avg Total Rate Change	18.3%

•		
	Most Popular Plan	
Plan Name	2024 VA Silver S: Richmond HMO	
HIOS Plan ID	93187VA0070026	
Metallic Tier	Silver	
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$6,000	\$5,800
In-Network Member Coinsurance	40%	40%
In-Network Individual OOP	\$9,100	\$8,900
In-Network PCP OV Copay	\$40	\$40
Members as of 3/1/2023	1,4	24
Pct of Statewide Membership	30.7%	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 7 (Richmond)	
	PMPM \$ % Change	
Rate on 1/1/2023	\$339.05	
Rate on 1/1/2023 Individual Mandate	\$339.05 \$0.00	0.0%
		0.0% 0.0%
Individual Mandate	\$0.00	
Individual Mandate Other Morbidity	\$0.00 \$0.00	0.0%
Individual Mandate Other Morbidity Trend	\$0.00 \$0.00 \$0.00	0.0% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment	\$0.00 \$0.00 \$0.00 \$1.43	0.0% 0.0% 0.4%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance	\$0.00 \$0.00 \$0.00 \$1.43 \$71.27	0.0% 0.0% 0.4% 21.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses	\$0.00 \$0.00 \$0.00 \$1.43 \$71.27 -\$20.70	0.0% 0.0% 0.4% 21.0% -6.1%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes	\$0.00 \$0.00 \$0.00 \$1.43 \$71.27 -\$20.70 \$7.27	0.0% 0.0% 0.4% 21.0% -6.1% 2.1%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Network/Area	\$0.00 \$0.00 \$0.00 \$1.43 \$71.27 -\$20.70 \$7.27 \$11.23	0.0% 0.0% 0.4% 21.0% -6.1% 2.1% 3.3%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Network/Area Demographics	\$0.00 \$0.00 \$0.00 \$1.43 \$71.27 -\$20.70 \$7.27 \$11.23 \$14.50	0.0% 0.0% 0.4% 21.0% -6.1% 2.1% 3.3% 4.3%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Network/Area Demographics Other Change 3	\$0.00 \$0.00 \$0.00 \$1.43 \$71.27 -\$20.70 \$7.27 \$11.23 \$14.50 \$0.00	0.0% 0.0% 0.4% 21.0% -6.1% 2.1% 3.3% 4.3% 0.0%

Table 15. Geographic Factors

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	1.166	1.051	11.0%
Area 2 (Charlottesville)	1.003	N/A	N/A
Area 3 (Danville)	N/A	N/A	N/A
Area 4 (Harrisonburg)	N/A	N/A	N/A
Area 5 (Bristol)	N/A	N/A	N/A
Area 6 (Lynchburg)	N/A	N/A	N/A
Area 7 (Richmond)	1.000	1.000	0.0%
Area 8 (Roanoke)	1.038	1.085	-4.3%
Area 9 (Tidewater)	N/A	N/A	N/A
Area 10 (Northern VA)	N/A	N/A	N/A
Area 11 (Winchester)	N/A	N/A	N/A
Area 12 (Non-MSA)	1.135	N/A	N/A

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# AETNA HEALTH, INC. SMALL GROUP

#### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Aetna Health Inc.		
NAIC Number	95109	Market Segment	Small Group
Product(s)	НМО	Rate Effective Date	1/1/2024

#### Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	6.3%
Carrier Calculated Avg Total Rate Change	6.2%

	Most Popular Plan	
Plan Name	VA Silver HMO 8000 80%	
HIOS Plan ID	93187VA0040120	
Metallic Tier	Silver	
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$8,000	\$7,000
In-Network Member Coinsurance	20%	20%
In-Network Individual OOP	\$9,450	\$9,100
In-Network PCP OV Copay	\$45	\$40
Members as of 3/1/2023	68	
Pct of Statewide Membership	100.0%	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 10 (Northern VA)	
	PMPM \$ % Change	
	PMPM \$	% Change
Rate on 1/1/2023	PMPM \$ \$424.99	% Change
Rate on 1/1/2023 Individual Mandate		% Change 0.0%
	\$424.99	
Individual Mandate	\$424.99 \$0.00	0.0%
Individual Mandate Other Morbidity	\$424.99 \$0.00 -\$17.44	0.0% -4.1%
Individual Mandate Other Morbidity Trend	\$424.99 \$0.00 -\$17.44 \$36.96	0.0% -4.1% 8.7%
Individual Mandate Other Morbidity Trend Risk Adjustment	\$424.99 \$0.00 -\$17.44 \$36.96 \$37.25	0.0% -4.1% 8.7% 8.8%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance	\$424.99 \$0.00 -\$17.44 \$36.96 \$37.25 \$0.00	0.0% -4.1% 8.7% 8.8% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses	\$424.99 \$0.00 -\$17.44 \$36.96 \$37.25 \$0.00 -\$0.53 -\$7.40 \$0.00	0.0% -4.1% 8.7% 8.8% 0.0% -0.1%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Area Demo	\$424.99 \$0.00 -\$17.44 \$36.96 \$37.25 \$0.00 -\$0.53 -\$7.40 \$0.00 \$0.00	0.0% -4.1% 8.7% 8.8% 0.0% -0.1% -1.7% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Area Demo Network	\$424.99 \$0.00 -\$17.44 \$36.96 \$37.25 \$0.00 -\$0.53 -\$7.40 \$0.00 \$0.00 -\$0.14	0.0% -4.1% 8.7% 8.8% 0.0% -0.1% -1.7% 0.0% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Area Demo	\$424.99 \$0.00 -\$17.44 \$36.96 \$37.25 \$0.00 -\$0.53 -\$7.40 \$0.00 \$0.00	0.0% -4.1% 8.7% 8.8% 0.0% -0.1% -1.7% 0.0% 0.0% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Area Demo Network	\$424.99 \$0.00 -\$17.44 \$36.96 \$37.25 \$0.00 -\$0.53 -\$7.40 \$0.00 \$0.00 -\$0.14	0.0% -4.1% 8.7% 8.8% 0.0% -0.1% -1.7% 0.0% 0.0%

Table 15. Geographic Factors

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	0.952	0.914	4.2%
Area 2 (Charlottesville)	0.968	0.929	4.2%
Area 3 (Danville)	1.010	0.970	4.2%
Area 4 (Harrisonburg)	1.063	1.020	4.2%
Area 5 (Bristol)	1.021	0.980	4.2%
Area 6 (Lynchburg)	1.010	0.970	4.2%
Area 7 (Richmond)	0.987	0.948	4.2%
Area 8 (Roanoke)	0.935	0.897	4.2%
Area 9 (Tidewater)	1.032	0.991	4.2%
Area 10 (Northern VA)	1.000	0.960	4.2%
Area 11 (Winchester)	1.000	0.960	4.2%
Area 12 (Non-MSA)	1.020	0.979	4.2%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# AETNA LIFE INSURANCE COMPANY INDIVIDUAL

#### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Aetna Life Insurance Company		
NAIC Number	60054	Market Segment	Individual
Product(s)	EPO	Rate Effective Date	1/1/2024

#### Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	24.8%
Carrier Calculated Avg Total Rate Change	23.3%

Table 14. Plan Specific Rate Change Information

Table 14. Plan Specific Rate Change Information			
	Most Pop	oular Plan	
Plan Name	2024 VA Silver S: Richmond EPO		
HIOS Plan ID	38234VA0170014		
Metallic Tier	Silver		
Plan Design Information	2024 Design	2023 Design	
In-Network Individual Deductible	\$6,000	\$5,800	
In-Network Member Coinsurance	40%	40%	
In-Network Individual OOP	\$9,100	\$8,900	
In-Network PCP OV Copay	\$40	\$40	
Members as of 3/1/2023	4,6	508	
Pct of Statewide Membership	61.1%		
Age Used in Comparison	40		
Rating Area Used in Comparison	Area 7 (Richmond)		
	PMPM \$ % Change		
		0	
Rate on 1/1/2023	\$331.06	,	
Rate on 1/1/2023 Individual Mandate	\$331.06 \$0.00	0.0%	
Individual Mandate	\$0.00	0.0%	
Individual Mandate Other Morbidity	\$0.00 \$0.00	0.0% 0.0%	
Individual Mandate Other Morbidity Trend	\$0.00 \$0.00 \$0.00	0.0% 0.0% 0.0%	
Individual Mandate Other Morbidity Trend Risk Adjustment	\$0.00 \$0.00 \$0.00 \$1.48	0.0% 0.0% 0.0% 0.4%	
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance	\$0.00 \$0.00 \$0.00 \$1.48 \$69.16	0.0% 0.0% 0.0% 0.4% 20.9%	
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses	\$0.00 \$0.00 \$0.00 \$1.48 \$69.16 -\$19.50	0.0% 0.0% 0.0% 0.4% 20.9% -5.9%	
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Network/Area Demographics	\$0.00 \$0.00 \$0.00 \$1.48 \$69.16 -\$19.50 \$10.62	0.0% 0.0% 0.0% 0.4% 20.9% -5.9% 3.2% 3.3% 6.3%	
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Network/Area	\$0.00 \$0.00 \$0.00 \$1.48 \$69.16 -\$19.50 \$10.62 \$11.05	0.0% 0.0% 0.0% 0.4% 20.9% -5.9% 3.2% 3.3%	
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Network/Area Demographics Other Change 3 Other Change 4	\$0.00 \$0.00 \$0.00 \$1.48 \$69.16 -\$19.50 \$10.62 \$11.05	0.0% 0.0% 0.0% 0.4% 20.9% -5.9% 3.2% 3.3% 6.3% 0.0%	
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Network/Area Demographics Other Change 3	\$0.00 \$0.00 \$0.00 \$1.48 \$69.16 -\$19.50 \$10.62 \$11.05	0.0% 0.0% 0.0% 0.4% 20.9% -5.9% 3.2% 3.3% 6.3% 0.0%	

Table 15. Geographic Factors

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	1.166	1.051	11.0%
Area 2 (Charlottesville)	N/A	N/A	N/A
Area 3 (Danville)	N/A	N/A	N/A
Area 4 (Harrisonburg)	N/A	N/A	N/A
Area 5 (Bristol)	N/A	N/A	N/A
Area 6 (Lynchburg)	N/A	N/A	N/A
Area 7 (Richmond)	1.000	1.000	0.0%
Area 8 (Roanoke)	1.038	1.085	-4.3%
Area 9 (Tidewater)	N/A	N/A	N/A
Area 10 (Northern VA)	N/A	N/A	N/A
Area 11 (Winchester)	N/A	N/A	N/A
Area 12 (Non-MSA)	N/A	N/A	N/A

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# AETNA LIFE INSURANCE COMPANY SMALL GROUP

#### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Aetna Life Insurance Company		
NAIC Number	60054 Market Segment Small Group		
Product(s)	EPO	Rate Effective Date	1/1/2024

#### Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	-13.6%
Carrier Calculated Avg Total Rate Change	-13.7%

rable 241 fall opecine nate	and Be inited	
	Most Popular Plan	
Plan Name	VA Silver PPO 8000 80/50	
HIOS Plan ID	38234VA0090117	
Metallic Tier	Silver	
Plan Design Information	2024 Design 2023 Desi	
In-Network Individual Deductible	\$8,000	\$7,000
In-Network Member Coinsurance	20%	20%
In-Network Individual OOP	\$9,450	\$9,100
In-Network PCP OV Copay	\$45	\$40
Members as of 3/1/2023	20	08
Pct of Statewide Membership	100.0%	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 10 (Northern VA)	
	PMPM \$ % Change	
	PMPM \$	% Change
Rate on 1/1/2023	PMPM \$ \$589.77	% Change
Rate on 1/1/2023 Individual Mandate		% Change 0.0%
	\$589.77	
Individual Mandate	\$589.77 \$0.00	0.0%
Individual Mandate Other Morbidity	\$589.77 \$0.00 -\$24.20	0.0% -4.1%
Individual Mandate Other Morbidity Trend	\$589.77 \$0.00 -\$24.20 \$51.30	0.0% -4.1% 8.7%
Individual Mandate Other Morbidity Trend Risk Adjustment	\$589.77 \$0.00 -\$24.20 \$51.30 -\$68.34	0.0% -4.1% 8.7% -11.6%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance	\$589.77 \$0.00 -\$24.20 \$51.30 -\$68.34 \$0.00	0.0% -4.1% 8.7% -11.6% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses	\$589.77 \$0.00 -\$24.20 \$51.30 -\$68.34 \$0.00 \$5.08	0.0% -4.1% 8.7% -11.6% 0.0% 0.9%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes	\$589.77 \$0.00 -\$24.20 \$51.30 -\$68.34 \$0.00 \$5.08 -\$10.12	0.0% -4.1% 8.7% -11.6% 0.0% 0.9% -1.7%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Area	\$589.77 \$0.00 -\$24.20 \$51.30 -\$68.34 \$0.00 \$5.08 -\$10.12 \$0.00	0.0% -4.1% 8.7% -11.6% 0.0% 0.9% -1.7% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Area Demo	\$589.77 \$0.00 -\$24.20 \$51.30 -\$68.34 \$0.00 \$5.08 -\$10.12 \$0.00 \$0.00	0.0% -4.1% 8.7% -11.6% 0.0% 0.9% -1.7% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Area Demo Network	\$589.77 \$0.00 -\$24.20 \$51.30 -\$68.34 \$0.00 \$5.08 -\$10.12 \$0.00 \$0.00 -\$0.20	0.0% -4.1% 8.7% -11.6% 0.0% 0.9% -1.7% 0.0% 0.0%

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	0.952	0.914	4.2%
Area 2 (Charlottesville)	0.968	0.929	4.2%
Area 3 (Danville)	1.010	0.970	4.2%
Area 4 (Harrisonburg)	1.063	1.020	4.2%
Area 5 (Bristol)	1.021	0.980	4.2%
Area 6 (Lynchburg)	1.010	0.970	4.2%
Area 7 (Richmond)	0.987	0.948	4.2%
Area 8 (Roanoke)	0.935	0.897	4.2%
Area 9 (Tidewater)	1.032	0.991	4.2%
Area 10 (Northern VA)	1.000	0.960	4.2%
Area 11 (Winchester)	1.000	0.960	4.2%
Area 12 (Non-MSA)	1.020	0.979	4.2%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# ANTHEM HEALTH PLANS OF VIRGINIA, INC. INDIVIDUAL

#### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Anthem Health Plans of Virginia, Inc.		
NAIC Number	78135 Market Segment Individual		
Product(s)	EPO	Rate Effective Date	1/1/2024

#### **Table 13. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	26.2%
Carrier Calculated Avg Total Rate Change	26.8%

	Most Popular Plan	
Plan Name	Anthem EPO Silver DED 3000 for	
Plan Name	HSA	
HIOS Plan ID	16064VA1350003	
Metallic Tier	Silver	
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$3,000	\$3,000
In-Network Member Coinsurance	35%	35%
In-Network Individual OOP	\$8,000	\$7,450
In-Network PCP OV Copay	NA	NA
Members as of 3/1/2023	612	
Pct of Statewide Membership	45.2%	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 12 (Non-MSA)	
	PMPM \$ % Change	
Rate on 1/1/2023	\$399.53	
Individual Mandate	\$0.00	0.0%
Other Morbidity	\$4.00	1.0%
Trend	\$31.95	8.0%
Risk Adjustment	-\$7.45	-1.9%
Reinsurance	\$116.79	29.2%
Other Non-Benefit Expenses	-\$7.54	-1.9%
Benefit Changes	-\$2.00 -0.5%	
Other Change 1	-\$17.88	-4.5%
Other Change 2		0.0%
Other Change 3		0.0%
Other Change 4		0.0%
Other Change 5		0.0%
Above Calculated Rate on 1/1/2024	\$517.39	29.5%

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	1.051	1.049	0.2%
Area 2 (Charlottesville)	0.955	0.925	3.2%
Area 3 (Danville)	0.988	0.969	1.9%
Area 4 (Harrisonburg)	0.992	0.981	1.2%
Area 5 (Bristol)	1.000	0.989	1.2%
Area 6 (Lynchburg)	0.964	0.952	1.2%
Area 7 (Richmond)	1.049	1.058	-0.8%
Area 8 (Roanoke)	1.015	1.023	-0.8%
Area 9 (Tidewater)	1.033	1.038	-0.5%
Area 10 (Northern VA)	0.978	0.966	1.2%
Area 11 (Winchester)	0.934	0.923	1.2%
Area 12 (Non-MSA)	1.000	0.989	1.2%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# ANTHEM HEALTH PLANS OF VIRGINIA, INC. SMALL GROUP

#### **Virginia ACA Rate Filing Template**

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Anthem Health Plans of Virginia, Inc.		
NAIC Number	71835 Market Segment Small Group		
Product(s)	PPO	Rate Effective Date	1/1/2024

#### **Table 13. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	4.1%
Carrier Calculated Avg Total Rate Change	3.8%

rable 14. Flan Specific Nate change information			
	Most Popular Plan		
Plan Name	Anthem Platinum PPO		
Plati Name	10/0%/3000		
HIOS Plan ID	16064VA1210060		
Metallic Tier	Platinum		
Plan Design Information	2024 Design	2023 Design	
In-Network Individual Deductible	\$0	\$0	
In-Network Member Coinsurance	0%	0%	
In-Network Individual OOP	\$3,000	\$3,000	
In-Network PCP OV Copay	\$10	\$10	
Members as of 3/1/2023	14,080		
Pct of Statewide Membership	21.2%		
Age Used in Comparison	40		
Rating Area Used in Comparison	Area 7 (Richmond)		
	PMPM \$ % Change		
Rate on 1/1/2023	\$724.90		
Individual Mandate	\$0.00	0.0%	
Other Morbidity	\$10.79	1.5%	
Trend	\$58.06	8.0%	
	750.00	8.0%	
Risk Adjustment	\$4.37	0.6%	
Risk Adjustment Reinsurance	¥ 0 0 . 0 0	0.0.0	
	\$4.37	0.6%	
Reinsurance	\$4.37 \$0.00	0.6% 0.0%	
Reinsurance Other Non-Benefit Expenses	\$4.37 \$0.00 -\$3.38	0.6% 0.0% -0.5%	
Reinsurance Other Non-Benefit Expenses Benefit Changes	\$4.37 \$0.00 -\$3.38 \$0.00	0.6% 0.0% -0.5% 0.0%	
Reinsurance Other Non-Benefit Expenses Benefit Changes Other Change / Experience	\$4.37 \$0.00 -\$3.38 \$0.00 -\$38.09	0.6% 0.0% -0.5% 0.0% -5.3%	
Reinsurance Other Non-Benefit Expenses Benefit Changes Other Change / Experience Area Factor	\$4.37 \$0.00 -\$3.38 \$0.00 -\$38.09 -\$11.82	0.6% 0.0% -0.5% 0.0% -5.3% -1.6%	
Reinsurance Other Non-Benefit Expenses Benefit Changes Other Change / Experience Area Factor Rx Rebates	\$4.37 \$0.00 -\$3.38 \$0.00 -\$38.09 -\$11.82 -\$6.70	0.6% 0.0% -0.5% 0.0% -5.3% -1.6% -0.9%	

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	1.061	1.067	-0.6%
Area 2 (Charlottesville)	0.963	0.941	2.4%
Area 3 (Danville)	0.997	0.986	1.1%
Area 4 (Harrisonburg)	1.001	0.997	0.4%
Area 5 (Bristol)	1.009	1.005	0.4%
Area 6 (Lynchburg)	0.972	0.968	0.4%
Area 7 (Richmond)	1.059	1.076	-1.6%
Area 8 (Roanoke)	1.024	1.041	-1.6%
Area 9 (Tidewater)	1.042	1.055	-1.3%
Area 10 (Northern VA)	0.986	0.983	0.4%
Area 11 (Winchester)	0.942	0.939	0.4%
Area 12 (Non-MSA)	1.009	1.005	0.4%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# CAREFIRST BLUECHOICE, INC. INDIVIDUAL

#### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	CareFirst BlueChoice, Inc.		
NAIC Number	96202 Market Segment Individual		
Product(s)	нмо	Rate Effective Date	1/1/2024

#### Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	37.6%
Carrier Calculated Avg Total Rate Change	37.7%

	Most Popular Plan	
Plan Name	BlueChoice HMO Gold 1750 Med	
Plan Name	Ded 150 Drug Ded 25 Dent Ded	
HIOS Plan ID	10207VA	0380003
Metallic Tier	Gold	
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$1,750	\$1,750
In-Network Member Coinsurance	0%	0%
In-Network Individual OOP	\$6,650	\$6,650
In-Network PCP OV Copay	\$0	\$0
Members as of 3/1/2023	3,407	
Pct of Statewide Membership	45.9%	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 10 (Northern VA)	
	PMPM \$ % Change	
	PMPM \$	% Change
Rate on 1/1/2023	PMPM \$ \$453.11	% Change
Rate on 1/1/2023 Individual Mandate		% Change 0.0%
	\$453.11	
Individual Mandate	\$453.11 \$0.00	0.0%
Individual Mandate Other Morbidity	\$453.11 \$0.00 \$1.70	0.0% 0.4%
Individual Mandate Other Morbidity Trend	\$453.11 \$0.00 \$1.70 \$47.72	0.0% 0.4% 10.5%
Individual Mandate Other Morbidity Trend Risk Adjustment	\$453.11 \$0.00 \$1.70 \$47.72 \$76.67	0.0% 0.4% 10.5% 16.9%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance	\$453.11 \$0.00 \$1.70 \$47.72 \$76.67 \$143.16	0.0% 0.4% 10.5% 16.9% 31.6%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses	\$453.11 \$0.00 \$1.70 \$47.72 \$76.67 \$143.16 \$4.83	0.0% 0.4% 10.5% 16.9% 31.6% 1.1%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes	\$453.11 \$0.00 \$1.70 \$47.72 \$76.67 \$143.16 \$4.83 \$0.00	0.0% 0.4% 10.5% 16.9% 31.6% 1.1% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Base Period Index Rate	\$453.11 \$0.00 \$1.70 \$47.72 \$76.67 \$143.16 \$4.83 \$0.00 -\$78.94	0.0% 0.4% 10.5% 16.9% 31.6% 1.1% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Base Period Index Rate Age Calibration	\$453.11 \$0.00 \$1.70 \$47.72 \$76.67 \$143.16 \$4.83 \$0.00 -\$78.94 -\$4.32	0.0% 0.4% 10.5% 16.9% 31.6% 1.1% 0.0% -17.4% -1.0% -6.0% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Base Period Index Rate Age Calibration	\$453.11 \$0.00 \$1.70 \$47.72 \$76.67 \$143.16 \$4.83 \$0.00 -\$78.94 -\$4.32	0.0% 0.4% 10.5% 16.9% 31.6% 1.1% 0.0% -17.4% -1.0% -6.0%

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	N/A	N/A	N/A
Area 2 (Charlottesville)	N/A	N/A	N/A
Area 3 (Danville)	N/A	N/A	N/A
Area 4 (Harrisonburg)	N/A	N/A	N/A
Area 5 (Bristol)	N/A	N/A	N/A
Area 6 (Lynchburg)	N/A	N/A	N/A
Area 7 (Richmond)	N/A	N/A	N/A
Area 8 (Roanoke)	N/A	N/A	N/A
Area 9 (Tidewater)	N/A	N/A	N/A
Area 10 (Northern VA)	1.000	1.000	0.0%
Area 11 (Winchester)	N/A	N/A	N/A
Area 12 (Non-MSA)	N/A	N/A	N/A

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# CAREFIRST BLUECHOICE, INC. SMALL GROUP

#### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	CareFirst BlueChoice, Inc.		
NAIC Number	96202	Market Segment	Small Group
Product(s)	нмо	Rate Effective Date	1/1/2024

#### **Table 13. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	13.2%
Carrier Calculated Avg Total Rate Change	13.2%

Table 14. Plan Specific Nate Change information			
	Most Popular Plan		
Plan Name	BlueChoice Advantage Gold 1000 Ded		
HIOS Plan ID	10207VA0440006		
Metallic Tier	Gold		
Plan Design Information	2024 Design	2023 Design	
In-Network Individual Deductible	\$1,000	\$1,000	
In-Network Member Coinsurance	100%	100%	
In-Network Individual OOP	\$7,500	\$7,300	
In-Network PCP OV Copay	\$15	\$15	
Members as of 3/1/2023	4,547		
Pct of Statewide Membership	10.1%		
Age Used in Comparison	40		
Rating Area Used in Comparison	Area 10 (Northern VA)		
	PMPM \$	% Change	
Rate on 1/1/2023	\$582.36		
Individual Mandato	én nn	0.00/	

Rate on 1/1/2023	\$582.36	
Individual Mandate	\$0.00	0.0%
Other Morbidity	\$4.14	0.7%
Trend	\$42.48	7.3%
Risk Adjustment	-\$1.90	-0.3%
Reinsurance	\$0.00	0.0%
Other Non-Benefit Expenses	\$8.04	1.4%
Benefit Changes	\$7.51	1.3%
Base Period Index Rate	\$9.68	1.7%
Age Calibration	-\$3.48	-0.6%
"Other"	\$14.46	2.5%
Other Change 4		0.0%
Other Change 5		0.0%
Above Calculated Rate on 1/1/2024	\$663.27	13.9%

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	N/A	N/A	N/A
Area 2 (Charlottesville)	N/A	N/A	N/A
Area 3 (Danville)	N/A	N/A	N/A
Area 4 (Harrisonburg)	N/A	N/A	N/A
Area 5 (Bristol)	N/A	N/A	N/A
Area 6 (Lynchburg)	N/A	N/A	N/A
Area 7 (Richmond)	N/A	N/A	N/A
Area 8 (Roanoke)	N/A	N/A	N/A
Area 9 (Tidewater)	N/A	N/A	N/A
Area 10 (Northern VA)	1.000	1.000	0.0%
Area 11 (Winchester)	N/A	N/A	N/A
Area 12 (Non-MSA)	N/A	N/A	N/A

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# GROUP HOSPITALIZATION & MEDICAL SERVICES, INC. INDIVIDUAL

#### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Group Hospitalization & Medical Services, Inc.		
NAIC Number	53007	Market Segment	Individual
Product(s)	PPO	Rate Effective Date	1/1/2024

#### **Table 13. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	96.9%
Carrier Calculated Avg Total Rate Change	97.0%

	Most Popular Plan	
Plan Name	BluePreferred PPO Gold 1750	
Plan Name	Med Ded 150 Drug Ded 25 Dent	
HIOS Plan ID	40308VA	0240007
Metallic Tier	Gold	
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$1,750	\$1,750
In-Network Member Coinsurance	0%	0%
In-Network Individual OOP	\$6,650	\$6,650
In-Network PCP OV Copay	\$0	\$0
Members as of 3/1/2023	489	
Pct of Statewide Membership	45.0%	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 10 (Northern VA)	
	PMPM \$ % Change	
Rate on 1/1/2023	\$847.68	
Individual Mandate	\$0.00	0.0%
Other Morbidity	\$28.80	3.4%
Trend	\$168.12	19.8%
Risk Adjustment	-\$50.85	-6.0%
Reinsurance	\$689.37	81.3%
Other Non-Benefit Expenses	\$39.03	4.6%
Benefit Changes	\$0.01	0.0%
Base Period Index Rate	-\$39.45	-4.7%
Age Calibration	\$43.70	5.2%
"Other"	-\$57.07	-6.7%
		0.0%
		0.0%
Above Calculated Rate on 1/1/2024	\$1,669.35	96.9%

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	N/A	N/A	N/A
Area 2 (Charlottesville)	N/A	N/A	N/A
Area 3 (Danville)	N/A	N/A	N/A
Area 4 (Harrisonburg)	N/A	N/A	N/A
Area 5 (Bristol)	N/A	N/A	N/A
Area 6 (Lynchburg)	N/A	N/A	N/A
Area 7 (Richmond)	N/A	N/A	N/A
Area 8 (Roanoke)	N/A	N/A	N/A
Area 9 (Tidewater)	N/A	N/A	N/A
Area 10 (Northern VA)	1.000	1.000	0.0%
Area 11 (Winchester)	N/A	N/A	N/A
Area 12 (Non-MSA)	N/A	N/A	N/A

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# GROUP HOSPITALIZATION & MEDICAL SERVICES, INC. SMALL GROUP

#### **Virginia ACA Rate Filing Template**

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change	
Carrier Name	Group Hospitalization & Medical Services, Inc.			
NAIC Number	53007 Market Segment Small Group			
Product(s)	PPO	Rate Effective Date	1/1/2024	

#### Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	0.5%
Carrier Calculated Avg Total Rate Change	0.5%

Table 14. Plan Specific Rate Change Information

Table 2 11 1 tall openio hate enange information				
	Most Popular Plan			
Plan Name	BluePreferred PPO Platinum 0			
Plan Name	Ded			
HIOS Plan ID	40308VA0270009			
Metallic Tier	Platinum			
Plan Design Information	2024 Design 2023 Design			
In-Network Individual Deductible	\$0	\$0		
In-Network Member Coinsurance	100%	100%		
In-Network Individual OOP	\$2,300	\$1,900		
In-Network PCP OV Copay	\$10	\$10		
Members as of 3/1/2023	2,478			
Pct of Statewide Membership	21.7%			
Age Used in Comparison	40			
Rating Area Used in Comparison	Area 10 (Northern VA)			
	PMPM \$	% Change		
Rate on 1/1/2023	PMPM \$ \$721.39	% Change		
Rate on 1/1/2023 Individual Mandate		% Change 0.0%		
• •	\$721.39			
Individual Mandate	<b>\$721.39</b> \$0.00	0.0%		
Individual Mandate Other Morbidity	\$721.39 \$0.00 -\$5.52	0.0%		
Individual Mandate Other Morbidity Trend	\$721.39 \$0.00 -\$5.52 \$35.45	0.0% -0.8% 4.9%		
Individual Mandate Other Morbidity Trend Risk Adjustment	\$721.39 \$0.00 -\$5.52 \$35.45 \$26.93	0.0% -0.8% 4.9% 3.7%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance	\$721.39 \$0.00 -\$5.52 \$35.45 \$26.93 \$0.00	0.0% -0.8% 4.9% 3.7% 0.0%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses	\$721.39 \$0.00 -\$5.52 \$35.45 \$26.93 \$0.00 \$6.53	0.0% -0.8% 4.9% 3.7% 0.0% 0.9%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes	\$721.39 \$0.00 -\$5.52 \$35.45 \$26.93 \$0.00 \$6.53 -\$13.31	0.0% -0.8% 4.9% 3.7% 0.0% 0.9% -1.8%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Base Period Index Rate	\$721.39 \$0.00 -\$5.52 \$35.45 \$26.93 \$0.00 \$6.53 -\$13.31 -\$43.65	0.0% -0.8% 4.9% 3.7% 0.0% 0.9% -1.8%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Base Period Index Rate Age Calibration	\$721.39 \$0.00 -\$5.52 \$35.45 \$26.93 \$0.00 \$6.53 -\$13.31 -\$43.65 -\$1.29	0.0% -0.8% 4.9% 3.7% 0.0% 0.9% -1.8% -6.1% -0.2%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Base Period Index Rate Age Calibration "Other"	\$721.39 \$0.00 -\$5.52 \$35.45 \$26.93 \$0.00 \$6.53 -\$13.31 -\$43.65 -\$1.29	0.0% -0.8% 4.9% 3.7% 0.0% 0.9% -1.8% -6.1% -0.2% 0.7%		

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	N/A	N/A	N/A
Area 2 (Charlottesville)	N/A	N/A	N/A
Area 3 (Danville)	N/A	N/A	N/A
Area 4 (Harrisonburg)	N/A	N/A	N/A
Area 5 (Bristol)	N/A	N/A	N/A
Area 6 (Lynchburg)	N/A	N/A	N/A
Area 7 (Richmond)	N/A	N/A	N/A
Area 8 (Roanoke)	N/A	N/A	N/A
Area 9 (Tidewater)	N/A	N/A	N/A
Area 10 (Northern VA)	1.000	1.000	0.0%
Area 11 (Winchester)	N/A	N/A	N/A
Area 12 (Non-MSA)	N/A	N/A	N/A

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

### HEALTHKEEPERS, INC. INDIVIDUAL

#### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	HealthKeepers, Inc.		
NAIC Number	95169 Market Segment Individual		
Product(s)	HMO, POS	Rate Effective Date	1/1/2024

#### **Table 13. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	16.9%
Carrier Calculated Avg Total Rate Change	15.9%

Table 14. Plan Specific Rate Change Information

	Most Popular Plan	
Plan Name	Anthem HealthKeepers Silver X	
Plan Name	DED 5000	
HIOS Plan ID	88380VA0720036	
Metallic Tier	Silver	
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$5,000	\$5,000
In-Network Member Coinsurance	20%	20%
In-Network Individual OOP	\$9,450	\$9,100
In-Network PCP OV Copay	NA	NA
Members as of 3/1/2023	31,032	
Pct of Statewide Membership	23.8%	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 12 (Non-MSA)	
	PMPM \$ % Change	
Rate on 1/1/2023	\$408.59	
Individual Mandate	\$0.00	0.0%
Other Morbidity	\$4.09	1.0%
Trend	\$32.67	8.0%
Risk Adjustment	-\$7.21	-1.8%
Reinsurance	\$94.91	23.2%
Other Non-Benefit Expenses	-\$6.43	-1.6%
Benefit Changes	-\$4.61	-1.1%
Experience / Other Change	-\$28.18	-6.9%
Network Change	-\$16.34	-4.0%
Other Change 3		0.0%
Other Change 4		0.0%
Other Change 5	0.0%	
Above Calculated Rate on 1/1/2024	\$477.48 16.9%	

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	1.106	1.125	-1.7%
Area 2 (Charlottesville)	1.029	1.047	-1.7%
Area 3 (Danville)	1.004	0.993	1.1%
Area 4 (Harrisonburg)	1.078	1.054	2.3%
Area 5 (Bristol)	0.981	0.993	-1.2%
Area 6 (Lynchburg)	1.063	1.047	1.5%
Area 7 (Richmond)	0.967	0.945	2.3%
Area 8 (Roanoke)	1.051	1.048	0.3%
Area 9 (Tidewater)	0.982	0.996	-1.4%
Area 10 (Northern VA)	0.998	0.995	0.3%
Area 11 (Winchester)	1.008	1.020	-1.2%
Area 12 (Non-MSA)	0.996	0.993	0.3%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

### HEALTHKEEPERS, INC. SMALL GROUP

### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	HealthKeepers, Inc.		
NAIC Number	95169 Market Segment Small Group		
Product(s)	HMO	Rate Effective Date	1/1/2024

Exhibit Calculated Avg Total Rate Change	4.2%
Carrier Calculated Avg Total Rate Change	3.7%

Table 14. Plan Specific Rate Change Information

	Most Popular Plan	
Plan Name	Anthem HealthKeepers Gold	
Plan Name	OAPOS 750/20%/7700	
HIOS Plan ID	88380VA0740128	
Metallic Tier	Gold	
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$750	\$750
In-Network Member Coinsurance	20%	20%
In-Network Individual OOP	\$7,700	\$7,700
In-Network PCP OV Copay	\$30	\$30
Members as of 3/1/2023	8,9	33
Pct of Statewide Membership	12.4%	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 7 (Richmond)	
	PMPM \$ % Change	
	PMPM \$	% Change
Rate on 1/1/2023	\$535.72	% Change
Rate on 1/1/2023 Individual Mandate		% Change 0.0%
	\$535.72	
Individual Mandate	\$535.72 \$0.00	0.0%
Individual Mandate Other Morbidity	\$535.72 \$0.00 \$7.98	0.0% 1.5%
Individual Mandate Other Morbidity Trend	\$535.72 \$0.00 \$7.98 \$42.91	0.0% 1.5% 8.0%
Individual Mandate Other Morbidity Trend Risk Adjustment	\$535.72 \$0.00 \$7.98 \$42.91 \$5.02	0.0% 1.5% 8.0% 0.9%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance	\$535.72 \$0.00 \$7.98 \$42.91 \$5.02 \$0.00	0.0% 1.5% 8.0% 0.9% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses	\$535.72 \$0.00 \$7.98 \$42.91 \$5.02 \$0.00 -\$2.54	0.0% 1.5% 8.0% 0.9% 0.0% -0.5%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes	\$535.72 \$0.00 \$7.98 \$42.91 \$5.02 \$0.00 -\$2.54 \$0.00	0.0% 1.5% 8.0% 0.9% 0.0% -0.5% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Experience / Other Change	\$535.72 \$0.00 \$7.98 \$42.91 \$5.02 \$0.00 -\$2.54 \$0.00	0.0% 1.5% 8.0% 0.9% 0.0% -0.5% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Experience / Other Change Rx Rebates Other Change 3 Other Change 4	\$535.72 \$0.00 \$7.98 \$42.91 \$5.02 \$0.00 -\$2.54 \$0.00 -\$26.80 -\$6.70	0.0% 1.5% 8.0% 0.9% 0.0% -0.5% 0.0% -5.0% -1.3%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Experience / Other Change Rx Rebates Other Change 3	\$535.72 \$0.00 \$7.98 \$42.91 \$5.02 \$0.00 -\$2.54 \$0.00 -\$26.80 -\$6.70 \$0.00	0.0% 1.5% 8.0% 0.9% 0.0% -0.5% 0.0% -5.0% -1.3% 0.0%

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	1.066	1.060	0.5%
Area 2 (Charlottesville)	0.928	0.940	-1.3%
Area 3 (Danville)	0.996	0.982	1.5%
Area 4 (Harrisonburg)	0.990	0.989	0.1%
Area 5 (Bristol)	0.994	0.993	0.1%
Area 6 (Lynchburg)	0.992	0.971	2.1%
Area 7 (Richmond)	1.027	1.026	0.1%
Area 8 (Roanoke)	1.014	1.033	-1.9%
Area 9 (Tidewater)	0.988	0.972	1.7%
Area 10 (Northern VA)	0.983	0.999	-1.5%
Area 11 (Winchester)	0.956	0.955	0.1%
Area 12 (Non-MSA)	0.954	0.973	-1.9%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

### INNOVATION HEALTH INSURANCE COMPANY SMALL GROUP

### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Innovation Health Insurance Company		
NAIC Number	15097	Market Segment	Small Group
Product(s)	PPO	Rate Effective Date	1/1/2024

Exhibit Calculated Avg Total Rate Change	6.1%
Carrier Calculated Avg Total Rate Change	6.0%

Table 14. Plan Specific Rate Change Information

	Most Popular Plan		
Diag Name	VAIH Gold Designated PCP PPO		
Plan Name	1000 80/50 E		
HIOS Plan ID	12028VA	0040075	
Metallic Tier	Gold		
Plan Design Information	2024 Design	2023 Design	
In-Network Individual Deductible	\$1,000	\$1,000	
In-Network Member Coinsurance	20%	20%	
In-Network Individual OOP	\$7,500	\$7,500	
In-Network PCP OV Copay	d: \$5; Non-Design	d: \$5; Non-Design	at
Members as of 3/1/2023	22	26	
Pct of Statewide Membership	25.	1%	
Age Used in Comparison	40		
Rating Area Used in Comparison	Area 10 (Northern VA)		
	PMPM \$ % Change		
Rate on 1/1/2023	\$593.28		
Individual Mandate	\$0.00	0.0%	
Other Morbidity	-\$24.34	-4.1%	
Trend	\$51.75	8.7%	
Risk Adjustment	\$42.49	7.2%	
Reinsurance	\$0.00	0.0%	
Other Non-Benefit Expenses	-\$1.41	-0.2%	
Benefit Changes	-\$0.02	0.0%	
Area	\$0.00	0.0%	
Demo	\$0.00	0.0%	
Network	\$20.02	3.4%	
Other	-\$100.26	-16.9%	
		0.0%	
Above Calculated Rate on 1/1/2024	\$581.50	-2.0%	

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	N/A	N/A	N/A
Area 2 (Charlottesville)	N/A	N/A	N/A
Area 3 (Danville)	N/A	N/A	N/A
Area 4 (Harrisonburg)	N/A	N/A	N/A
Area 5 (Bristol)	N/A	N/A	N/A
Area 6 (Lynchburg)	N/A	N/A	N/A
Area 7 (Richmond)	N/A	N/A	N/A
Area 8 (Roanoke)	N/A	N/A	N/A
Area 9 (Tidewater)	N/A	N/A	N/A
Area 10 (Northern VA)	1.000	1.000	0.0%
Area 11 (Winchester)	1.000	1.000	0.0%
Area 12 (Non-MSA)	1.000	1.000	0.0%
*Foton			

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

### INNOVATION HEALTH PLAN, INC. INDIVIDUAL

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change	
Carrier Name	Innovation Health Plan, Inc.			
NAIC Number	15098 Market Segment Individual			
Product(s)	НМО	Rate Effective Date	1/1/2024	

Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	23.9%
Carrier Calculated Avg Total Rate Change	23.9%

**Table 14. Plan Specific Rate Change Information** 

rable 14. Flan Specific Nate change information				
	Most Popular Plan			
Plan Name	2024 VA Innovation Health Silver			
Plan Name	S: HMO			
HIOS Plan ID	86443VA0080012			
Metallic Tier	Silver			
Plan Design Information	2024 Design	2023 Design		
In-Network Individual Deductible	\$6,000	\$5,800		
In-Network Member Coinsurance	40%	40%		
In-Network Individual OOP	\$9,100	\$8,900		
In-Network PCP OV Copay	\$40	\$40		
Members as of 3/1/2023	11,7	232		
Pct of Statewide Membership	48.0%			
Age Used in Comparison	40			
Rating Area Used in Comparison	Area 10 (Northern VA)			
	PMPM \$ % Change			
	PMPM \$	% Change		
Rate on 1/1/2023	PMPM \$ \$343.16	% Change		
Rate on 1/1/2023 Individual Mandate	_	% Change 0.0%		
	\$343.16			
Individual Mandate	\$343.16 \$0.00	0.0%		
Individual Mandate Other Morbidity	\$343.16 \$0.00 \$0.00	0.0% 0.0%		
Individual Mandate Other Morbidity Trend	\$343.16 \$0.00 \$0.00 \$0.00	0.0% 0.0% 0.0%		
Individual Mandate Other Morbidity Trend Risk Adjustment	\$343.16 \$0.00 \$0.00 \$0.00 \$1.45	0.0% 0.0% 0.0% 0.4%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance	\$343.16 \$0.00 \$0.00 \$0.00 \$1.45 \$70.11	0.0% 0.0% 0.0% 0.4% 20.4%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses	\$343.16 \$0.00 \$0.00 \$0.00 \$1.45 \$70.11 -\$13.32	0.0% 0.0% 0.0% 0.4% 20.4% -3.9%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes	\$343.16 \$0.00 \$0.00 \$0.00 \$1.45 \$70.11 -\$13.32 \$35.83 \$0.00 -\$5.92	0.0% 0.0% 0.0% 0.4% 20.4% -3.9% 10.4%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Network/Area	\$343.16 \$0.00 \$0.00 \$0.00 \$1.45 \$70.11 -\$13.32 \$35.83 \$0.00	0.0% 0.0% 0.0% 0.4% 20.4% -3.9% 10.4%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Network/Area Demographics	\$343.16 \$0.00 \$0.00 \$0.00 \$1.45 \$70.11 -\$13.32 \$35.83 \$0.00 -\$5.92	0.0% 0.0% 0.0% 0.4% 20.4% -3.9% 10.4% 0.0%		
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Network/Area Demographics Other Change 3	\$343.16 \$0.00 \$0.00 \$0.00 \$1.45 \$70.11 -\$13.32 \$35.83 \$0.00 -\$5.92 \$0.00	0.0% 0.0% 0.0% 0.4% 20.4% -3.9% 10.4% 0.0% -1.7% 0.0%		

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	N/A	N/A	N/A
Area 2 (Charlottesville)	N/A	N/A	N/A
Area 3 (Danville)	N/A	N/A	N/A
Area 4 (Harrisonburg)	N/A	N/A	N/A
Area 5 (Bristol)	N/A	N/A	N/A
Area 6 (Lynchburg)	N/A	N/A	N/A
Area 7 (Richmond)	N/A	N/A	N/A
Area 8 (Roanoke)	N/A	N/A	N/A
Area 9 (Tidewater)	N/A	N/A	N/A
Area 10 (Northern VA)	1.000	1.000	0.0%
Area 11 (Winchester)	N/A	N/A	N/A
Area 12 (Non-MSA)	N/A	N/A	N/A

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

### INNOVATION HEALTH PLAN, INC. SMALL GROUP

### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Innovation Health Plan, Inc.		
NAIC Number	15098 Market Segment Small Group		
Product(s)	нмо	Rate Effective Date	1/1/2024

### Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	7.3%
Carrier Calculated Avg Total Rate Change	6.5%

	Most Popular Plan	
Plan Name	VAIH Gold Open HMO 1500 100% E	
HIOS Plan ID	86443VA0010136	
Metallic Tier	Gold	
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$1,500	\$1,500
In-Network Member Coinsurance	0%	0%
In-Network Individual OOP	\$8,000	\$8,000
In-Network PCP OV Copay	\$30	\$30
Members as of 3/1/2023	17	70
Pct of Statewide Membership	39.4%	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 10 (Northern VA)	
	PMPM \$ % Change	
	PMPM \$	% Change
Rate on 1/1/2023	PMPM \$ \$460.86	% Change
Rate on 1/1/2023 Individual Mandate		% Change 0.0%
	\$460.86	
Individual Mandate	\$460.86 \$0.00	0.0%
Individual Mandate Other Morbidity	\$460.86 \$0.00 -\$18.91	0.0%
Individual Mandate Other Morbidity Trend	\$460.86 \$0.00 -\$18.91 \$40.20	0.0% -4.1% 8.7%
Individual Mandate Other Morbidity Trend Risk Adjustment	\$460.86 \$0.00 -\$18.91 \$40.20 \$26.66	0.0% -4.1% 8.7% 5.8%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance	\$460.86 \$0.00 -\$18.91 \$40.20 \$26.66 \$0.00	0.0% -4.1% 8.7% 5.8% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses	\$460.86 \$0.00 -\$18.91 \$40.20 \$26.66 \$0.00 -\$4.96	0.0% -4.1% 8.7% 5.8% 0.0% -1.1%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes	\$460.86 \$0.00 -\$18.91 \$40.20 \$26.66 \$0.00 -\$4.96 \$12.04	0.0% -4.1% 8.7% 5.8% 0.0% -1.1% 2.6%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Area	\$460.86 \$0.00 -\$18.91 \$40.20 \$26.66 \$0.00 -\$4.96 \$12.04 \$0.00	0.0% -4.1% 8.7% 5.8% 0.0% -1.1% 2.6% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Area Demo	\$460.86 \$0.00 -\$18.91 \$40.20 \$26.66 \$0.00 -\$4.96 \$12.04 \$0.00 \$0.00	0.0% -4.1% 8.7% 5.8% 0.0% -1.1% 2.6% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Area Demo Network	\$460.86 \$0.00 -\$18.91 \$40.20 \$26.66 \$0.00 -\$4.96 \$12.04 \$0.00 \$0.00 \$15.55	0.0% -4.1% 8.7% 5.8% 0.0% -1.1% 2.6% 0.0% 0.0% 3.4%

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	N/A	N/A	N/A
Area 2 (Charlottesville)	N/A	N/A	N/A
Area 3 (Danville)	N/A	N/A	N/A
Area 4 (Harrisonburg)	N/A	N/A	N/A
Area 5 (Bristol)	N/A	N/A	N/A
Area 6 (Lynchburg)	N/A	N/A	N/A
Area 7 (Richmond)	N/A	N/A	N/A
Area 8 (Roanoke)	N/A	N/A	N/A
Area 9 (Tidewater)	N/A	N/A	N/A
Area 10 (Northern VA)	1.000	1.000	0.0%
Area 11 (Winchester)	1.000	1.000	0.0%
Area 12 (Non-MSA)	1.000	1.000	0.0%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC. INDIVIDUAL

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.		
NAIC Number	95639	Individual	
Product(s)	НМО	Rate Effective Date	1/1/2024

**Table 13. Overall Rate Change Information** 

Exhibit Calculated Avg Total Rate Change	16.4%
Carrier Calculated Avg Total Rate Change	16.4%

Table 14. Plan Specific Rate Change Information

Table 14. Flan Specific Nate Change Information					
	Most Popular Plan				
Plan Name	KP VA Gold 0 Ded/Vision				
HIOS Plan ID	95185VA0530001				
Metallic Tier	Gold				
Plan Design Information	2024 Design	2023 Design			
In-Network Individual Deductible	\$0	\$0			
In-Network Member Coinsurance	35%	35%			
In-Network Individual OOP	\$9,200	\$7,250			
In-Network PCP OV Copay	ived for children	ived for children u			
Members as of 3/1/2023	4,6	666			
Pct of Statewide Membership	11.3%				
Age Used in Comparison	40				
Rating Area Used in Comparison	Area 10 (Northern VA)				
	PMPM \$ % Change				
Rate on 1/1/2023	\$419.82				
Individual Mandate	\$0.00	0.0%			
Other Morbidity	\$46.43	11.1%			
Trend	\$42.31	10.1%			
Diels Adiustment					
Risk Adjustment	\$5.69	1.4%			
Reinsurance	\$5.69 \$51.97	1.4% 12.4%			
-	,				
Reinsurance	\$51.97	12.4%			
Reinsurance Other Non-Benefit Expenses	\$51.97 -\$1.53	12.4% -0.4%			
Reinsurance Other Non-Benefit Expenses Benefit Changes	\$51.97 -\$1.53 -\$1.03	12.4% -0.4% -0.2%			
Reinsurance Other Non-Benefit Expenses Benefit Changes Base Experience Change	\$51.97 -\$1.53 -\$1.03 -\$43.27	12.4% -0.4% -0.2% -10.3%			
Reinsurance Other Non-Benefit Expenses Benefit Changes Base Experience Change Margin Change	\$51.97 -\$1.53 -\$1.03 -\$43.27 -\$35.63	12.4% -0.4% -0.2% -10.3% -8.5%			
Reinsurance Other Non-Benefit Expenses Benefit Changes Base Experience Change Margin Change Model Change	\$51.97 -\$1.53 -\$1.03 -\$43.27 -\$35.63 \$18.12	12.4% -0.4% -0.2% -10.3% -8.5% 4.3%			

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	N/A	N/A	N/A
Area 2 (Charlottesville)	N/A	N/A	N/A
Area 3 (Danville)	N/A	N/A	N/A
Area 4 (Harrisonburg)	N/A	N/A	N/A
Area 5 (Bristol)	N/A	N/A	N/A
Area 6 (Lynchburg)	N/A	N/A	N/A
Area 7 (Richmond)	1.000	1.000	0.0%
Area 8 (Roanoke)	N/A	N/A	N/A
Area 9 (Tidewater)	N/A	N/A	N/A
Area 10 (Northern VA)	1.000	1.000	0.0%
Area 11 (Winchester)	N/A	N/A	N/A
Area 12 (Non-MSA)	1.000	1.000	0.0%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC. SMALL GROUP

### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change	
Carrier Name	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.			
NAIC Number	95639 Market Segment Small Group			
Product(s)	НМО	Rate Effective Date	1/1/2024	

Exhibit Calculated Avg Total Rate Change	9.2%
Carrier Calculated Avg Total Rate Change	9.2%

Table 14. Plan Specific Rate Change Information

	Most Popular Plan	
Plan Name	KP VA Gold 0 DED/VISION	
HIOS Plan ID	95185VA0510004	
Metallic Tier	Gold	
Plan Design Information	2024 Design 2023 Design	
In-Network Individual Deductible	\$0	\$0
In-Network Member Coinsurance	0%	0%
In-Network Individual OOP	\$8,600	\$8,600
In-Network PCP OV Copay	d for children und	d for children und
Members as of 3/1/2023	2,8	314
Pct of Statewide Membership	18.4%	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 10 (Northern VA)	
	PMPM \$	% Change
Rate on 1/1/2023	PMPM \$ \$480.03	
Rate on 1/1/2023 Individual Mandate		
	\$480.03	% Change
Individual Mandate	\$ <b>480.03</b> \$0.00	% Change 0.0%
Individual Mandate Other Morbidity	\$480.03 \$0.00 \$0.00	% Change 0.0% 0.0%
Individual Mandate Other Morbidity Trend	\$480.03 \$0.00 \$0.00 \$46.89	% Change 0.0% 0.0% 9.8%
Individual Mandate Other Morbidity Trend Risk Adjustment	\$480.03 \$0.00 \$0.00 \$46.89 -\$4.40	% Change 0.0% 0.0% 9.8% -0.9%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance	\$480.03 \$0.00 \$0.00 \$46.89 -\$4.40 \$0.00	% Change  0.0%  0.0%  9.8%  -0.9%  0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses	\$480.03 \$0.00 \$0.00 \$46.89 -\$4.40 \$0.00 -\$22.37	% Change  0.0% 0.0% 9.8% -0.9% 0.0% -4.7%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes	\$480.03 \$0.00 \$0.00 \$46.89 -\$4.40 \$0.00 -\$22.37 \$0.00	% Change  0.0% 0.0% 9.8% -0.9% 0.0% -4.7% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Model Change	\$480.03 \$0.00 \$0.00 \$46.89 -\$4.40 \$0.00 -\$22.37 \$0.00 \$0.00	% Change  0.0% 0.0% 9.8% -0.9% 0.0% -4.7% 0.0% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Model Change Margin Change	\$480.03 \$0.00 \$0.00 \$46.89 -\$4.40 \$0.00 -\$22.37 \$0.00 \$0.00 \$40.13	% Change  0.0% 0.0% 9.8% -0.9% 0.0% -4.7% 0.0% 0.0% 8.4%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Model Change Margin Change Underlying Morbidity Change	\$480.03 \$0.00 \$0.00 \$46.89 -\$4.40 \$0.00 -\$22.37 \$0.00 \$0.00 \$40.13 -\$35.91	% Change  0.0% 0.0% 9.8% -0.9% 0.0% -4.7% 0.0% 0.0% 8.4% -7.5%

**Table 15. Geographic Factors** 

	Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
	Area 1 (Blacksburg)	N/A	N/A	N/A
	Area 2 (Charlottesville)	N/A	N/A	N/A
	Area 3 (Danville)	N/A	N/A	N/A
	Area 4 (Harrisonburg)	N/A	N/A	N/A
	Area 5 (Bristol)	N/A	N/A	N/A
	Area 6 (Lynchburg)	N/A	N/A	N/A
e	Area 7 (Richmond)	1.000	1.000	0.0%
	Area 8 (Roanoke)	N/A	N/A	N/A
	Area 9 (Tidewater)	N/A	N/A	N/A
	Area 10 (Northern VA)	1.000	1.000	0.0%
	Area 11 (Winchester)	N/A	N/A	N/A
	Area 12 (Non-MSA)	1.000	1.000	0.0%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

### OSCAR INSURANCE COMPANY INDIVIDUAL

### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Oscar Insurance Company		
NAIC Number	15777	Market Segment	Individual
Product(s)	EPO	Rate Effective Date	1/1/2024

### Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	11.1%
Carrier Calculated Avg Total Rate Change	

	Most Popular Plan	
Plan Name		
HIOS Plan ID	25922VA0010005	
Metallic Tier	Bronze	
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$0	\$0
In-Network Member Coinsurance	50%	50%
In-Network Individual OOP	\$9,450	\$9,100
In-Network PCP OV Copay	\$40	\$40
Members as of 3/1/2023	5	7
Pct of Statewide Membership	14.3%	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 7 (Richmond)	
	PMPM \$ % Change	
	PMPM \$	% Change
Rate on 1/1/2023	PMPM \$ \$377.22	% Change
Rate on 1/1/2023 Individual Mandate		% Change 0.0%
	\$377.22	
Individual Mandate	<b>\$377.22</b> \$0.00	0.0%
Individual Mandate Other Morbidity	\$377.22 \$0.00 -\$8.22	0.0%
Individual Mandate Other Morbidity Trend	\$377.22 \$0.00 -\$8.22 \$12.27	0.0% -2.2% 3.3%
Individual Mandate Other Morbidity Trend Risk Adjustment	\$377.22 \$0.00 -\$8.22 \$12.27 \$2.51	0.0% -2.2% 3.3% 0.7%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance	\$377.22 \$0.00 -\$8.22 \$12.27 \$2.51 -\$7.36	0.0% -2.2% 3.3% 0.7% -2.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses	\$377.22 \$0.00 -\$8.22 \$12.27 \$2.51 -\$7.36 \$29.16	0.0% -2.2% 3.3% 0.7% -2.0% 7.7%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes	\$377.22 \$0.00 -\$8.22 \$12.27 \$2.51 -\$7.36 \$29.16 \$15.36	0.0% -2.2% 3.3% 0.7% -2.0% 7.7% 4.1%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes PPD	\$377.22 \$0.00 -\$8.22 \$12.27 \$2.51 -\$7.36 \$29.16 \$15.36 -\$0.04	0.0% -2.2% 3.3% 0.7% -2.0% 7.7% 4.1% 0.0%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes PPD Methodological/AV Development	\$377.22 \$0.00 -\$8.22 \$12.27 \$2.51 -\$7.36 \$29.16 \$15.36 -\$0.04	0.0% -2.2% 3.3% 0.7% -2.0% 7.7% 4.1% 0.0% -0.1%
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes PPD Methodological/AV Development Other Change 3	\$377.22 \$0.00 -\$8.22 \$12.27 \$2.51 -\$7.36 \$29.16 \$15.36 -\$0.04	0.0% -2.2% 3.3% 0.7% -2.0% 7.7% 4.1% 0.0% -0.1% 0.0%

Table 15. Geographic Factors

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	N/A	N/A	N/A
Area 2 (Charlottesville)	N/A	N/A	N/A
Area 3 (Danville)	N/A	N/A	N/A
Area 4 (Harrisonburg)	N/A	N/A	N/A
Area 5 (Bristol)	N/A	N/A	N/A
Area 6 (Lynchburg)	N/A	N/A	N/A
Area 7 (Richmond)	1.000	1.000	0.0%
Area 8 (Roanoke)	N/A	N/A	N/A
Area 9 (Tidewater)	N/A	N/A	N/A
Area 10 (Northern VA)	1.051	N/A	N/A
Area 11 (Winchester)	N/A	N/A	N/A
Area 12 (Non-MSA)	N/A	N/A	N/A

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# PIEDMONT COMMUNITY HEALTHCARE HMO, INC.

### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Piedmont Community Healthcare HMO, Inc		
NAIC Number	15791 Market Segment Individual		
Product(s)	нмо	Rate Effective Date	1/1/2024

### Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	26.7%
Carrier Calculated Avg Total Rate Change	26.7%

	Most Popular Plan	
Plan Name	Piedmont HMO Gold 1500	
Plan Name	Deductible	
HIOS Plan ID	37204VA0080001	
Metallic Tier	Gold	
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$1,500	\$2,000
In-Network Member Coinsurance	25%	25%
In-Network Individual OOP	\$8,700	\$8,700
In-Network PCP OV Copay	\$30	\$30
Members as of 3/1/2023	6,6	606
Pct of Statewide Membership	37.	1%
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 6 (Lynchburg)	
	PMPM \$ % Change	
Rate on 1/1/2023	\$368.40	
Individual Mandate	\$0.00	0.0%
Other Morbidity	-\$4.90	-1.3%
Trend	\$3.29	0.9%
Risk Adjustment	\$120.02	32.6%
Reinsurance	\$76.10	20.7%
Other Non-Benefit Expenses	-\$28.73	-7.8%
Benefit Changes	\$0.00	0.0%
Change in Exchange Fees	-\$4.59	-1.2%
ange in Underlying Experience (excl. tren		-9.0%
Change in Paid to Allowed Ratio	\$21.30	5.8%
Other Change	-\$43.23	-11.7%
Other Change 5		0.0%
Above Calculated Rate on 1/1/2024	\$474.40	28.8%

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	1.050	1.075	-2.4%
Area 2 (Charlottesville)	1.014	1.014	0.0%
Area 3 (Danville)	0.985	0.947	4.0%
Area 4 (Harrisonburg)	1.060		N/A
Area 5 (Bristol)	1.025	0.950	7.9%
Area 6 (Lynchburg)	0.998	1.016	-1.7%
Area 7 (Richmond)	0.954		N/A
Area 8 (Roanoke)	1.011	1.001	1.1%
Area 9 (Tidewater)	0.997	0.977	2.0%
Area 10 (Northern VA)			N/A
Area 11 (Winchester)			N/A
Area 12 (Non-MSA)	0.978	0.954	2.6%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# PIEDMONT COMMUNITY HEALTHCARE HMO, INC. SMALL GROUP

### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Piedmont Community HealthCare HMO, Inc		
NAIC Number	15791	Market Segment	Small Group
Product(s)	HMO, POS	Rate Effective Date	1/1/2024

### Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	6.3%
Carrier Calculated Avg Total Rate Change	6.3%

	Most Popular Plan	
Plan Name	Piedmont Choice POS Gold 2000 Med Ded/150 Rx Ded	
HIOS Plan ID	37204VA0040023	
Metallic Tier	Gold	
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$2,000	\$2,000
In-Network Member Coinsurance	30%	30%
In-Network Individual OOP	\$4,900	\$4,900
In-Network PCP OV Copay	\$25	\$25
Members as of 3/1/2023	264	
Pct of Statewide Membership	10.5%	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 6 (Lynchburg)	
	PMPM \$ % Change	
Rate on 1/1/2023	\$442.67	
Individual Mandate	\$0.00	0.0%
Other Morbidity	-\$10.30	-2.3%
Trend	\$8.95	2.0%
Risk Adjustment	\$10.13	2.3%
Reinsurance	\$0.00	0.0%
Other Non-Benefit Expenses	-\$29.37	-6.6%
Benefit Changes	\$0.00 0.0%	
Change in Exchange Fees	\$0.00	0.0%
nange in Underlying Experience (excl. tren	-\$8.89	-2.0%
Change in Paid to Allowed Ratio	\$5.67	1.3%
Other Change	\$45.60	10.3%
Other Change 5		0.0%
Above Calculated Rate on 1/1/2024	\$464.47	4.9%

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	1.064	1.090	-2.4%
Area 2 (Charlottesville)	0.999	0.967	3.3%
Area 3 (Danville)	1.006	1.055	-4.7%
Area 4 (Harrisonburg)	1.067		N/A
Area 5 (Bristol)	1.056	0.994	6.3%
Area 6 (Lynchburg)	0.986	0.977	0.9%
Area 7 (Richmond)	1.032		N/A
Area 8 (Roanoke)	1.054	1.071	-1.6%
Area 9 (Tidewater)	1.018	1.003	1.5%
Area 10 (Northern VA)			N/A
Area 11 (Winchester)			N/A
Area 12 (Non-MSA)	1.032	1.045	-1.3%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# PIEDMONT COMMUNITY HEALTHCARE, INC. SMALL GROUP

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Piedmont Community HealthCare, Inc		
NAIC Number	95811	Market Segment	Small Group
Product(s)	PPO	Rate Effective Date	1/1/2024

Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	6.6%
Carrier Calculated Avg Total Rate Change	6.4%

Table 14. Plan Specific Rate Change Information

	Most Popular Plan	
Plan Name	Piedmont PPO Silver HSA 3275	
Plati Natile	Ded	
HIOS Plan ID	15668VA0170017	
Metallic Tier	Silver	
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$3,275	\$3,250
In-Network Member Coinsurance	20%	20%
In-Network Individual OOP	\$7,000	\$6,550
In-Network PCP OV Copay	N/A	N/A
Members as of 3/1/2023	73	
Pct of Statewide Membership	23.2%	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 6 (Lynchburg)	
	PMPM \$ % Change	
Rate on 1/1/2023	\$426.52	
Individual Mandate	\$0.00	0.0%
Other Morbidity	\$9.49	2.2%
Trend	\$8.62	2.0%
Risk Adjustment	-\$14.05	-3.3%
Reinsurance	\$0.00	0.0%
Other Non-Benefit Expenses	-\$35.81	-8.4%
Benefit Changes	\$0.00	0.0%
Change in Exchange Fees	\$0.00	0.0%
nange in Underlying Experience (excl. tren	-\$8.57	-2.0%
Change in Paid to Allowed Ratio	\$30.75	7.2%
Other Change	\$12.24	2.9%
		0.0%
Above Calculated Rate on 1/1/2024	\$429.18	0.6%

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	1.064	1.090	-2.4%
Area 2 (Charlottesville)	0.998	0.967	3.3%
Area 3 (Danville)	1.005	1.055	-4.7%
Area 4 (Harrisonburg)	1.067	N/A	N/A
Area 5 (Bristol)	1.056	0.993	6.3%
Area 6 (Lynchburg)	0.986	0.977	0.9%
Area 7 (Richmond)	1.032	N/A	N/A
Area 8 (Roanoke)	1.054	1.071	-1.6%
Area 9 (Tidewater)	1.018	1.002	1.5%
Area 10 (Northern VA)	N/A	N/A	N/A
Area 11 (Winchester)	N/A	N/A	N/A
Area 12 (Non-MSA)	1.031	1.045	-1.3%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# SENTARA HEALTH INSURANCE COMPANY INDIVIDUAL

### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Sentara Health Insurance Company		
NAIC Number	70715 Market Segment Individual		
Product(s)	PPO	Rate Effective Date	1/1/2024

Exhibit Calculated Avg Total Rate Change	N/A
Carrier Calculated Avg Total Rate Change	20.2%

Table 14. Plan Specific Rate Change Information

	Most Popular Plan	
Plan Name	Sentara Plus Bronze 7200 Ded	
HIOS Plan ID	89242VA0790005	
Metallic Tier	Bronze	
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$7,200	\$7,200
In-Network Member Coinsurance	30%	30%
In-Network Individual OOP	\$9,450	\$9,100
In-Network PCP OV Copay	\$0	\$0
Members as of 3/1/2023	(	0
Pct of Statewide Membership	N/A	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 9 (Tidewater)	
	PMPM \$ % Change	
Rate on 1/1/2023	\$409.23	
Individual Mandate	\$0.00	0.0%
Other Morbidity	\$0.00	0.0%
Trend	\$29.17	7.1%
Risk Adjustment	\$0.00	0.0%
Reinsurance	\$86.28	21.1%
Other Non-Benefit Expenses	\$0.00	0.0%
Benefit Changes	-\$4.04	-1.0%
Other Changes	-\$25.15	-6.1%
		0.0%
		0.0%
		0.0%
		0.0%
Above Calculated Rate on 1/1/2024	\$495.49	21.1%

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	N/A	N/A	N/A
Area 2 (Charlottesville)	N/A	N/A	N/A
Area 3 (Danville)	N/A	N/A	N/A
Area 4 (Harrisonburg)	N/A	N/A	N/A
Area 5 (Bristol)	N/A	N/A	N/A
Area 6 (Lynchburg)	N/A	N/A	N/A
Area 7 (Richmond)	N/A	N/A	N/A
Area 8 (Roanoke)	N/A	N/A	N/A
Area 9 (Tidewater)	1.000	1.000	0.0%
Area 10 (Northern VA)	N/A	N/A	N/A
Area 11 (Winchester)	N/A	N/A	N/A
Area 12 (Non-MSA)	N/A	N/A	N/A

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

# SENTARA HEALTH INSURANCE COMPANY SMALL GROUP

### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	Sentara Health Insurance Company		
NAIC Number	70715 Market Segment Small Group		
Product(s)	PPO	Rate Effective Date	1/1/2024

### Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	3.6%
Carrier Calculated Avg Total Rate Change	3.6%

	Most Popular Plan	
Plan Name	Sentara Direct Plus Gold 2000 Ded	
HIOS Plan ID	89242VA	0800010
Metallic Tier	Go	old
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$2,000	\$2,000
In-Network Member Coinsurance	30%/50%	30%/50%
In-Network Individual OOP	\$6,500	\$5,500
In-Network PCP OV Copay	\$25/50	\$25/50
Members as of 3/1/2023	232	
Pct of Statewide Membership	19.4%	
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 9 (Tidewater)	
	PMPM \$ % Change	
Rate on 1/1/2023	\$561.15	
Individual Mandate	\$0.00	0.0%
Other Morbidity	\$0.00	0.0%
Trend	\$32.93	5.9%
Risk Adjustment	-\$34.61	-6.2%
Reinsurance	\$0.00	0.0%
Other Non-Benefit Expenses	\$11.23	2.0%
Benefit Changes	\$7.04	1.3%
RxPBM	-\$0.48	-0.1%
Area Factor	\$0.60	0.1%
		0.0%
		0.0%
Other	-\$37.54	-6.7%
Above Calculated Rate on 1/1/2024	\$540.32	-3.7%

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	0.981	0.988	-0.7%
Area 2 (Charlottesville)	0.946	0.977	-3.2%
Area 3 (Danville)	0.981	0.988	-0.7%
Area 4 (Harrisonburg)	1.011	1.010	0.1%
Area 5 (Bristol)	0.981	0.988	-0.7%
Area 6 (Lynchburg)	0.901	0.903	-0.2%
Area 7 (Richmond)	0.951	0.947	0.5%
Area 8 (Roanoke)	0.981	0.988	-0.7%
Area 9 (Tidewater)	0.947	0.946	0.1%
Area 10 (Northern VA)	0.903	0.902	0.1%
Area 11 (Winchester)	0.981	0.988	-0.7%
Area 12 (Non-MSA)	0.981	0.988	-0.7%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

### UNITEDHEALTH CARE INSURANCE COMPANY SMALL GROUP

### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	UnitedHealthcare Insurance Company		
NAIC Number	79413	Small Group	
Product(s)	EPO, PPO	Rate Effective Date	1/1/2024

### **Table 13. Overall Rate Change Information**

Exhibit Calculated Avg Total Rate Change	7.9%
Carrier Calculated Avg Total Rate Change	8.2%

### Table 14. Plan Specific Rate Change Information

	Most Popular Plan	
Plan Name	UHC Choice Plus Gold 750-1	
HIOS Plan ID	25978VA0080010	
Metallic Tier	Gold	
Plan Design Information	2024 Design	2023 Design
In-Network Individual Deductible	\$750	\$750
In-Network Member Coinsurance	20%	20%
In-Network Individual OOP	\$8,700	\$8,550
In-Network PCP OV Copay	\$30	\$30
Members as of 3/1/2023	5,7	83
Pct of Statewide Membership	12.	4%
Age Used in Comparison	40	
Rating Area Used in Comparison	Area 10 (Northern VA)	
	PMPM \$ % Change	
Rate on 1/1/2023	\$517.43	
Individual Mandate	\$0.00	0.0%
Other Morbidity	\$0.00	0.0%
Trend	\$38.29	7.4%
Risk Adjustment	\$0.00	0.0%
Reinsurance	\$0.00	0.0%
Other Non-Benefit Expenses	\$2.60	0.5%
Benefit Changes	-\$5.10	-1.0%
Other Change 1		0.0%
Other Change 2		0.0%
Other Change 3		0.0%
Other Change 4		0.0%
Other Change 5		0.0%
Above Calculated Rate on 1/1/2024	\$553.22	6.9%

### **Table 15. Geographic Factors**

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	1.020	1.020	0.0%
Area 2 (Charlottesville)	0.869	0.945	-8.0%
Area 3 (Danville)	1.020	1.020	0.0%
Area 4 (Harrisonburg)	1.020	1.020	0.0%
Area 5 (Bristol)	1.020	1.020	0.0%
Area 6 (Lynchburg)	1.020	1.020	0.0%
Area 7 (Richmond)	0.997	0.997	0.0%
Area 8 (Roanoke)	1.010	1.010	0.0%
Area 9 (Tidewater)	0.935	0.935	0.0%
Area 10 (Northern VA)	0.884	0.884	0.0%
Area 11 (Winchester)	0.884	0.884	0.0%
Area 12 (Non-MSA)	0.907	0.975	-7.0%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

### UNITEDHEALTH CARE OF THE MID-ATLANTIC, INC. SMALL GROUP

### Virginia ACA Rate Filing Template

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	UnitedHealthcare of the Mid-Atlantic, Inc.		
NAIC Number	95025	Market Segment	Small Group
Product(s)	HMO, POS	Rate Effective Date	1/1/2024

### Table 13. Overall Rate Change Information

Exhibit Calculated Avg Total Rate Change	8.5%
Carrier Calculated Avg Total Rate Change	8.6%

	Most Popular Plan		
Plan Name	UHC Choice Plus Gold 2000-2		
HIOS Plan ID	38599VA	0050005	
Metallic Tier	Go	old	
Plan Design Information	2024 Design	2023 Design	
In-Network Individual Deductible	\$2,000	\$2,000	
In-Network Member Coinsurance	0%	0%	
In-Network Individual OOP	\$7,000	\$7,000	
In-Network PCP OV Copay	\$30	\$30	
Members as of 3/1/2023	900		
Pct of Statewide Membership	16.8%		
Age Used in Comparison	40		
Rating Area Used in Comparison	Area 10 (Northern VA)		
	PMPM \$	% Change	
Rate on 1/1/2023	PMPM \$ \$500.47	% Change	
Rate on 1/1/2023 Individual Mandate		% Change 0.0%	
	\$500.47		
Individual Mandate	\$500.47 \$0.00	0.0%	
Individual Mandate Other Morbidity	\$500.47 \$0.00 \$0.00 \$37.03 \$0.00	0.0% 0.0%	
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance	\$500.47 \$0.00 \$0.00 \$37.03 \$0.00 \$0.00	0.0% 0.0% 7.4% 0.0% 0.0%	
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses	\$500.47 \$0.00 \$0.00 \$37.03 \$0.00 \$0.00 \$2.60	0.0% 0.0% 7.4% 0.0% 0.0% 0.5%	
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes	\$500.47 \$0.00 \$0.00 \$37.03 \$0.00 \$0.00	0.0% 0.0% 7.4% 0.0% 0.0% 0.5% 1.5%	
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Other Change 1	\$500.47 \$0.00 \$0.00 \$37.03 \$0.00 \$0.00 \$2.60	0.0% 0.0% 7.4% 0.0% 0.0% 0.5% 1.5%	
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Other Change 1 Other Change 2	\$500.47 \$0.00 \$0.00 \$37.03 \$0.00 \$0.00 \$2.60	0.0% 0.0% 7.4% 0.0% 0.0% 0.5% 1.5% 0.0%	
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Other Change 1 Other Change 2 Other Change 3	\$500.47 \$0.00 \$0.00 \$37.03 \$0.00 \$0.00 \$2.60	0.0% 0.0% 7.4% 0.0% 0.0% 0.5% 1.5% 0.0% 0.0%	
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Other Change 1 Other Change 2 Other Change 3 Other Change 4	\$500.47 \$0.00 \$0.00 \$37.03 \$0.00 \$0.00 \$2.60	0.0% 0.0% 7.4% 0.0% 0.0% 0.5% 1.5% 0.0% 0.0% 0.0%	
Individual Mandate Other Morbidity Trend Risk Adjustment Reinsurance Other Non-Benefit Expenses Benefit Changes Other Change 1 Other Change 2 Other Change 3	\$500.47 \$0.00 \$0.00 \$37.03 \$0.00 \$0.00 \$2.60	0.0% 0.0% 7.4% 0.0% 0.0% 0.5% 1.5% 0.0% 0.0%	

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	1.020	1.020	0.0%
Area 2 (Charlottesville)	0.869	0.945	-8.0%
Area 3 (Danville)	1.020	1.020	0.0%
Area 4 (Harrisonburg)	1.020	1.020	0.0%
Area 5 (Bristol)	1.020	1.020	0.0%
Area 6 (Lynchburg)	1.020	1.020	0.0%
Area 7 (Richmond)	0.997	0.997	0.0%
Area 8 (Roanoke)	1.010	1.010	0.0%
Area 9 (Tidewater)	0.935	0.935	0.0%
Area 10 (Northern VA)	0.884	0.884	0.0%
Area 11 (Winchester)	0.884	0.884	0.0%
Area 12 (Non-MSA)	0.907	0.975	-7.0%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area

### UNITEDHEALTH CARE PLAN OF THE RIVER VALLEY, INC. SMALL GROUP

Color Coding Key	Manual Input - Free Form	Manual Input - Dropdown List	Calculation - Do Not Change
Carrier Name	UnitedHealthcare Plan of the River Valley, Inc.		
NAIC Number	95378	Market Segment	Small Group
Product(s)	POS, HMO	Rate Effective Date	1/1/2024

**Table 13. Overall Rate Change Information** 

	Exhibit Calculated Avg Total Rate Change	3.3%
ı	Carrier Calculated Avg Total Rate Change	3.6%

Table 14. Plan Specific Rate Change Information

	Most Popular Plan		
Plan Name	DG-J9		
HIOS Plan ID	89498VA	0060069	
Metallic Tier	Bronze		
Plan Design Information	2024 Design	2023 Design	
In-Network Individual Deductible	\$6,000	\$6,000	
In-Network Member Coinsurance	100%	100%	
In-Network Individual OOP	\$7,350	\$7,350	
In-Network PCP OV Copay	\$50	\$50	
Members as of 3/1/2023	6	3	
Pct of Statewide Membership	4.1%		
Age Used in Comparison	40		
Rating Area Used in Comparison	Area 5 (Bristol)		
	PMPM \$ % Change		
Rate on 1/1/2023	\$408.04		
Individual Mandate	\$0.00	0.0%	
Other Morbidity	\$0.00	0.0%	
Trend	\$33.46	8.2%	
Risk Adjustment	-\$44.64	-10.9%	
Reinsurance	\$0.00	0.0%	
Other Non-Benefit Expenses	-\$17.16	-4.2%	
Benefit Changes	\$0.39	0.1%	
Pricing Model Revenue Neutral Adjustmer	-\$7.39	-1.8%	
Pricing Model Impact	\$3.71	0.9%	
Net Other Changes	\$40.80	10.0%	
	\$0.00	0.0%	
	\$0.00	0.0%	
Above Calculated Rate on 1/1/2024	\$417.20	2.2%	

**Table 15. Geographic Factors** 

Rating Area	Proposed Area Factor*	Current Area Factor*	Factor Change
Area 1 (Blacksburg)	0.868	0.868	0.0%
Area 2 (Charlottesville)	0.868	0.868	0.0%
Area 3 (Danville)	0.868	0.868	0.0%
Area 4 (Harrisonburg)	0.868	0.868	0.0%
Area 5 (Bristol)	0.790	0.790	0.0%
Area 6 (Lynchburg)	0.868	0.868	0.0%
Area 7 (Richmond)	0.868	0.868	0.0%
Area 8 (Roanoke)	0.868	0.868	0.0%
Area 9 (Tidewater)	0.868	0.868	0.0%
Area 10 (Northern VA)	0.868	0.868	0.0%
Area 11 (Winchester)	0.868	0.868	0.0%
Area 12 (Non-MSA)	0.790	0.790	0.0%

<sup>\*</sup>Enter "N/A" if no plans are offered in the rating area