

Rate Request Summary Documents

Individual and Small Group ACA Market

Plan Year 2024

Health insurers offering plans in the individual and small group health insurance markets are required to file a Health Insurance Rate Change Request Summary (Part 1). The summary is prepared by the insurer to explain the rates filed. Some summaries may be more than one page. Please note that for the Individual Market filings, the Initial Requested Average Rate Change on the Part 1's reflects that the rate changes were initially filed assuming reinsurance would not reduce premiums for 2024. The Current Requested Average Rate Change includes the premium reduction for reinsurance.

Part 2 is the "Qualified Health Plan Rate Request Summary" and is prepared by the Bureau of Insurance. It summarizes the Bureau's review and final disposition of the rate request.

The Part 1 and Part 2 summaries referenced above are included below in alphabetical order by Market, individual and small group.

Each rate filing is available for review at the following link. Please refer to the SERFF Filing number to access the filing. <https://filingaccess.serff.com/sfa/home/va>.

Glossary of Terms:

Medical Cost (Trend):	The change in the cost and usage of health care services.
Morbidity:	The change in the average health status of enrollees.
Demographics:	The change in average age and gender of enrollees, as well as area changes.
Network:	The change in the composition and reimbursement rates of the carrier's provider network.
Benefits:	The change in the coverage and cost-sharing elements of the carrier's plan offerings.

INDIVIDUAL MARKET

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Aetna Health Inc., 95109

Market: Individual **Rate Request SERFF Tracking #:** AETN-133631708

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
 Initial Requested Average Rate Change: 16.4 %
 Current Requested Average Rate Change: 3.7 %
 Range of Requested Rate Change: -9.3 % to 7.3 %
 Projected Number of Insureds Affected: 7,175

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.166</u>
Area 2 (Charlottesville)	<u>1.0027</u>
Area 3 (Danville)	<u> </u>
Area 4 (Harrisonburg)	<u> </u>
Area 5 (Bristol)	<u> </u>
Area 6 (Lynchburg)	<u> </u>
Area 7 (Richmond)	<u>1.0000</u>
Area 8 (Roanoke)	<u>1.0385</u>
Area 9 (Tidewater)	<u> </u>
Area 10 (Northern VA)	<u> </u>
Area 11 (Winchester)	<u> </u>
Area 12 (Non-MSA)	<u>1.1346</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 84.29 %
 Administrative: 12.45 %
 Taxes and fees: 0.76 %
 Profit: 2.50 %

Factors of Rate Change

Medical Cost (Trend) Change: 5.5%
 Change in Morbidity: 1.069
 Change in Demographics: 1.158
 Change in Network: 0.820
 Change in Benefits: 0.936
 Change in Other (explain below): 1.000

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

Other includes: Pooling, Deductible Suppression, and Rx Other Trend (1.0 in this instance).

Rate Request Summary Narrative

Monthly premium rates for all Individual Market products in Virginia are new for effective dates January 1, 2024 through December 31, 2024.

A. Reason for New Rates:
 New rates for these products reflect the following:

- Impact of medical claim trend (including changes in provider unit costs and increased utilization of medical cost services);
- Impact of our assumptions about population morbidity and the projected population distribution;
- Impact of cost sharing to ensure that plans comply with Actuarial Value requirements;
- Impact of our pricing models used to determine the impact of cost sharing designs;
- Impact of provider networks and contracts; and
- Impact of revisions to VA's reinsurance program that existed in 2023.

Qualified Health Plan Rate Request Summary Part 2 –To Be Completed by Bureau of Insurance

Company Name – NAIC Number: Aetna Health Inc., NAIC # 95109

SERFF Tracking Number: AETN-133631708

Disposition: Closed-Approved

Approval Date: 09/20/2023

2024 Plan Year Rates:

Average Annual Premium Per Member: \$5,207

Overall Requested Percentage Rate Change Per Member: 3.7%

Minimum Requested Percentage Rate Change Per Member: -9.3%

Maximum Requested Percentage Rate Change Per Member: 7.3%

Number of Policy Holders Affected: 4,642

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 3.7% for this block of individual medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 81.7% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. The impact of medical claim trend, including changes in provider costs and increased utilization,
2. Changes in the projected morbidity (overall sickness level) and distribution of the projected population,
3. Changes in cost sharing to ensure that plans comply with Actuarial Value requirements,
4. Changes in the company’s pricing models and provider networks and contracts; and
5. The impact of revisions to VA’s reinsurance program that existed in 2023.

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Aetna Life Insurance Company, 60054

Market: Individual **Rate Request SERFF Tracking #:** AETN-133631695

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
 Initial Requested Average Rate Change: 18.9 %
 Current Requested Average Rate Change: 6.6 %
 Range of Requested Rate Change: -5.7 % to 13.4 %
 Projected Number of Insureds Affected: 10,073

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.166</u>
Area 2 (Charlottesville)	<u> </u>
Area 3 (Danville)	<u> </u>
Area 4 (Harrisonburg)	<u> </u>
Area 5 (Bristol)	<u> </u>
Area 6 (Lynchburg)	<u> </u>
Area 7 (Richmond)	<u>1.000</u>
Area 8 (Roanoke)	<u>1.038</u>
Area 9 (Tidewater)	<u> </u>
Area 10 (Northern VA)	<u> </u>
Area 11 (Winchester)	<u> </u>
Area 12 (Non-MSA)	<u> </u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 83.20 %
 Administrative: 11.42 %
 Taxes and fees: 2.38 %
 Profit: 3.0 %

Factors of Rate Change

Medical Cost (Trend) Change: 5.5%
 Change in Morbidity: 1.069
 Change in Demographics: 1.165
 Change in Network: 0.828
 Change in Benefits: 0.930
 Change in Other (explain below): 1.000

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

Other includes: Pooling, Deductible Suppression, and Rx Other Trend (1.0 in this instance).

Rate Request Summary Narrative

Monthly premium rates for all Individual Market products in Virginia are new for effective dates January 1, 2024 through December 31, 2024.

A. Reason for New Rates:
 New rates for these products reflect the following:

- Impact of medical claim trend (including changes in provider unit costs and increased utilization of medical cost services);
- Impact of our assumptions about population morbidity and the projected population distribution;
- Impact of cost sharing to ensure that plans comply with Actuarial Value requirements;
- Impact of our pricing models used to determine the impact of cost sharing designs;
- Impact of provider networks and contracts; and
- Impact of revisions to VA's reinsurance program that existed in 2023.

Qualified Health Plan Rate Request Summary Part 2 –To Be Completed by Bureau of Insurance

Company Name – NAIC Number: Aetna Life Insurance Company, NAIC #60054

SERFF Tracking Number: AETN-133631695

Disposition: Closed-Approved

Approval Date: 09/20/2023

2024 Plan Year Rates:

Average Annual Premium Per Member: \$5,593

Overall Requested Percentage Rate Change Per Member: 6.6%

Minimum Requested Percentage Rate Change Per Member: -5.7%

Maximum Requested Percentage Rate Change Per Member: 13.4%

Number of Policy Holders Affected: 7,542

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 6.6% for this block of individual medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 80.5% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. The impact of medical claim trend, including changes in provider costs and increased utilization,
2. Changes in the projected morbidity (overall sickness level) and distribution of the projected population,
3. Changes in cost sharing to ensure that plans comply with Actuarial Value requirements,
4. Changes in the company’s pricing models and provider networks and contracts; and
5. The impact of revisions to VA’s reinsurance program that existed in 2023.

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Anthem Health Plans of Virginia, Inc. #71835

Market: Individual **Rate Request SERFF Tracking #:** ATEM-133633871

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date:	<u>1/1/2024</u>
Initial Requested Average Rate Change:	<u>29.5 %</u>
Current Requested Average Rate Change:	<u>4.2 %</u>
Range of Requested Rate Change:	<u>1.8 %</u> to <u>5.6 %</u>
Projected Number of Insureds Affected:	<u>2000</u>

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.0515</u>
Area 2 (Charlottesville)	<u>0.9548</u>
Area 3 (Danville)	<u>0.9879</u>
Area 4 (Harrisonburg)	<u>0.9923</u>
Area 5 (Bristol)	<u>1.0004</u>
Area 6 (Lynchburg)	<u>0.9635</u>
Area 7 (Richmond)	<u>1.0493</u>
Area 8 (Roanoke)	<u>1.0147</u>
Area 9 (Tidewater)	<u>1.0327</u>
Area 10 (Northern VA)	<u>0.9778</u>
Area 11 (Winchester)	<u>0.9340</u>
Area 12 (Non-MSA)	<u>1.0003</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims:	<u>80.4 %</u>
Administrative:	<u>9.3 %</u>
Taxes and fees:	<u>4.0 %</u>
Profit:	<u>6.3 %</u>

Factors of Rate Change

Medical Cost (Trend) Change:	<u>8.0%</u>
Change in Morbidity:	<u>1.0%</u>
Change in Demographics:	<u>0.0%</u>
Change in Network:	<u>0.0%</u>
Change in Benefits:	<u>-0.1%</u>
Change in Other (explain below):	<u>-4.7%</u>

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

Anthem Health Plans of Virginia is filing new rates for products that are compliant with the Affordable Care Act (ACA). These rates are for plans off exchange effective starting January 1, 2024.

The overall increase is 4.2%. At the individual plan level, rate changes range from 1.8% to 5.6%. A member's actual rate could be higher or lower depending on their age and benefit design. The primary drivers of premium increases is benefit expense trend. Benefit expense is driven by increases in the price of services and increased utilization. Increases in the price of services are driven by technological advances, new specialty medications, and a variety of other factors. Increased utilization is driven by member-level utilization and selection patterns in the market. Morbidity is another factor, which is due to the projected sickness level (separate from aging) in the population. The "Change in Other" reflects favorable risk adjustment and pharmacy rebate amounts passed on to the consumer.

Anthem is committed to working to hold down the cost of insurance and price the individual ACA market for long-term sustainability. We continue to explore innovative collaboration with providers and negotiate deeper discounts at our hospitals. And we provide members with tools to make informed decisions about where and how to receive treatment.

**Qualified Health Plan Rate Request Summary
Part 2 –To Be Completed by Bureau of Insurance**

Company Name – NAIC Number: Anthem Health Plans of Virginia, Inc., NAIC #71835
SERFF Tracking Number: ATEM-133633871
Disposition: Closed-Approved
Approval Date: 09/20/2023

2024 Plan Year Rates:

Average Annual Premium Per Member: \$6,996
Overall Requested Percentage Rate Change Per Member: 4.2%
Minimum Requested Percentage Rate Change Per Member: 1.8%
Maximum Requested Percentage Rate Change Per Member: 5.6%
Number of Policy Holders Affected: 0

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 4.2% for this block of individual medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 80.37% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Benefit expense trend, including increases in the price of services, including the impact of technological advances and new specialty medications; and utilization.
2. Changes in the projected morbidity (the projected sickness level) of the covered population.

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Rate Change Request Summary (RRS)

Carrier Name and NAIC#: CareFirst BlueChoice, Inc. (NAIC# 96202)

Market: Individual **Rate Request SERFF Tracking #:** CFAP-133660050

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
 Initial Requested Average Rate Change: 34.5 %
 Current Requested Average Rate Change: 8.4 %
 Range of Requested Rate Change: 2.6 % to 25.2 %
 Projected Number of Insureds Affected: 6,953

Rating Areas Plans will be offered	Area Factor
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)	N/A
Area 8 (Roanoke)	N/A
Area 9 (Tidewater)	N/A
Area 10 (Northern VA)	1.000
Area 11 (Winchester)	N/A
Area 12 (Non-MSA)	N/A

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 85.6 %
 Administrative: 10.2 %
 Taxes and fees: 2.6 %
 Profit: 1.6 %

Factors of Rate Change

Medical Cost (Trend) Change: 6.00%
 Change in Morbidity: 0.43%
 Change in Demographics: 3.08%
 Change in Network: 0.00%
 Change in Benefits: -0.22%
 Change in Other (explain below): -0.36%

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

The main drivers supporting the rate change are 1) increase in the base period claims experience, 2) trend, 3) lower projected morbidity, 4) higher projected risk adjustment factor, 5) increases in the assumed plan actuarial values, and 6) Commonwealth Health Reinsurance Program (CHRP).

Taxes and fees include the exchange user fee.

Note that what this template labels as "profit" is called "contribution to reserve" in our rate filing.

The change in other projected in this rate filing is due to changes in capitation payments and drug rebates that occurred during the experience period.

CAREFIRST BLUECROSS BLUESHIELD (CF)

PART II – Written Description Justifying the Rate Increase

CareFirst BlueChoice, Inc. - VA is requesting an average base rate change of 8.4% to our BlueChoice single risk pool. As of 2-28-2023, there are approximately 7,418 members currently enrolled in a BlueChoice product, across all plans, who will be impacted by the rate change.

The main drivers supporting the rate change are 1) increase in the base period claims experience, 2) trend, 3) lower projected morbidity, 4) higher projected risk adjustment factor, 5) increases in the assumed plan actuarial values, and 6) Commonwealth Health Reinsurance Program (CHRP).

These products were first launched on 1-1-14. For the 2022 calendar year, BlueChoice collected \$46.9 million in premium and paid out \$60.7 million in claims for a loss ratio of 129.5%. BlueChoice will receive an estimated \$18.9 million in risk adjustment receipts, for a post-RA loss ratio of 89.2%. The proposed rate changes have been set to bring the post-RA/RI loss ratio to 85.6%.

BlueChoice has assumed a composite annualized trend of 6.0%.

The benefits for the renewing plans in this product have remained the same, except for changes necessary to maintain actuarial value.

As a percent of premium, administrative expenses have decreased by 1.5% compared to last year, and pre-tax contribution to reserve has remained at 2.0%.

Qualified Health Plan Rate Request Summary Part 2 – Completed by Bureau of Insurance

Company Name – CareFirst BlueChoice, Inc. NAIC Number: 96202

SERFF Tracking Number: CFAP-133660050

Disposition: Closed-Approved

Approval Date: 9/20/2023

2024 Plan Year Rates

Average Annual Premium Per Member: \$6,739.92

Overall Requested Percentage Rate Change Per Member: 8.4%

Minimum Requested Percentage Rate Change Per Member: 2.6%

Maximum Requested Percentage Rate Change Per Member: 25.2%

Number of Policy Holders Affected: 4,752

Summary of the Bureau of Insurance's review of the rate request:

The Company requested and the Bureau approved a rate revision of 8.4% for this block of individual medical insurance policy forms.

The filing was reviewed by the Bureau's consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 87.6% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Increase in the base period claims experience
2. Trend
3. Lower projected morbidity
4. Higher projected risk adjustment factor
5. Increases in the assumed plan actuarial values
6. Commonwealth Health Reinsurance Program (CHRP)

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Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Cigna Health & Life Insurance Company, 67369

Market: Individual **Rate Request SERFF Tracking #:** CCGH-133660991

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
 Initial Requested Average Rate Change: 27.2 %
 Current Requested Average Rate Change: 5.7 %
 Range of Requested Rate Change: 3.2 % to 7.5 %
 Projected Number of Insureds Affected: 53,785

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	_____
Area 2 (Charlottesville)	_____
Area 3 (Danville)	_____
Area 4 (Harrisonburg)	_____
Area 5 (Bristol)	_____
Area 6 (Lynchburg)	_____
Area 7 (Richmond)	<u>0.999</u>
Area 8 (Roanoke)	_____
Area 9 (Tidewater)	_____
Area 10 (Northern VA)	<u>1.001</u>
Area 11 (Winchester)	<u>1.043</u>
Area 12 (Non-MSA)	<u>1.050</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 80.4 %
 Administrative: 10.2 %
 Taxes and fees: 5.9 %
 Profit: 3.5 %

Factors of Rate Change

Medical Cost (Trend) Change: 1.064
 Change in Morbidity: 0.948
 Change in Demographics: 0.945
 Change in Network: 1.000
 Change in Benefits: 0.996
 Change in Other (explain below): 0.981

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

1. GENERAL INFORMATION

CHLIC is filing rates for comprehensive major medical product 41921VA002 for individuals & families, to be effective January 1, 2024. These plans are attached to an existing product that has been submitted under policy form filing CCGH-133625912. The proposed weighted average annual rate change for this filing is 5.7%

2. KEY DRIVERS OF PROPOSED RATE CHANGE

The most significant factors causing the rate increase are:

- Medical inflation and unit cost changes of medical services year over year: The underlying claim costs are expected to increase from 2022 to 2024, which is reflective of anticipated changes in the prices of medical services, the frequency with which consumers utilize services, as well as any changes in network contracts or provider payment mechanisms. The recent increase in Consumer Price Index (CPI) inflation is adding additional inflationary pressure for network contracts and provider payment mechanisms.
- Plan design changes and benefit modifications: Changes have been made to certain plans that are resulting in an increase in expected cost share and therefore an increase to premium. All plan designs conform to actuarial value and essential health benefit requirements.

Qualified Health Plan Rate Request Summary Part 2 –To Be Completed by Bureau of Insurance

Company Name – NAIC Number: Cigna Health and Life Insurance Company, NAIC #67369

SERFF Tracking Number: CCGH-133660991

Disposition: Closed-Approved

Approval Date: 09/20/2023

2024 Plan Year Rates:

Average Annual Premium Per Member: \$5,421

Overall Requested Percentage Rate Change Per Member: 5.65%

Minimum Requested Percentage Rate Change Per Member: 3.2%

Maximum Requested Percentage Rate Change Per Member: 7.5%

Number of Policy Holders Affected: 39,218

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 5.65% for this block of individual medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 80.4% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Medical inflation and cost changes of medical services.
2. Changes in the frequency with which consumers utilize services.
3. Changes in network contracts or provider payment mechanisms.
4. Plan design changes and benefit modifications.

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Group Hospitalization & Medical Services, Inc. (NAIC# 53007)

Market: Individual **Rate Request SERFF Tracking #:** CFAP-133660731

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
 Initial Requested Average Rate Change: 100.4 %
 Current Requested Average Rate Change: 5.1 %
 Range of Requested Rate Change: 1.0 % to 11.2 %
 Projected Number of Insureds Affected: 1,122

Rating Areas Plans will be offered	Area Factor
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)	N/A
Area 8 (Roanoke)	N/A
Area 9 (Tidewater)	N/A
Area 10 (Northern VA)	1.000
Area 11 (Winchester)	N/A
Area 12 (Non-MSA)	N/A

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 88.8 %
 Administrative: 5.4 %
 Taxes and fees: 4.1 %
 Profit: 1.7 %

Factors of Rate Change

Medical Cost (Trend) Change: 6.00%
 Change in Morbidity: 2.07%
 Change in Demographics: 0.06%
 Change in Network: 0.00%
 Change in Benefits: 0.00%
 Change in Other (explain below): -0.16%

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

The main drivers supporting the rate change are 1) increase in the base period claims experience, 2) trend, 3) higher projected morbidity, 4) higher projected risk adjustment factor, 5) lower projected demographic factor, and 6) Commonwealth Health Reinsurance Program (CHRP).

Taxes and fees include the exchange user fee.

Note that what this template labels as "profit" is called "contribution to reserve" in our rate filing.

The change in other projected in this rate filing is due to changes in capitation payments and drug rebates that occurred during the experience period.

Qualified Health Plan Rate Request Summary Part 2 – Completed by Bureau of Insurance

Company Name – Group Hospitalization & Medical Services, Inc. NAIC Number: 53007

SERFF Tracking Number: CFAP-133660731

Disposition: Closed-Approved

Approval Date: 9/20/2023

2024 Plan Year Rates

Average Annual Premium Per Member: \$13,161.72

Overall Requested Percentage Rate Change Per Member: 5.1%

Minimum Requested Percentage Rate Change Per Member: 1.0%

Maximum Requested Percentage Rate Change Per Member: 11.2%

Number of Policy Holders Affected: 884

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate revision of 5.1% for this block of individual medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 92.6% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Increase in the base period claims experience
2. Trend
3. Higher projected morbidity
4. Higher projected risk adjustment factor
5. Lower projected demographic factor
6. Commonwealth Health Reinsurance Program (CHRP)

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: HealthKeepers, Inc. #95169

Market: Individual **Rate Request SERFF Tracking #:** ATEM-133633895

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
Initial Requested Average Rate Change: 18.8 %
Current Requested Average Rate Change: -4.6 %
Range of Requested Rate Change: -7.4 % to -1.7 %
Projected Number of Insureds Affected: 140000

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.1059</u>
Area 2 (Charlottesville)	<u>1.0288</u>
Area 3 (Danville)	<u>1.0037</u>
Area 4 (Harrisonburg)	<u>1.0782</u>
Area 5 (Bristol)	<u>0.9806</u>
Area 6 (Lynchburg)	<u>1.0626</u>
Area 7 (Richmond)	<u>0.9671</u>
Area 8 (Roanoke)	<u>1.0508</u>
Area 9 (Tidewater)	<u>0.9823</u>
Area 10 (Northern VA)	<u>0.9975</u>
Area 11 (Winchester)	<u>1.0079</u>
Area 12 (Non-MSA)	<u>0.9963</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 79.5 %
Administrative: 10.0 %
Taxes and fees: 4.7 %
Profit: 5.8 %

Factors of Rate Change

Medical Cost (Trend) Change: 8.0%
Change in Morbidity: 1.0%
Change in Demographics: 0.2%
Change in Network: -4.1%
Change in Benefits: -0.1%
Change in Other (explain below): -9.6

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

Anthem HealthKeepers is filing for an increase to rates available for new and renewing individuals for products that are compliant with the Affordable Care Act (ACA). These rate decreases are for plans on and off exchange, and the rate change would be effective starting January 1, 2024.

The overall decrease is -4.6%. At the individual plan level, rate changes range from -7.4% to -1.7%. A member's actual rate could be higher or lower depending on their age and benefit design. The primary drivers of premium decreases are network savings, benefit expense, and underlying experience driving the "Change in Other" item. HealthKeepers negotiates price discounts with providers and passes that savings on to the member. Benefit expense is driven by increases in the price of services and increased utilization. Increases in the price of services are driven by technological advances, new specialty medications, and a variety of other factors. Increased utilization is driven by member-level utilization and selection patterns in the market. Morbidity is another factor, which is due to the projected sickness level (separate from aging) in the population.

Anthem is committed to working to hold down the cost of insurance and price the individual ACA market for long-term sustainability. We continue to explore innovative collaboration with providers and negotiate deeper discounts at our hospitals. We also provide members with tools to make informed decisions about where and how to receive treatment.

Qualified Health Plan Rate Request Summary Part 2 –To Be Completed by Bureau of Insurance

Company Name – NAIC Number: HealthKeepers, Inc., NAIC # 95169
SERFF Tracking Number: ATEM-133633895
Disposition: Closed-Approved
Approval Date: 09/20/2023

2024 Plan Year Rates:

Average Annual Premium Per Member: \$5,961
Overall Requested Percentage Rate Change Per Member: -4.6%
Minimum Requested Percentage Rate Change Per Member: -7.4%
Maximum Requested Percentage Rate Change Per Member: -1.7%
Number of Policy Holders Affected: 102,240

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate decrease of -4.6% for this block of individual medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 79.48% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are network savings negotiated with providers, the projected morbidity (overall health level) of the population, and benefit expense, which is driven by increases in the price of services and increased utilization. Technological advances and new specialty medications drive the increase in the price of services.

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Innovation Health Plan, Inc., 15098

Market: Individual **Rate Request SERFF Tracking #:** AETN-133631680

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
 Initial Requested Average Rate Change: 26.4 %
 Current Requested Average Rate Change: 6.7 %
 Range of Requested Rate Change: 0.2 % to 8.0 %
 Projected Number of Insureds Affected: 28,492

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	_____
Area 2 (Charlottesville)	_____
Area 3 (Danville)	_____
Area 4 (Harrisonburg)	_____
Area 5 (Bristol)	_____
Area 6 (Lynchburg)	_____
Area 7 (Richmond)	_____
Area 8 (Roanoke)	_____
Area 9 (Tidewater)	_____
Area 10 (Northern VA)	<u>1.0000</u>
Area 11 (Winchester)	_____
Area 12 (Non-MSA)	_____

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 87.33 %
 Administrative: 11.42 %
 Taxes and fees: 0.75 %
 Profit: .50 %

Factors of Rate Change

Medical Cost (Trend) Change: 5.5%
 Change in Morbidity: 1.069
 Change in Demographics: 1.082
 Change in Network: 0.883
 Change in Benefits: 0.946
 Change in Other (explain below): 1.000

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

Other includes: Pooling, Deductible Suppression, and Rx Other Trend (1.0 in this instance).

Rate Request Summary Narrative

Monthly premium rates for all Individual Market products in Virginia are new for effective dates January 1, 2024 through December 31, 2024.

A. Reason for New Rates:
 New rates for these products reflect the following:
 - Impact of medical claim trend (including changes in provider unit costs and increased utilization of medical cost services);
 - Impact of our assumptions about population morbidity and the projected population distribution;
 - Impact of cost sharing to ensure that plans comply with Actuarial Value requirements;
 - Impact of our pricing models used to determine the impact of cost sharing designs;
 - Impact of provider networks and contracts; and
 - Impact of revisions to VA's reinsurance program that existed in 2023.

Qualified Health Plan Rate Request Summary Part 2 –To Be Completed by Bureau of Insurance

Company Name – NAIC Number: Innovation Health Plan, Inc., NAIC # 15098

SERFF Tracking Number: AETN-133631680

Disposition: Closed-Approved

Approval Date: 09/20/2023

2024 Plan Year Rates:

Average Annual Premium Per Member: \$5,666

Overall Requested Percentage Rate Change Per Member: 6.7%

Minimum Requested Percentage Rate Change Per Member: 0.2%

Maximum Requested Percentage Rate Change Per Member: 8.0%

Number of Policy Holders Affected: 23,409

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 6.7% for this block of individual medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 84.7% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. The impact of medical claim trend, including changes in provider costs and increased utilization,
2. Changes in the projected morbidity (overall sickness level) and distribution of the covered population,
3. Changes in cost sharing to ensure that plans comply with Actuarial Value requirements,
4. Changes in the company’s pricing models and changes in provider networks and contracts, and
5. The impact of revisions to Virginia’s reinsurance program.

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Kaiser Foundation Health Plans of the Mid-Atlantic States, Inc. 95185

Market: Individual **Rate Request SERFF Tracking #:** KPMA-133610310

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date:	<u>1/1/2024</u>
Initial Requested Average Rate Change:	<u>16.4 %</u>
Current Requested Average Rate Change:	<u>4.8 %</u>
Range of Requested Rate Change:	<u>0.6 %</u> to <u>6.7 %</u>
Projected Number of Insureds Affected:	<u>36804</u>

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>N/A</u>
Area 2 (Charlottesville)	<u>N/A</u>
Area 3 (Danville)	<u>N/A</u>
Area 4 (Harrisonburg)	<u>N/A</u>
Area 5 (Bristol)	<u>N/A</u>
Area 6 (Lynchburg)	<u>N/A</u>
Area 7 (Richmond)	<u>1</u>
Area 8 (Roanoke)	<u>N/A</u>
Area 9 (Tidewater)	<u>N/A</u>
Area 10 (Northern VA)	<u>1</u>
Area 11 (Winchester)	<u>N/A</u>
Area 12 (Non-MSA)	<u>1</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims:	<u>104.75 %</u>
Administrative:	<u>12.34 %</u>
Taxes and fees:	<u>0.13 %</u>
Profit:	<u>-19.00 %</u>

Factors of Rate Change

Medical Cost (Trend) Change:	<u>4.0%</u>
Change in Morbidity:	<u>0%</u>
Change in Demographics:	<u>0.9%</u>
Change in Network:	<u>0%</u>
Change in Benefits:	<u>0.1%</u>
Change in Other (explain below):	<u>0.0%</u>

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

Thirteen On-Exchange and sixteen Off-Exchange plans are being offered, twenty-eight renewals and one new plan. For the renewing plans, primary factors that affect the rate change for these plans are:

- ? Claims experience of the single risk pool different than projected in the previous year.
- ? Medical inflation including increases in unit cost per service and utilization of services.
- ? Risk adjustment transfer payments into the statewide risk adjustment pool.
- ? Benefit plan design adjustments, including those made to comply with Actuarial Value (" AV ") requirements. This results in varying rate changes by plan.
- ? Changes in CSR defunding loads related to changes in the distribution of subsidy eligible members across plans. The CSR defunding load result in varying rate changes between on exchange Silver plans and other plans.

Proposed rate change by plan can be found in the Virginia Rate Template, Schedule V Plan Rates.

Qualified Health Plan Rate Request Summary Part 2 – Completed by Bureau of Insurance

Company Name – Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

NAIC Number: 95639

SERFF Tracking Number: KPMA-133610310

Disposition: Closed-Approved

Approval Date: 9/20/2023

2024 Plan Year Rates

Average Annual Premium Per Member: \$5,725.44

Overall Requested Percentage Rate Change Per Member: 4.8%

Minimum Requested Percentage Rate Change Per Member: 0.6%

Maximum Requested Percentage Rate Change Per Member: 6.7%

Number of Policy Holders Affected: 27,447

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate revision of 4.8% for this block of individual medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 104.1% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Claims experience of the single risk pool different than projected in the previous year
2. Medical inflation including increases in unit cost per service and utilization of services
3. Risk adjustment transfer payments into the statewide risk adjustment pool
4. Benefit plan design adjustments
5. Changes in CSR defunding loads related to changes in the distribution of subsidy eligible members across plans

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Optimum Choice, Inc., 96940

Market: Individual ACA **Rate Request SERFF Tracking #:** UHLC-133670551

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2014
 Initial Requested Average Rate Change: 7.8 %
 Current Requested Average Rate Change: 7.8 %
 Range of Requested Rate Change: 4.5 % to 16.7 %
 Projected Number of Insureds Affected: 24,733

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	_____
Area 2 (Charlottesville)	_____
Area 3 (Danville)	_____
Area 4 (Harrisonburg)	_____
Area 5 (Bristol)	_____
Area 6 (Lynchburg)	_____
Area 7 (Richmond)	<u>0.9775</u>
Area 8 (Roanoke)	_____
Area 9 (Tidewater)	_____
Area 10 (Northern VA)	<u>1.0044</u>
Area 11 (Winchester)	<u>1.0271</u>
Area 12 (Non-MSA)	<u>0.8932</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 76.8 %
 Administrative: 15.4 %
 Taxes and fees: 4.2 %
 Profit: 3.7 %

Factors of Rate Change

Medical Cost (Trend) Change: 5.9%
 Change in Morbidity: -0.9%
 Change in Demographics: -0.4%
 Change in Network: 0.8%
 Change in Benefits: 0.6%
 Change in Other (explain below): 1.7%

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

The main drivers of rate change are:

- 1) Additional year of trend
- 2) Changes in benefits
- 3) Changes in projected population demographics and morbidity
- 4) Change in starting experience and risk adjustment (included under 'Other' above)
- 5) Change in non-benefit expenses such as admin, taxes, fees, etc. (included under 'Other' above)

Part II: Written Description Justifying the Rate Increase

The following memorandum describes the key drivers of the rate increase effective January 1st, 2024, for Optimum Choice, Inc. (“OCI”). OCI policies are individual medical plans offered in Virginia and are fully compliant with the Patient Protection and Affordable Care Act.

Rate Change

The overall average rate change is 7.8%. The rate change by plan varies from 4.5% to 16.7%.

Number of Individuals Impacted

There are 24,733 individuals impacted as of March 31st, 2023.

Financial Experience of Product

The premium collected between January 1st, 2022 and December 31st, 2022 was \$179,665,843. Incurred claims during this period were \$87,004,398 and OCI is estimated to pay \$64,275,843 into the risk adjustment program. The loss ratio, or portion of premium required to pay medical claims, for this time period is 84.2%.

Key Drivers of Change in Medical Service Costs

- **Increasing Cost of Medical Services:** Annual increases in reimbursement rates to health care providers – such as hospitals, doctors, and pharmaceutical companies.
- **Increased Utilization:** The number of office visits and other services continues to grow. In addition, total health care spending will vary by the intensity of care and use of different types of health services. The price of care can be affected by the use of expensive procedures such as surgery versus simply monitoring or providing medications.
- **Higher Costs from Deductible Leveraging:** While health care costs continue to rise every year, if deductibles and copayments remain the same, a greater percentage of health care costs need to be covered by health insurance premiums each year.
- **Impact of New Technology:** Improvements to medical technology and clinical practice require use of more expensive services - leading to increased health care spending and utilization.
- **Demographics:** Change in the projected age, gender, and metal mix of the underlying population can change the medical claims expected to be incurred.
- **Gating:** Removal of specialist referral requirements from many of OCI’s plans is expected to lead to increased utilization of services and higher claims.

Changes in Benefits

Changes in covered benefits or benefit plan designs impact costs and therefore affect premium changes. Benefit plans are typically changed for one of three reasons: to comply with the requirements of the Affordable Care Act, to respond to consumer feedback, or to address a particular medical cost issue to provide for greater long-term affordability of the product. The Affordable Care Act implemented requirements for the “value” that must be offered by plan designs in the Individual and Small Group markets. These are called “metal levels”. For a



benefit plan to remain classified within a particular metal level from year to year, adjustments to deductibles, copayments or coinsurance are sometimes required. These adjustments impact the cost and therefore the premium increases for the plan.

Administrative Costs and Anticipated Margins

OCI works to directly control administrative expenses by adopting better processes and technology, and through the development of programs and innovations that make health care more affordable. OCI has led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions. Changes in these non-benefit costs can impact the rate increase.

State and Federal government-imposed taxation and fees are significant factors that impact health care spending and must be included in the administrative costs associated with the plans.



Qualified Health Plan Rate Request Summary Part 2 – Completed by Bureau of Insurance

Company Name – Optimum Choice, Inc. NAIC Number: 96940

SERFF Tracking Number: UHLC-133670551

Disposition: Closed-Approved

Approval Date: 9/20/2023

2024 Plan Year Rates

Average Annual Premium Per Member: \$5,399.76

Overall Requested Percentage Rate Change Per Member: 7.8%

Minimum Requested Percentage Rate Change Per Member: 4.5%

Maximum Requested Percentage Rate Change Per Member: 16.7%

Number of Policy Holders Affected: 24,733

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate revision of 7.8% for this block of individual medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 81.31% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Additional year of trend
2. Changes in benefits
3. Changes in projected population demographics and morbidity
4. Change in starting experience and risk adjustment
5. Change in non-benefit expenses such as admin, taxes, fees, etc

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Oscar Insurance Company 15777

Market: Individual **Rate Request SERFF Tracking #:** OHIN-133681166

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
 Initial Requested Average Rate Change: 11.1 %
 Current Requested Average Rate Change: -0.5 %
 Range of Requested Rate Change: -4.52 % to 2.38 %
 Projected Number of Insureds Affected: 147

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u> </u>
Area 2 (Charlottesville)	<u> </u>
Area 3 (Danville)	<u> </u>
Area 4 (Harrisonburg)	<u> </u>
Area 5 (Bristol)	<u> </u>
Area 6 (Lynchburg)	<u> </u>
Area 7 (Richmond)	<u>1.00</u>
Area 8 (Roanoke)	<u> </u>
Area 9 (Tidewater)	<u> </u>
Area 10 (Northern VA)	<u>1.051</u>
Area 11 (Winchester)	<u> </u>
Area 12 (Non-MSA)	<u> </u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 78.8 %
 Administrative: 12.0 %
 Taxes and fees: 5.6 %
 Profit: 3.6 %

Factors of Rate Change

Medical Cost (Trend) Change: 1.095
 Change in Morbidity: 1.048
 Change in Demographics: 1.080
 Change in Network: 1.000
 Change in Benefits: 1.031
 Change in Other (explain below): 0.936

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

This significant factors driving the proposed rate change include the following:

Medical and Prescription Drug Inflation and Utilization Trends
 The projected premium rates reflect the most recent emerging experience which was trended for anticipated changes due to the medical and prescription drug inflation and utilization.

Prospective Benefit Changes
 Plan benefits have been revised as a result of changes in the Center for Medicare and Medicaid Services (CMS) Actuarial Value Calculator and state requirements, as well as for strategic product considerations.

COVID-19 Pandemic
 Changes to the overall premium level are needed because of the unwinding of the Public Health Emergency and the change in expected costs attributed to COVID-19.

Qualified Health Plan Rate Request Summary Part 2 – Completed by Bureau of Insurance

Company Name – Oscar Insurance Co. NAIC Number: 15777

SERFF Tracking Number: OHIN-133681166

Disposition: Closed-Approved

Approval Date: 9/20/2023

2024 Plan Year Rates

Average Annual Premium Per Member: \$5,816.52

Overall Requested Percentage Rate Change Per Member: -0.5%

Minimum Requested Percentage Rate Change Per Member: -4.5%

Maximum Requested Percentage Rate Change Per Member: 2.4%

Number of Policy Holders Affected: 307

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate revision of -0.5% for this block of individual medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 78.7% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Medical and Prescription Drug Inflation and Utilization Trends
2. Prospective Benefit Changes
3. COVID-19 Pandemic

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Sentara Health Insurance Company

Market: Individual **Rate Request SERFF Tracking #:** OPHL-133672850

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
 Initial Requested Average Rate Change: 25.3 %
 Current Requested Average Rate Change: -4.0 %
 Range of Requested Rate Change: -19.4 % to -3.3 %
 Projected Number of Insureds Affected: 0

Rating Areas Plans will be offered	Area Factor
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)	N/A
Area 8 (Roanoke)	N/A
Area 9 (Tidewater)	1.000
Area 10 (Northern VA)	N/A
Area 11 (Winchester)	N/A
Area 12 (Non-MSA)	N/A

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 77.8 %
 Administrative: 12.6 %
 Taxes and fees: 4.4 %
 Profit: 5.3 %

Factors of Rate Change

Medical Cost (Trend) Change: 7.1%
 Change in Morbidity: 0.0%
 Change in Demographics: 0.0%
 Change in Network: 0.0%
 Change in Benefits: -1.0%
 Change in Other (explain below): -9.5%

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

The proposed rate changes reflect considerations for the impact of a number of factors, including:

- Anticipated medical cost and utilization trends.
- Considerations for anticipated changes in average morbidity of the SHP covered population and general marketplace.
- Changes in demographics mix of business.
- Changes in negotiated provider reimbursement arrangements and PMB contracts.
- Benefit changes.
- Removal of tobacco rating.

Qualified Health Plan Rate Request Summary Part 2 – Completed by Bureau of Insurance

Company Name – Sentara Health insurance Co. NAIC Number: 70715

SERFF Tracking Number: OPHL-133672850

Disposition: Closed-Approved

Approval Date: 9/20/2023

2024 Plan Year Rates

Average Annual Premium Per Member: \$6,211.68

Overall Requested Percentage Rate Change Per Member: -4.3%

Minimum Requested Percentage Rate Change Per Member: -19.4%

Maximum Requested Percentage Rate Change Per Member: -3.3%

Number of Policy Holders Affected:

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate revision of -4.3% for this block of individual medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 77.8% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Anticipated medical cost and utilization trends.
2. Considerations for anticipated changes in average morbidity of the SHP covered population and general marketplace.
3. Changes in demographics mix of business.
4. Changes in negotiated provider reimbursement arrangements and PMB contracts.
5. Benefit changes.
6. Removal of tobacco rating.

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Sentara Health Plans 95281

Market: Individual **Rate Request SERFF Tracking #:** OPHL-133672861

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
 Initial Requested Average Rate Change: 26.2 %
 Current Requested Average Rate Change: -3.1 %
 Range of Requested Rate Change: -20.87 % to 1.35 %
 Projected Number of Insureds Affected: 39879

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.074</u>
Area 2 (Charlottesville)	<u>1.074</u>
Area 3 (Danville)	<u>1.074</u>
Area 4 (Harrisonburg)	<u>1.074</u>
Area 5 (Bristol)	<u>1.074</u>
Area 6 (Lynchburg)	<u>1.074</u>
Area 7 (Richmond)	<u>1.042</u>
Area 8 (Roanoke)	<u>1.074</u>
Area 9 (Tidewater)	<u>1.000</u>
Area 10 (Northern VA)	<u>0.939</u>
Area 11 (Winchester)	<u>1.074</u>
Area 12 (Non-MSA)	<u>1.074</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 86.0 %
 Administrative: 9.8 %
 Taxes and fees: 2.7 %
 Profit: 1.5 %

Factors of Rate Change

Medical Cost (Trend) Change: 7.1%
 Change in Morbidity: -17.6%
 Change in Demographics: -0.1%
 Change in Network: 0.0%
 Change in Benefits: -0.2%
 Change in Other (explain below): 10.2%

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

The proposed rate changes reflect considerations for the impact of a number of factors, including:

- Anticipated medical cost and utilization trends.
- Considerations for anticipated changes in average morbidity of the OHP covered population and general marketplace.
- Changes in demographics mix of business.
- Changes in negotiated provider reimbursement arrangements and PMB contracts.
- Benefit changes.
- Removal of tobacco rating.

Qualified Health Plan Rate Request Summary Part 2 – Completed by Bureau of Insurance

Company Name – Sentara Health Plans NAIC Number: 95281

SERFF Tracking Number: OPHL-133672861

Disposition: Closed-Approved

Approval Date: 9/20/2023

2024 Plan Year Rates

Average Annual Premium Per Member: \$5,657.52

Overall Requested Percentage Rate Change Per Member: -3.1%

Minimum Requested Percentage Rate Change Per Member: -20.9%

Maximum Requested Percentage Rate Change Per Member: 1.4%

Number of Policy Holders Affected:

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate revision of -3.1% for this block of individual medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 86.0% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Anticipated medical cost and utilization trends.
2. Considerations for anticipated changes in average morbidity of the OHP covered population and general marketplace.
3. Changes in demographics mix of business.
4. Changes in negotiated provider reimbursement arrangements and PMB contracts.
5. Benefit changes.
6. Removal of tobacco rating.

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SMALL GROUP MARKET

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Aetna Health Inc., 95109

Market: Small Group **Rate Request SERFF Tracking #:** AETN-133623304

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
Initial Requested Average Rate Change: 6.2 %
Current Requested Average Rate Change: 6.2 %
Range of Requested Rate Change: 6.2 % to 6.2 %
Projected Number of Insureds Affected: 68

Rating Areas Plans will be offered Area Factor

Area 1 (Blacksburg)	<u>0.9522</u>
Area 2 (Charlottesville)	<u>0.9677</u>
Area 3 (Danville)	<u>1.0104</u>
Area 4 (Harrisonburg)	<u>1.0625</u>
Area 5 (Bristol)	<u>1.0208</u>
Area 6 (Lynchburg)	<u>1.0104</u>
Area 7 (Richmond)	<u>0.9870</u>
Area 8 (Roanoke)	<u>0.9345</u>
Area 9 (Tidewater)	<u>1.0322</u>
Area 10 (Northern VA)	<u>1.0000</u>
Area 11 (Winchester)	<u>1.0000</u>
Area 12 (Non-MSA)	<u>1.0200</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 83.67 %
Administrative: 10.20 %
Taxes and fees: 1.39 %
Profit: 4.74 %

Factors of Rate Change

Medical Cost (Trend) Change: 7.3%
Change in Morbidity: 0.973
Change in Demographics: 0.973
Change in Network: 1.000
Change in Benefits: 1.000
Change in Other (explain below): 1.154

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

Other includes: Pooling, Deductible Suppression, and Rx Other Trend (1.0 in this instance).

Rate Request Summary Narrative

Monthly premium rates for all Small Group Market products in Virginia are being revised for effective dates January 1, 2024 through December 31, 2024.

A. Reason for Rate Increase(s):

Revised rates for these products reflect the following:

1. Impact of medical claim trend (including changes in provider unit costs and increased utilization of medical cost services);
2. Revisions to our assumptions about population morbidity and the projected population distribution;
3. Changes in cost sharing to ensure that plans comply with Actuarial Value requirements;
4. Changes in our pricing models used to determine the impact of cost sharing designs; and
5. Changes in provider networks and contracts.

Qualified Health Plan Rate Request Summary Part 2 –To Be Completed by Bureau of Insurance

Company Name – NAIC Number: Aetna Health Inc., NAIC # 95109

SERFF Tracking Number: AETN-133623304

Disposition: Closed-Approved

Approval Date: 09/18/2023

2024 Plan Year Rates:

Average Annual Premium Per Member: \$6,588.24

Overall Requested Percentage Rate Change Per Member: 6.2%

Minimum Requested Percentage Rate Change Per Member: 6.2%

Maximum Requested Percentage Rate Change Per Member: 6.2%

Number of Policy Holders Affected: 68

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 6.2% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 83.7% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. The impact of medical claim trend, including changes in provider costs and increased utilization,
2. Changes in the projected morbidity (overall sickness level) and distribution of the covered population,
3. Changes in cost sharing to ensure that plans comply with Actuarial Value requirements
4. Changes in the company’s pricing models and changes in provider networks and contracts.

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Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Aetna Life Insurance Company, 60054

Market: Small Group **Rate Request SERFF Tracking #:** AETN-133623257

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
Initial Requested Average Rate Change: -13.8 %
Current Requested Average Rate Change: -13.8 %
Range of Requested Rate Change: -13.8 % to -13.8 %
Projected Number of Insureds Affected: 200

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>0.9522</u>
Area 2 (Charlottesville)	<u>0.9677</u>
Area 3 (Danville)	<u>1.0104</u>
Area 4 (Harrisonburg)	<u>1.0625</u>
Area 5 (Bristol)	<u>1.0208</u>
Area 6 (Lynchburg)	<u>1.0104</u>
Area 7 (Richmond)	<u>0.9870</u>
Area 8 (Roanoke)	<u>0.9345</u>
Area 9 (Tidewater)	<u>1.0322</u>
Area 10 (Northern VA)	<u>1.0000</u>
Area 11 (Winchester)	<u>1.0000</u>
Area 12 (Non-MSA)	<u>1.0200</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 82.86 %
Administrative: 8.79 %
Taxes and fees: 3.61 %
Profit: 4.74 %

Factors of Rate Change

Medical Cost (Trend) Change: 7.3%
Change in Morbidity: 0.973
Change in Demographics: 1.007
Change in Network: 1.000
Change in Benefits: 1.000
Change in Other (explain below): 1.000

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

Other includes: Pooling, Deductible Suppression, and Rx Other Trend (1.0 in this instance).

Rate Request Summary Narrative

Monthly premium rates for all Small Group Market products in Virginia are being revised for effective dates January 1, 2024 through December 31, 2024.

A. Reason for Rate Decrease(s):

Revised rates for these products reflect the following:

1. Impact of medical claim trend (including changes in provider unit costs and increased utilization of medical cost services);
2. Revisions to our assumptions about population morbidity and the projected population distribution;
3. Changes in cost sharing to ensure that plans comply with Actuarial Value requirements;
4. Changes in our pricing models used to determine the impact of cost sharing designs; and
5. Changes in provider networks and contracts.

Qualified Health Plan Rate Request Summary Part 2 –To Be Completed by Bureau of Insurance

Company Name – NAIC Number: Aetna Life Insurance Company, NAIC # 60054

SERFF Tracking Number: AETN-133623257

Disposition: Closed-Approved

Approval Date: 09/18/2023

2024 Plan Year Rates:

Average Annual Premium Per Member: \$7,512

Overall Requested Percentage Rate Change Per Member: -13.8%

Minimum Requested Percentage Rate Change Per Member: -13.8%

Maximum Requested Percentage Rate Change Per Member: -13.8%

Number of Policy Holders Affected: 200

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate decrease of -13.8% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 83.3% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. The impact of medical claim trend, including changes in provider costs and increased utilization,
2. Changes in the projected morbidity (overall sickness level) and distribution of the covered population,
3. Changes in cost sharing to ensure that plans comply with Actuarial Value requirements
4. Changes in the company’s pricing models and changes in provider networks and contracts.

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Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Anthem Health Plans of Virginia, Inc. #71835

Market: Small Group **Rate Request SERFF Tracking #:** ATEM-133633926

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
 Initial Requested Average Rate Change: 6.9 %
 Current Requested Average Rate Change: 6.9 %
 Range of Requested Rate Change: 5.2 % to 9.0 %
 Projected Number of Insureds Affected: 67000

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.0608</u>
Area 2 (Charlottesville)	<u>0.9633</u>
Area 3 (Danville)	<u>0.9966</u>
Area 4 (Harrisonburg)	<u>1.0011</u>
Area 5 (Bristol)	<u>1.0092</u>
Area 6 (Lynchburg)	<u>0.9721</u>
Area 7 (Richmond)	<u>1.0586</u>
Area 8 (Roanoke)	<u>1.0236</u>
Area 9 (Tidewater)	<u>1.0418</u>
Area 10 (Northern VA)	<u>0.9864</u>
Area 11 (Winchester)	<u>0.9423</u>
Area 12 (Non-MSA)	<u>1.0092</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 82.0 %
 Administrative: 7.7 %
 Taxes and fees: 4.0 %
 Profit: 6.3 %

Factors of Rate Change

Medical Cost (Trend) Change: 8.0%
 Change in Morbidity: 1.5%
 Change in Demographics: 0.0%
 Change in Network: 0.0%
 Change in Benefits: 1.1%
 Change in Other (explain below): -3.7%

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

Anthem Health Plans of Virginia is filing for an increase to rates available for new and renewing small groups for products that are compliant with the Affordable Care Act (ACA). These rate increases are for plans off exchange, and the rate increase would be effective starting January 1, 2024.

The overall increase is 6.9%. At the individual plan level, rate increases range from 5.2% to 9.0%. A group's actual rate could be higher or lower depending on group demographic make-up, benefit design, and the quarter in which they renew. The primary drivers of premium increases are associated with increased cost of benefit expense for this ACA-compliant block. Increased cost of benefit expense is driven by increases in the price of services primarily from hospitals, physicians and pharmacies, coupled with members increasing their use of health care services, also called "utilization". Increases in the price of services are driven by technological advances, new specialty medications, and a variety of other factors. Increased utilization is driven by member-level utilization and selection patterns in the market. Morbidity is another contributing factor, which is due to the projected sickness level (separate from aging) in the population. The 'other' negative amount is mostly due to favorable historical experience.

Anthem is committed to working to hold down the cost of insurance and price the individual ACA market for long-term sustainability. We continue to explore innovative collaboration with providers and negotiate deeper discounts at our hospitals. And we provide members with tools to make informed decisions about where and how to receive treatment.

Qualified Health Plan Rate Request Summary Part 2 –To Be Completed by Bureau of Insurance

Company Name – NAIC Number: Anthem Health Plans of Virginia, Inc., NAIC #71835

SERFF Tracking Number: ATEM-133633926

Disposition: Closed-Approved

Approval Date: 09/18/2023

2024 Plan Year Rates:

Average Annual Premium Per Member: \$8,145

Overall Requested Percentage Rate Change Per Member: 6.9%

Minimum Requested Percentage Rate Change Per Member: 5.2%

Maximum Requested Percentage Rate Change Per Member: 9.0%

Number of Policy Holders Affected: 40,510

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 6.9% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 82% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are increases in the costs of medical services coupled with members increasing their use of services, and anticipated changes in the morbidity (projected sickness level) of the covered population. Factors driving increased prices include technological advances and new specialty medications.

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: CareFirst BlueChoice, Inc. (NAIC# 96202)

Market: Small Group **Rate Request SERFF Tracking #:** CFAP-133659839

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
 Initial Requested Average Rate Change: 13.20 %
 Current Requested Average Rate Change: 13.30 %
 Range of Requested Rate Change: 10.72 % to 17.17 %
 Projected Number of Insureds Affected: 43,654

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>n/a</u>
Area 2 (Charlottesville)	<u>n/a</u>
Area 3 (Danville)	<u>n/a</u>
Area 4 (Harrisonburg)	<u>n/a</u>
Area 5 (Bristol)	<u>n/a</u>
Area 6 (Lynchburg)	<u>n/a</u>
Area 7 (Richmond)	<u>n/a</u>
Area 8 (Roanoke)	<u>n/a</u>
Area 9 (Tidewater)	<u>n/a</u>
Area 10 (Northern VA)	<u>1.000</u>
Area 11 (Winchester)	<u>n/a</u>
Area 12 (Non-MSA)	<u>n/a</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 83.5 %
 Administrative: 12.3 %
 Taxes and fees: 1.0 %
 Profit: 3.2 %

Factors of Rate Change

Medical Cost (Trend) Change: 9.7%
 Change in Morbidity: 1.90%
 Change in Demographics: 1.48%
 Change in Network: 0.00%
 Change in Benefits: 0.61%
 Change in Other (explain below): -0.14%

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

The annualized unit cost and utilization trends used in this filing for projecting experience by service category are 8.4% and 3.6% for IP, 4.9% and 6.0% for OP, 3.3% and 2.1% for Professional, -0.8% and 6.0% for other services, 8.9% and 5.3% for drug and 0.0% and 0.0 for capitations. In addition to these trends, one-time adjustments to the experience of 1.9% and 1.5% for the impact of changes in morbidity and the changing age of the pool (applied to all services except capitations) were made.

Drug allowed claims were also adjusted by an additional -0.6% to reflect a projected change in rebates and capitations were adjusted by -19.2% to reflect the projected fee schedule.

The overall impact of these adjustments are (rounded) annualized trends of 11.7% for 1Q24-4Q24 projected allowed claims compared to the experience period in this filing.

CAREFIRST BLUECROSS BLUESHIELD (CF)

PART II – Written Description Justifying the Rate Increase

BlueChoice, Inc. - VA is requesting an average base rate increase of 13.7% to our BlueChoice single risk pool for first quarter 2024 (14.4%, 12.5%, and 13.0% for quarters two through four). First quarter minimum and maximum rate increases are -28.1% and 18.8%. On average, across all four quarters, base rates are changing 13.3% with minimum and maximum average increases of 10.7% and 17.2%. As of 2/28/2023, there are approximately 44,849 members currently enrolled in a BlueChoice product, across all plans, who will be impacted by the rate change.

The main drivers supporting the rate increase are an increase in the base period claims experience, an increase in trend, and an increase in the assumed plan actuarial values, and a decrease in our administrative cost factor.

These products were first launched on 1/1/14. For the 2022 calendar year, BlueChoice collected \$291.6 million in premium and paid out \$242.3 million in claims for a loss ratio of 83.1%. BlueChoice is estimated to pay \$25.3 million in risk adjustment and net HCRP payments, for a post risk adjustment loss ratio of 91.8%.

BlueChoice has assumed a trend of 9.7%, which is 2.4% higher than last year.

The benefits for this product have largely remained the same, except for changes necessary to maintain actuarial value. There are twelve terminated plans which have been mapped into existing plans.

- BlueChoice Advantage Platinum 0 90%/70% on-exchange plan has been mapped to BlueChoice HMO HSA/HRA Silver 2900 Medical Ded on-exchange plan.
- BlueChoice Advantage Platinum 0 90%/70% off-exchange plan has been mapped to BlueChoice Advantage Platinum 0 Ded plan.
- BlueChoice HMO Gold 1000 off-exchange plan has been mapped to BlueChoice HMO HSA/HRA Gold 1600 Ded plan.
- BlueChoice HSA/HRA Gold 1500 90 plans (HMO, Advantage) have been mapped to BlueChoice HSA/HRA Gold 1600 Ded plans (HMO, Advantage).
- BlueChoice HSA/HRA Silver 2400 70 plans (HMO, Advantage) have been mapped to BlueChoice HSA/HRA Silver 3000 Ded plans (HMO, Advantage).
- BlueChoice HSA/HRA Silver 3000 70 plans (HMO, Advantage) have been mapped to BlueChoice HSA/HRA Silver 3000 Ded plans (HMO, Advantage).
- BlueChoice HMO HSA/HRA Bronze 6500 90 plan has been mapped to BlueChoice HMO HSA/HRA Bronze 6100 Ded plan.
- HealthyBlue Platinum 500 plans (Plus, Advantage) have been mapped to BlueChoice Platinum 500 Ded plans (Plus, Advantage).

As a percent of premium, administrative expenses have decreased by 1.0% compared to last year, and pre-tax contribution to reserve has stayed the same at 4.0%.

Qualified Health Plan Rate Request Summary Part 2 –To Be Completed by Bureau of Insurance

Company Name – NAIC Number: CareFirst BlueChoice, Inc., NAIC #96202
SERFF Tracking Number: CFAP-133659839
Disposition: Closed-Approved
Approval Date: 09/20/2023

2024 Plan Year Rates:

Average Annual Premium Per Member: \$8,395
Overall Requested Percentage Rate Change Per Member: 13.3%
Minimum Requested Percentage Rate Change Per Member: 10.72%
Maximum Requested Percentage Rate Change Per Member: 17.17%
Number of Policy Holders Affected: 24,824

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 13.3% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 83.5% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are an increase in the base period claims experience, an increase in trend, an increase in the assumed plan actuarial values, and a decrease in the administrative cost factor.

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Group Hospitalization & Medical Services, Inc. (NAIC# 40308)

Market: Small Group **Rate Request SERFF Tracking #:** CFAP-133659833

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
 Initial Requested Average Rate Change: 0.88 %
 Current Requested Average Rate Change: 0.45 %
 Range of Requested Rate Change: -2.51 % to 1.85 %
 Projected Number of Insureds Affected: 11,086

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>n/a</u>
Area 2 (Charlottesville)	<u>n/a</u>
Area 3 (Danville)	<u>n/a</u>
Area 4 (Harrisonburg)	<u>n/a</u>
Area 5 (Bristol)	<u>n/a</u>
Area 6 (Lynchburg)	<u>n/a</u>
Area 7 (Richmond)	<u>n/a</u>
Area 8 (Roanoke)	<u>n/a</u>
Area 9 (Tidewater)	<u>n/a</u>
Area 10 (Northern VA)	<u>1.00</u>
Area 11 (Winchester)	<u>n/a</u>
Area 12 (Non-MSA)	<u>n/a</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 83.0 %
 Administrative: 10.6 %
 Taxes and fees: 3.0 %
 Profit: 3.4 %

Factors of Rate Change

Medical Cost (Trend) Change: 5.5%
 Change in Morbidity: -1.71%
 Change in Demographics: 0.09%
 Change in Network: 0.00%
 Change in Benefits: 0.08%
 Change in Other (explain below): -0.02%

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

The annualized unit cost and utilization trends used in this filing for projecting experience by service category are 6.7% and 0.2% for IP, 2.5% and 2.3% for OP, 2.1% and 3.2% for Professional, -3.8% and 6.6% for other services, 1.9% and 4.7% for drug and 0.0% and 0.0 for capitations. In addition to these trends, one-time adjustments to the experience of -1.7% and 0.1% for the impact of changes in morbidity and the changing age of the pool (applied to all services except capitations) were made.

Drug allowed claims were also adjusted by an additional 0.0% to reflect a projected change in rebates and capitations were adjusted by -19.1% to reflect the projected fee schedule.

The overall impact is a (rounded) annualized trend of 4.7% for 1Q24-4Q24 projected allowed claims compared to the experience period in this filing.

Qualified Health Plan Rate Request Summary Part 2 –To Be Completed by Bureau of Insurance

Company Name – NAIC Number: Group Hospitalization and Medical Services, Inc., NAIC #53007
SERFF Tracking Number: CFAP-133659833
Disposition: Closed-Approved
Approval Date: 09/20/2023

2024 Plan Year Rates:

Average Annual Premium Per Member: \$9,015
Overall Requested Percentage Rate Change Per Member: 0.45%
Minimum Requested Percentage Rate Change Per Member: -2.51%
Maximum Requested Percentage Rate Change Per Member: 1.85%
Number of Policy Holders Affected: 5,985

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 0.45% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 83% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are an increase in the base period claims experience, an increase in the Risk Adjustment factor, a decrease in trend, and a decrease in the assumed plan actuarial values.

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: HealthKeepers, Inc. #95169

Market: Small Group **Rate Request SERFF Tracking #:** ATEM-133633903

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
 Initial Requested Average Rate Change: 6.8 %
 Current Requested Average Rate Change: 6.8 %
 Range of Requested Rate Change: 0.9 % to 9.1 %
 Projected Number of Insureds Affected: 73000

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.0659</u>
Area 2 (Charlottesville)	<u>0.9279</u>
Area 3 (Danville)	<u>0.9961</u>
Area 4 (Harrisonburg)	<u>0.9904</u>
Area 5 (Bristol)	<u>0.9940</u>
Area 6 (Lynchburg)	<u>0.9918</u>
Area 7 (Richmond)	<u>1.0275</u>
Area 8 (Roanoke)	<u>1.0141</u>
Area 9 (Tidewater)	<u>0.9883</u>
Area 10 (Northern VA)	<u>0.9835</u>
Area 11 (Winchester)	<u>0.9564</u>
Area 12 (Non-MSA)	<u>0.9545</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 83.3 %
 Administrative: 8.6 %
 Taxes and fees: 2.3 %
 Profit: 5.8 %

Factors of Rate Change

Medical Cost (Trend) Change: 8.0%
 Change in Morbidity: 1.5%
 Change in Demographics: 0.0%
 Change in Network: 0.0%
 Change in Benefits: -0.7%
 Change in Other (explain below): -2.0%

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

Anthem HealthKeepers is filing for an increase to rates available for new and renewing small groups for products that are compliant with the Affordable Care Act (ACA). These rate increases are for plans off exchange, and the rate increase would be effective starting January 1, 2024.

The overall increase is 6.8%. At the individual plan level, rate increases range from 0.9% to 9.1%. A group's actual rate could be higher or lower depending on group demographic make-up, benefit design, and the quarter in which they renew. The primary drivers of premium increases are associated with increased cost of benefit expense for this ACA-compliant block. Increased cost of benefit expense is driven by increases in the price of services primarily from hospitals, physicians and pharmacies, coupled with members increasing their use of health care services, also called "utilization". Increases in the price of services are driven by technological advances, new specialty medications, and a variety of other factors. Increased utilization is driven by member-level utilization and selection patterns in the market. Morbidity is another contributing factor, which is due to the projected sickness level (separate from aging) in the population. The 'other' negative amount is mostly due favorable historical experience.

Anthem is committed to working to hold down the cost of insurance and price the individual ACA market for long-term sustainability. We continue to explore innovative collaboration with providers and negotiate deeper discounts at our hospitals. And we provide members with tools to make informed decisions about where and how to receive treatment.

Qualified Health Plan Rate Request Summary Part 2 –To Be Completed by Bureau of Insurance

Company Name – NAIC Number: HealthKeepers, Inc., NAIC # 95169

SERFF Tracking Number: ATEM-133633903

Disposition: Closed-Approved

Approval Date: 09/18/2023

2024 Plan Year Rates:

Average Annual Premium Per Member: \$7,276

Overall Requested Percentage Rate Change Per Member: 6.8%

Minimum Requested Percentage Rate Change Per Member: 0.9%

Maximum Requested Percentage Rate Change Per Member: 9.1%

Number of Policy Holders Affected: 44,620

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 6.8% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 83.33% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are increases in the costs of medical services coupled with members increasing their use of services, and anticipated changes in the morbidity (projected sickness level) of the covered population. Factors driving increased prices include technological advances and new specialty medications.

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Innovation Health Insurance Company, 15097

Market: Small Group **Rate Request SERFF Tracking #:** AETN-133623250

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
Initial Requested Average Rate Change: 6.0 %
Current Requested Average Rate Change: 5.8 %
Range of Requested Rate Change: -2.1 % to 22.7 %
Projected Number of Insureds Affected: 900

Rating Areas Plans will be offered Area Factor

Area 1 (Blacksburg)	<u>0.0000</u>
Area 2 (Charlottesville)	<u>0.0000</u>
Area 3 (Danville)	<u>0.0000</u>
Area 4 (Harrisonburg)	<u>0.0000</u>
Area 5 (Bristol)	<u>0.0000</u>
Area 6 (Lynchburg)	<u>0.0000</u>
Area 7 (Richmond)	<u>0.0000</u>
Area 8 (Roanoke)	<u>0.0000</u>
Area 9 (Tidewater)	<u>0.0000</u>
Area 10 (Northern VA)	<u>1.0000</u>
Area 11 (Winchester)	<u>1.0000</u>
Area 12 (Non-MSA)	<u>1.0000</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 85.20 %
Administrative: 9.45 %
Taxes and fees: 2.98 %
Profit: 2.37 %

Factors of Rate Change

Medical Cost (Trend) Change: 7.7%
Change in Morbidity: 0.973
Change in Demographics: 1.012
Change in Network: 1.000
Change in Benefits: 1.000
Change in Other (explain below): 1.019

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

Other includes: Pooling, Deductible Suppression, and Rx Other Trend (1.0 in this instance).

Rate Request Summary Narrative

Monthly premium rates for all Small Group Market products in Virginia are being revised for effective dates January 1, 2024 through December 31, 2024.

A. Reason for Rate Increase(s):

Revised rates for these products reflect the following:

1. Impact of medical claim trend (including changes in provider unit costs and increased utilization of medical cost services);
2. Revisions to our assumptions about population morbidity and the projected population distribution;
3. Changes in cost sharing to ensure that plans comply with Actuarial Value requirements;
4. Changes in our pricing models used to determine the impact of cost sharing designs; and
5. Changes in provider networks and contracts.

Innovation Health Insurance Company
Virginia Small Group
PPO Products

Summary

Aetna is filing premium rates for Small Group plans in Virginia.

The new rates will apply to plan years effective January 2024 to December 2024. The current membership and range of rate changes by product are:

Product Name	Members as of March 2023	Range of Increases
12028VA004	1,800	-2.1% to 22.7%; Average 5.8%

What Affects Our Request to Revised Premiums?

We expect medical costs to go up 8.6% excluding the effect of benefit or cost sharing changes. The use of physician services has increased 6.0%.

Our estimate of average population health and the expected risk adjustment transfers for Affordable Care Act (ACA) products have changed to reflect new data on market average premiums and population health. These changes are affected by the movement of business between the ACA market and other options, including alternative coverage.

Actual claims experience for this market has emerged different than was expected. 2024 pricing reflects rate changes to reflect our actual emerging experience.

Will Premiums for All Small Groups Increase 5.8%?

No, rate changes differ by plan. The exact rate change depends on what benefit plan the group chooses, where the group is located, when the group's contract renews, and the ages and family sizes of enrolling employees. Rates charged to employees also depend upon any change in the amount of premium paid by the employer.

How does this request align to Minimum Loss Ratio Requirements (MLR)?

These rates are expected to produce an MLR equal to or above the 80% requirement for Small Group business. Under the ACA, at least 80% of the premiums collected by health plans are expected to pay for medical care and activities that improve health care quality for members. If the actual MLR turns out to be less than 80%, rebates will be issued to members in accordance with the law.

Aetna makes significant investments that benefit our members that the government does not allow us to use in this calculation. These investments include customer service, health quality activities like disease management programs, and the development of new information technologies.

What is Aetna doing to keep premiums affordable?

Aetna strives to keep our products as affordable as possible and to address the underlying cost of health care. We are:

- Developing new agreements, arrangements, and partnerships with health care providers that base provider compensation on the quality of care.
- Creating medical management programs that address potential health issues for members earlier, improving health outcomes and reducing the need for high-cost health care services.
- Working to reduce the ability of out-of-network providers to collect unreasonably excessive payments for services they provide.

We are dedicated to increasing transparency within the health care system and helping members best utilize the plans that they have. Members can access Aetna Navigator, a secure member website, which allows them to research their specific plan benefits, health care providers in a given area, and in some locations, the cost of certain health care services. The Aetna Navigator streamlined mobile app is also available to allow members to take their care on the go.

Qualified Health Plan Rate Request Summary Part 2 –To Be Completed by Bureau of Insurance

Company Name – NAIC Number: Innovation Health Insurance Company, NAIC # 15097

SERFF Tracking Number: AETN-133623250

Disposition: Closed-Approved

Approval Date: 09/18/2023

2024 Plan Year Rates:

Average Annual Premium Per Member: \$7,155

Overall Requested Percentage Rate Change Per Member: 5.8%

Minimum Requested Percentage Rate Change Per Member: -2.1%

Maximum Requested Percentage Rate Change Per Member: 22.7%

Number of Policy Holders Affected: 900

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 5.8% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 84.7% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. The impact of medical claim trend, including changes in provider costs and increased utilization,
2. Changes in the projected morbidity (overall sickness level) and distribution of the covered population,
3. Changes in cost sharing to ensure that plans comply with Actuarial Value requirements
4. Changes in the company’s pricing models and changes in provider networks and contracts.

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Innovation Health Plan, Inc., 15098

Market: Small Group **Rate Request SERFF Tracking #:** AETN-133623221

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
 Initial Requested Average Rate Change: 6.5 %
 Current Requested Average Rate Change: 6.5 %
 Range of Requested Rate Change: -1.6 % to 11.1 %
 Projected Number of Insureds Affected: 297

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	_____
Area 2 (Charlottesville)	_____
Area 3 (Danville)	_____
Area 4 (Harrisonburg)	_____
Area 5 (Bristol)	_____
Area 6 (Lynchburg)	_____
Area 7 (Richmond)	_____
Area 8 (Roanoke)	_____
Area 9 (Tidewater)	_____
Area 10 (Northern VA)	<u>1.0000</u>
Area 11 (Winchester)	<u>1.0000</u>
Area 12 (Non-MSA)	<u>1.0000</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 85.61 %
 Administrative: 11.25 %
 Taxes and fees: 0.77 %
 Profit: 2.37 %

Factors of Rate Change

Medical Cost (Trend) Change: 7.7%
 Change in Morbidity: 0.973
 Change in Demographics: 0.956
 Change in Network: 1.000
 Change in Benefits: 1.000
 Change in Other (explain below): 0.909

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

Other includes: Pooling, Deductible Suppression, and Rx Other Trend (1.0 in this instance).

Rate Request Summary Narrative

Monthly premium rates for all Small Group Market products in Virginia are being revised for effective dates January 1, 2024 through December 31, 2024.

A. Reason for Rate Increase(s):
 Revised rates for these products reflect the following:

1. Impact of medical claim trend (including changes in provider unit costs and increased utilization of medical cost services);
2. Revisions to our assumptions about population morbidity and the projected population distribution;
3. Changes in cost sharing to ensure that plans comply with Actuarial Value requirements;
4. Changes in our pricing models used to determine the impact of cost sharing designs; and
5. Changes in provider networks and contracts.

Qualified Health Plan Rate Request Summary Part 2 –To Be Completed by Bureau of Insurance

Company Name – NAIC Number: Innovation Health Plan, Inc., NAIC # 15098

SERFF Tracking Number: AETN-133623221

Disposition: Closed-Approved

Approval Date: 09/18/2023

2024 Plan Year Rates:

Average Annual Premium Per Member: \$6,183

Overall Requested Percentage Rate Change Per Member: 6.5%

Minimum Requested Percentage Rate Change Per Member: -1.6%

Maximum Requested Percentage Rate Change Per Member: 11.1%

Number of Policy Holders Affected: 297

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 6.5% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 85.1% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. The impact of medical claim trend, including changes in provider costs and increased utilization,
2. Changes in the projected morbidity (overall sickness level) and distribution of the covered population,
3. Changes in cost sharing to ensure that plans comply with Actuarial Value requirements
4. Changes in the company’s pricing models and changes in provider networks and contracts.

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. - NAIC#95639

Market: Small Group **Rate Request SERFF Tracking #:** KPMA-133610313

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date:	<u>1/1/2024</u>
Initial Requested Average Rate Change:	<u>9.2 %</u>
Current Requested Average Rate Change:	<u>9.2 %</u>
Range of Requested Rate Change:	<u>7.8 %</u> to <u>11.4 %</u>
Projected Number of Insureds Affected:	<u>15698</u>

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>N/A</u>
Area 2 (Charlottesville)	<u>N/A</u>
Area 3 (Danville)	<u>N/A</u>
Area 4 (Harrisonburg)	<u>N/A</u>
Area 5 (Bristol)	<u>N/A</u>
Area 6 (Lynchburg)	<u>N/A</u>
Area 7 (Richmond)	<u>1.000</u>
Area 8 (Roanoke)	<u>N/A</u>
Area 9 (Tidewater)	<u>N/A</u>
Area 10 (Northern VA)	<u>1.000</u>
Area 11 (Winchester)	<u>N/A</u>
Area 12 (Non-MSA)	<u>1.000</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims:	<u>94.3 %</u>
Administrative:	<u>11.3 %</u>
Taxes and fees:	<u>0.1 %</u>
Profit:	<u>-5.8 %</u>

Factors of Rate Change

Medical Cost (Trend) Change:	<u>5.9%</u>
Change in Morbidity:	<u>0.0%</u>
Change in Demographics:	<u>0.5%</u>
Change in Network:	<u>0.0%</u>
Change in Benefits:	<u>0.1%</u>
Change in Other (explain below):	<u>0.0%</u>

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

All current benefit plans are renewing in 2024. Primary factors that affect the rate change for these plans are:

- Claims experience of the single risk pool different than projected in the previous year.
- Medical inflation including increases in unit cost per service and utilization of services.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the statewide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value (" AV") requirements. This results in varying rate changes by plan.
- Federal and state taxes and fees.
- Change in projected margin.

The proposed average rate change is 9.2%. The average rate change does not indicate the rate change for every member will be this amount as rates are affected by the ages of those covered and benefits chosen.

Proposed rate change by plan can be found in the Virginia Rate Template, Schedule V Plan Rates.

Qualified Health Plan Rate Request Summary Part 2 – Completed by Bureau of Insurance

Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States
NAIC Number: 95639

SERFF Tracking Number: KPMA-133610313

Disposition: Closed-Approved

Approval Date: 08/15/2023

PY 2024 Rates:

Average Annual Premium Per Member: \$558.80

Overall Requested Percentage Rate Change Per Member: 9.2%

Minimum Requested Percentage Rate Change Per Member: 7.8%

Maximum Requested Percentage Rate Change Per Member: 11.4%

Number of Policy Holders Affected: 15,699

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 9.2% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 99.0% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Claims experience of the single risk pool different than projected in the previous year.
2. Medical inflation including increases in unit cost per service and utilization of services.
3. Changes in population morbidity and demographic make-up of the pool.
4. Risk adjustment transfer payments into the statewide risk adjustment pool.
5. Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements.
6. Federal and state taxes and fees.
7. Change in projected margin.

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Optimum Choice, Inc. 96940

Market: Small Group **Rate Request SERFF Tracking #:** UHLC-133669821

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
Initial Requested Average Rate Change: 3.0 %
Current Requested Average Rate Change: 3.8 %
Range of Requested Rate Change: -4.4% % to 6.7 %
Projected Number of Insureds Affected: 2268

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.02</u>
Area 2 (Charlottesville)	<u>.869</u>
Area 3 (Danville)	<u>1.02</u>
Area 4 (Harrisonburg)	<u>1.02</u>
Area 5 (Bristol)	<u>1.02</u>
Area 6 (Lynchburg)	<u>1.02</u>
Area 7 (Richmond)	<u>.997</u>
Area 8 (Roanoke)	<u>1.01</u>
Area 9 (Tidewater)	<u>.935</u>
Area 10 (Northern VA)	<u>.884</u>
Area 11 (Winchester)	<u>.884</u>
Area 12 (Non-MSA)	<u>.907</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 84.4 %
Administrative: 11.5 %
Taxes and fees: 2.5 %
Profit: 1.6 %

Factors of Rate Change

Medical Cost (Trend) Change: 1.2%
Change in Morbidity: 0%
Change in Demographics: -1.2%
Change in Network: 0.0%
Change in Benefits: 0.1%
Change in Other (explain below): -4.8%

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

There are many different healthcare cost trends that contribute to increases in the overall U.S. healthcare spending each year. These trend factors affect health insurance premiums, which can mean a premium rate increase to cover costs. Some of the key healthcare cost trends that have affected this year's rate actions include:

- Increasing cost of medical services: Annual increases in reimbursement rates to healthcare providers, such as hospitals, doctors, and pharmaceutical companies.
- Increased utilization: The number of office visits and other services continues to grow. In addition, total healthcare spending will vary by the intensity of care and use of different types of health services. The price of care can be affected by the use of expensive procedures such as surgery versus simply monitoring or providing medications.
- Higher costs from deductible leveraging: Healthcare costs continue to rise every year. If deductibles and copayments remain the same, a higher percentage of healthcare costs need to be covered by health insurance premiums each year.
- Cost shifting from the public to the private sector: Reimbursements from the Centers for Medicare and Medicaid Services (CMS) to hospitals do not generally cover the cost of providing care to these patients. Hospitals typically make up this reimbursement shortfall by charging private health plans more.
- Impact of new technology: Improvements to medical technology and clinical practice often result in the use of more expensive services, leading to increased healthcare spending and utilization.

Qualified Health Plan Rate Request Summary Part 2 – Completed by Bureau of Insurance

Company Name – Optimum Choice, Inc. NAIC Number: 96940

SERFF Tracking Number: UHLC-133669821

Disposition: Closed-Approved

Approval Date:

2024 Plan Year Rates

Average Annual Premium Per Member: \$6,722.64

Overall Requested Percentage Rate Change Per Member: 3.8%

Minimum Requested Percentage Rate Change Per Member: -4.4%

Maximum Requested Percentage Rate Change Per Member: 6.7%

Number of Policy Holders Affected: 353

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 3.8% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 85.7% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Increasing cost of medical services
2. Increased utilization
3. Higher costs from deductible leveraging
4. Cost shifting from the public to the private sector
5. Impact of new technology

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Piedmont Community HealthCare HMO, Inc 15791

Market: Small Group **Rate Request SERFF Tracking #:** PDHP-133629251

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
 Initial Requested Average Rate Change: 6.33 %
 Current Requested Average Rate Change: 6.33 %
 Range of Requested Rate Change: -1.11 % to 13.92 %
 Projected Number of Insureds Affected: 2522

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.064</u>
Area 2 (Charlottesville)	<u>0.999</u>
Area 3 (Danville)	<u>1.006</u>
Area 4 (Harrisonburg)	<u>1.067</u>
Area 5 (Bristol)	<u>1.056</u>
Area 6 (Lynchburg)	<u>0.986</u>
Area 7 (Richmond)	<u>1.032</u>
Area 8 (Roanoke)	<u>1.054</u>
Area 9 (Tidewater)	<u>1.018</u>
Area 10 (Northern VA)	<u> </u>
Area 11 (Winchester)	<u> </u>
Area 12 (Non-MSA)	<u>1.032</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 85.98 %
 Administrative: 12.91 %
 Taxes and fees: 0.32 %
 Profit: 0.79 %

Factors of Rate Change

Medical Cost (Trend) Change: 1.092
 Change in Morbidity: 0.977
 Change in Demographics: 0.980
 Change in Network: 1.000
 Change in Benefits: 1.013
 Change in Other (explain below): 1.004

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

The main drivers that contributed to Piedmont's rate change from 2023 to 2024 are as follows:

- a. Prospective enrollment growth leading to administrative cost per member savings; and
- b. Medical and pharmacy unit cost and utilization trend; and
- c. Changes in the underlying experience.

Qualified Health Plan Rate Request Summary Part 2 – Completed by Bureau of Insurance

Company Name – Piedmont Community Healthcare HMO, Inc. NAIC Number: 15791

SERFF Tracking Number: PDHP-133629251

Disposition: Closed-Approved

Approval Date: 9/18/2023

2024 Plan Year Rates:

Average Annual Premium Per Member: \$6,205.92

Overall Requested Percentage Rate Change Per Member: 6.33%

Minimum Requested Percentage Rate Change Per Member: -1.11%

Maximum Requested Percentage Rate Change Per Member: 13.92%

Number of Policy Holders Affected: 317

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 6.33% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 85.97% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Prospective enrollment growth
2. Medical & pharmacy unit cost and utilization trend
3. Changes in the underlying experience

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Piedmont Community HealthCare, Inc 95811

Market: Small Group **Rate Request SERFF Tracking #:** PDHP-133596254

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
Initial Requested Average Rate Change: 6.62 %
Current Requested Average Rate Change: 6.62 %
Range of Requested Rate Change: 0.41 % to 12.02 %
Projected Number of Insureds Affected: 315

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.064</u>
Area 2 (Charlottesville)	<u>0.998</u>
Area 3 (Danville)	<u>1.005</u>
Area 4 (Harrisonburg)	<u>1.067</u>
Area 5 (Bristol)	<u>1.056</u>
Area 6 (Lynchburg)	<u>0.986</u>
Area 7 (Richmond)	<u>1.032</u>
Area 8 (Roanoke)	<u>1.054</u>
Area 9 (Tidewater)	<u>1.018</u>
Area 10 (Northern VA)	<u> </u>
Area 11 (Winchester)	<u> </u>
Area 12 (Non-MSA)	<u>1.031</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 87.08 %
Administrative: 11.81 %
Taxes and fees: 0.32 %
Profit: 0.79 %

Factors of Rate Change

Medical Cost (Trend) Change: 1.092
Change in Morbidity: 1.022
Change in Demographics: 0.980
Change in Network: 1.000
Change in Benefits: 1.072
Change in Other (explain below): 0.910

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

The main drivers that contributed to Piedmont's rate change from 2023 to 2024 are as follows:

- Prospective enrollment growth leading to administrative cost per member savings; and
- Medical and pharmacy unit cost and utilization trend; and
- Changes in the underlying experience.

Qualified Health Plan Rate Request Summary Part 2 – Completed by Bureau of Insurance

Company Name – Piedmont Community Healthcare, Inc. NAIC Number: 95811

SERFF Tracking Number: PDHP-133596254

Disposition: Closed-Approved

Approval Date: 9/19/2023

2024 Plan Year Rates

Average Annual Premium Per Member: \$6,785.40

Overall Requested Percentage Rate Change Per Member: 6.4%

Minimum Requested Percentage Rate Change Per Member: 0.4%

Maximum Requested Percentage Rate Change Per Member: 12.0%

Number of Policy Holders Affected: 42

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 6.4% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 87.08% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Prospective enrollment growth leading to administrative cost per member saving
2. Medical and pharmacy unit cost and utilization trend
3. Changes in the underlying experience

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Sentara Health Insurance Company 70715

Market: Small Group **Rate Request SERFF Tracking #:** OPHL-133661656

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
Initial Requested Average Rate Change: 10.3 %
Current Requested Average Rate Change: 3.6 %
Range of Requested Rate Change: -6.9 % to 10.7 %
Projected Number of Insureds Affected: 1475

Rating Areas Plans will be offered Area Factor

Area 1 (Blacksburg)	<u>0.981</u>
Area 2 (Charlottesville)	<u>0.964</u>
Area 3 (Danville)	<u>0.981</u>
Area 4 (Harrisonburg)	<u>1.011</u>
Area 5 (Bristol)	<u>0.981</u>
Area 6 (Lynchburg)	<u>0.901</u>
Area 7 (Richmond)	<u>0.951</u>
Area 8 (Roanoke)	<u>0.981</u>
Area 9 (Tidewater)	<u>0.947</u>
Area 10 (Northern VA)	<u>0.903</u>
Area 11 (Winchester)	<u>0.981</u>
Area 12 (Non-MSA)	<u>0.981</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 80.7 %
Administrative: 15.0 %
Taxes and fees: 2.7 %
Profit: 1.5 %

Factors of Rate Change

Medical Cost (Trend) Change: 5.9%
Change in Morbidity: 3.9%
Change in Demographics: -0.3%
Change in Network: 1.6%
Change in Benefits: 0.2%
Change in Other (explain below): 7.3%

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

Sentara Health Insurance Company is filing for a change to rates available for new and renewing small groups for products that are compliant with the Affordable Care Act (ACA). These rate changes are for plans off exchange and would be effective starting January 1, 2024.

The overall rate change is 3.6% with a range of -6.9% to 10.7% at the individual plan level. 'Change in Other' includes an update to the supporting pricing models and adjustments made to the projection period. Drivers of the increase include a change in the components of retention, a change in our pharmacy costs, a change to the risk adjustment and an adjustment for COVID-19.

Qualified Health Plan Rate Request Summary Part 2 – Completed by Bureau of Insurance

Company Name – Sentara Health insurance Co. NAIC Number: 70715

SERFF Tracking Number: OPHL-133661656

Disposition: Closed-Approved

Approval Date: 9/19/2024

2024 Plan Year Rates

Average Annual Premium Per Member: \$7,981.56

Overall Requested Percentage Rate Change Per Member: 3.6%

Minimum Requested Percentage Rate Change Per Member: -6.9%

Maximum Requested Percentage Rate Change Per Member: 10.7%

Number of Policy Holders Affected: 673

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 3.6% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 80.8% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Changes in the components of retention
2. Changes in pharmacy costs
3. Changes in the risk adjustment
4. Adjustment for COVID-19

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: Sentara Health Plans 95281

Market: Small Group **Rate Request SERFF Tracking #:** OPHL-133661702

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
Initial Requested Average Rate Change: 3.9 %
Current Requested Average Rate Change: 1.8 %
Range of Requested Rate Change: -5.0 % to 5.6 %
Projected Number of Insureds Affected: 30200

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.039</u>
Area 2 (Charlottesville)	<u>1.002</u>
Area 3 (Danville)	<u>1.039</u>
Area 4 (Harrisonburg)	<u>1.071</u>
Area 5 (Bristol)	<u>1.039</u>
Area 6 (Lynchburg)	<u>0.955</u>
Area 7 (Richmond)	<u>1.008</u>
Area 8 (Roanoke)	<u>1.039</u>
Area 9 (Tidewater)	<u>0.947</u>
Area 10 (Northern VA)	<u>0.957</u>
Area 11 (Winchester)	<u>1.039</u>
Area 12 (Non-MSA)	<u>1.039</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 84.3 %
Administrative: 15.0 %
Taxes and fees: 0.1 %
Profit: 0.6 %

Factors of Rate Change

Medical Cost (Trend) Change: 6.0%
Change in Morbidity: 0.0%
Change in Demographics: -0.1%
Change in Network: 1.1%
Change in Benefits: 0.2%
Change in Other (explain below): -5.1%

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

Sentara Health Plans is filing for a change to rates available for new and renewing small groups for products that are compliant with the Affordable Care Act (ACA). These rate changes are for plans off exchange and would be effective starting January 1, 2024.

The overall rate change is 1.8% with a range of -5.0% to 5.6% at the individual plan level. 'Change in Other' includes an update to the supporting pricing models and adjustments made to the projection period. Drivers of the increase include a change in the components of retention, a change in our pharmacy costs, a change to the risk adjustment and an adjustment for COVID-19.

Qualified Health Plan Rate Request Summary Part 2 – Completed by Bureau of Insurance

Company Name – Sentara Health Plans NAIC Number: 95281

SERFF Tracking Number: OPHL-133661702

Disposition: Closed-Approved

Approval Date: 9/19/2023

2024 Plan Year Rates

Average Annual Premium Per Member: \$6,684.36

Overall Requested Percentage Rate Change Per Member: 1.8%

Minimum Requested Percentage Rate Change Per Member: -5.0%

Maximum Requested Percentage Rate Change Per Member: 5.6%

Number of Policy Holders Affected: 16,045

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 1.8% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 84.3% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Update to the supporting pricing model
2. Adjustments made to the projection period
3. Change in the components of retention
4. Change in our pharmacy costs
5. Change to the risk adjustment
6. Adjustment for COVID-19

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: UnitedHealthcare Insurance Company, 25978

Market: Small Group **Rate Request SERFF Tracking #:** UHLC-133669828

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date: 1/1/2024
 Initial Requested Average Rate Change: 7.9 %
 Current Requested Average Rate Change: 7.9 %
 Range of Requested Rate Change: 4.0 % to 12.2 %
 Projected Number of Insureds Affected: 46555

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.02</u>
Area 2 (Charlottesville)	<u>.869</u>
Area 3 (Danville)	<u>1.02</u>
Area 4 (Harrisonburg)	<u>1.02</u>
Area 5 (Bristol)	<u>1.02</u>
Area 6 (Lynchburg)	<u>1.02</u>
Area 7 (Richmond)	<u>.997</u>
Area 8 (Roanoke)	<u>1.01</u>
Area 9 (Tidewater)	<u>.935</u>
Area 10 (Northern VA)	<u>.884</u>
Area 11 (Winchester)	<u>.884</u>
Area 12 (Non-MSA)	<u>.907</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 84.4 %
 Administrative: 11.5 %
 Taxes and fees: 2.5 %
 Profit: 1.6 %

Factors of Rate Change

Medical Cost (Trend) Change: 1.2%
 Change in Morbidity: 0%
 Change in Demographics: 0.4%
 Change in Network: 0%
 Change in Benefits: -0.1%
 Change in Other (explain below): 0.7%

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

There are many different healthcare cost trends that contribute to increases in the overall U.S. healthcare spending each year. These trend factors affect health insurance premiums, which can mean a premium rate increase to cover costs. Some of the key healthcare cost trends that have affected this year's rate actions include:

- Increasing cost of medical services: Annual increases in reimbursement rates to healthcare providers, such as hospitals, doctors, and pharmaceutical companies.
- Increased utilization: The number of office visits and other services continues to grow. In addition, total healthcare spending will vary by the intensity of care and use of different types of health services. The price of care can be affected by the use of expensive procedures such as surgery versus simply monitoring or providing medications.
- Higher costs from deductible leveraging: Healthcare costs continue to rise every year. If deductibles and copayments remain the same, a higher percentage of healthcare costs need to be covered by health insurance premiums each year.
- Cost shifting from the public to the private sector: Reimbursements from the Centers for Medicare and Medicaid Services (CMS) to hospitals do not generally cover the cost of providing care to these patients. Hospitals typically make up this reimbursement shortfall by charging private health plans more.
- Impact of new technology: Improvements to medical technology and clinical practice often result in the use of more expensive services, leading to increased healthcare spending and utilization.

Qualified Health Plan Rate Request Summary Part 2 – Completed by Bureau of Insurance

Company Name – UnitedHealthcare Insurance Co. NAIC Number: 79413

SERFF Tracking Number: UHLC-133669828

Disposition: Closed-Approved

Approval Date: 9/18/2023

2024 Plan Year Rates

Average Annual Premium Per Member: \$7,514.28

Overall Requested Percentage Rate Change Per Member: 7.9%

Minimum Requested Percentage Rate Change Per Member: 4.0%

Maximum Requested Percentage Rate Change Per Member: 12.2%

Number of Policy Holders Affected: 4,813

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 7.9% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 86.9% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Increasing cost of medical services
2. Increased utilization
3. Higher costs from deductible leveraging
4. Cost shifting from the public to the private sector
5. Impact of new technology

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: UnitedHealthcare of the Mid-Atlantic, Inc. 95025

Market: Small Group **Rate Request SERFF Tracking #:** UHLC-133669823

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the carrier's request. It is not intended to describe or include all factors or information considered in the review process. For more information, refer to the complete filing at <https://filingaccess.serff.com/sfa/home/va>. A glossary of terms used on this form can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RateRevSumGloss.pdf>. A map of rating areas can be found at <https://www.scc.virginia.gov/boi/SERFFInquiry/RatingAreaMap.pdf>.

Overview

Effective Date:	<u>1/1/2024</u>
Initial Requested Average Rate Change:	<u>8.8 %</u>
Current Requested Average Rate Change:	<u>8.5 %</u>
Range of Requested Rate Change:	<u>4.4 % to 11.3 %</u>
Projected Number of Insureds Affected:	<u>5360</u>

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.02</u>
Area 2 (Charlottesville)	<u>.869</u>
Area 3 (Danville)	<u>1.02</u>
Area 4 (Harrisonburg)	<u>1.02</u>
Area 5 (Bristol)	<u>1.02</u>
Area 6 (Lynchburg)	<u>1.02</u>
Area 7 (Richmond)	<u>.997</u>
Area 8 (Roanoke)	<u>1.01</u>
Area 9 (Tidewater)	<u>.935</u>
Area 10 (Northern VA)	<u>.884</u>
Area 11 (Winchester)	<u>.884</u>
Area 12 (Non-MSA)	<u>.907</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims:	<u>84.4 %</u>
Administrative:	<u>11.5 %</u>
Taxes and fees:	<u>2.5 %</u>
Profit:	<u>1.6 %</u>

Factors of Rate Change

Medical Cost (Trend) Change:	<u>1.2%</u>
Change in Morbidity:	<u>0%</u>
Change in Demographics:	<u>-1.7%</u>
Change in Network:	<u>0%</u>
Change in Benefits:	<u>-0.4%</u>
Change in Other (explain below):	<u>-7.3%</u>

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

There are many different healthcare cost trends that contribute to increases in the overall U.S. healthcare spending each year. These trend factors affect health insurance premiums, which can mean a premium rate increase to cover costs. Some of the key healthcare cost trends that have affected this year's rate actions include:

- Increasing cost of medical services: Annual increases in reimbursement rates to healthcare providers, such as hospitals, doctors, and pharmaceutical companies.
- Increased utilization: The number of office visits and other services continues to grow. In addition, total healthcare spending will vary by the intensity of care and use of different types of health services. The price of care can be affected by the use of expensive procedures such as surgery versus simply monitoring or providing medications.
- Higher costs from deductible leveraging: Healthcare costs continue to rise every year. If deductibles and copayments remain the same, a higher percentage of healthcare costs need to be covered by health insurance premiums each year.
- Cost shifting from the public to the private sector: Reimbursements from the Centers for Medicare and Medicaid Services (CMS) to hospitals do not generally cover the cost of providing care to these patients. Hospitals typically make up this reimbursement shortfall by charging private health plans more.
- Impact of new technology: Improvements to medical technology and clinical practice often result in the use of more expensive services, leading to increased healthcare spending and utilization.

Qualified Health Plan Rate Request Summary Part 2 – Completed by Bureau of Insurance

Company Name – UnitedHealthcare of the Mid-Atlantic NAIC Number: 95025

SERFF Tracking Number: UHLC-133669823

Disposition: Closed-Approved

Approval Date: 9/19/2023

2024 Plan Year Rates

Average Annual Premium Per Member: \$7,129.92

Overall Requested Percentage Rate Change Per Member: 8.5%

Minimum Requested Percentage Rate Change Per Member: 4.4%

Maximum Requested Percentage Rate Change Per Member: 11.3%

Number of Policy Holders Affected: 719

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 8.5% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 84.4% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Increasing cost of medical services
2. Increased utilization
3. Higher costs from deductible leveraging
4. Cost shifting from the public to the private sector
5. Impact of new technology

The filing summary can be reviewed on the Bureau’s webpage under the Tips, Guides & Publications at <https://www.scc.virginia.gov/pages/Tips,-Guides-Publications> or you may access the filing at <https://filingaccess.serff.com/sfa/home/va>.

Rate Change Request Summary (RRS)

Carrier Name and NAIC#: UnitedHealthcare Plan of the River Valley, Inc. NAIC Company Code = 95378

Market: Small Group ACA **Rate Request SERFF Tracking #:** UHLC-133663773

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Overview

Effective Date: 01/01/2024
 Initial Requested Average Rate Change: 3.3 %
 Current Requested Average Rate Change: 3.3 %
 Range of Requested Rate Change: -0.4 % to 5.9 %
 Projected Number of Insureds Affected: 1765

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>0.8682</u>
Area 2 (Charlottesville)	<u>0.8682</u>
Area 3 (Danville)	<u>0.8682</u>
Area 4 (Harrisonburg)	<u>0.8682</u>
Area 5 (Bristol)	<u>0.7898</u>
Area 6 (Lynchburg)	<u>0.8682</u>
Area 7 (Richmond)	<u>0.8682</u>
Area 8 (Roanoke)	<u>0.8682</u>
Area 9 (Tidewater)	<u>0.8682</u>
Area 10 (Northern VA)	<u>0.8682</u>
Area 11 (Winchester)	<u>0.8682</u>
Area 12 (Non-MSA)	<u>0.7898</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2024 :

Claims: 83.9 %
 Administrative: 13.0 %
 Taxes and fees: 0.8 %
 Profit: 2.4 %

Factors of Rate Change

Medical Cost (Trend) Change: 9.8%
 Change in Morbidity: 0%
 Change in Demographics: 0%
 Change in Network: 0%
 Change in Benefits: 0%
 Change in Other (explain below): -5.9%

Explanation of requested rate change

Provide a narrative below to summarize the key information used to develop the rates including the main drivers for new or revised rates. Include additional pages as needed. Data filed within this document must remain current and concur with data contained in the Rate Filing Template as well as on the Rate/Rule Schedule.

In this filing, UHC is proposing an average 0.0% change to base rates, aside from quarterly trend and a revenue neutral adjustment to offset the impact of the updated pricing model.

The key information leading to these proposals are as such:

First, actual historical claims information is projected forward to the new effective date. From there, expenses such as administrative costs are considered. Once totaled, this is compared against the current rate environment to determine a base rate. Individual plans' structures are then considered as well as the ages and locations of the members to determine final rates.

Additionally, the components of "Change in Other" are comprised of the following:

- Composite Rating
- Catastrophic Claims Adjustment
- Trend Adjustment
- Expected claims and administrative costs
- Lining up premium with expected claims

These adjustments are explained in detail in Section 6 of the Part III Actuarial Memorandum.

Qualified Health Plan Rate Request Summary Part 2 – Completed by Bureau of Insurance

Company Name – UnitedHealthcare Plan of the River Valley NAIC Number: 95378

SERFF Tracking Number: UHLC-133663773

Disposition: Closed-Approved

Approval Date: 9/18/2023

2024 Plan Year Rates:

Average Annual Premium Per Member: \$7,091.28

Overall Requested Percentage Rate Change Per Member: 3.30%

Minimum Requested Percentage Rate Change Per Member: -0.4%

Maximum Requested Percentage Rate Change Per Member: 5.90%

Number of Policy Holders Affected: 1,678

Summary of the Bureau of Insurance’s review of the rate request:

The Company requested and the Bureau approved a rate increase of 3.30% for this block of small group medical insurance policy forms.

The filing was reviewed by the Bureau’s consulting actuary and was determined to comply with the requirements for a rate increase set forth in 14VAC5-130-65 of the Virginia Administrative Code. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 85.1% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are:

1. Actual historical claims information is projected forward to the new effective date
2. Administrative costs
3. Trend Adjustment
4. Expected claims and administrative costs

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