

Rate Request Summary Documents

Individual and Small Group ACA Market

Plan Year 2025

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.

Part 2 is the “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-133999011

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: 01/01/2025
 Initial Requested Average Rate Change: 15.4 %
 Current Requested Average Rate Change: 15.4 %
 Range of Requested Rate Change: 13.29 % to 20.62 %
 Projected Number of Insureds Affected: 16,000

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.1387</u>
Area 2 (Charlottesville)	<u>1.0582</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>0.9906</u>
Area 8 (Roanoke)	<u>1.0703</u>
Area 9 (Tidewater)	<u> </u>
Area 10 (Northern VA)	<u> </u>
Area 11 (Winchester)	<u> </u>
Area 12 (Non-MSA)	<u>1.0115</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2025 :

Claims: 85.39 %
 Administrative: 8.44 %
 Taxes and fees: 2.85 %
 Profit: 3.32 %

Factors of Rate Change

Medical Cost (Trend) Change: 7.1%
 Change in Morbidity: 1.099
 Change in Demographics: 0.991
 Change in Network: 1.000
 Change in Benefits: 1.006
 Change in Other (explain below): 0.964

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 'Other' adjustment represents the projected impact of changes in experience development from original claim pull.

Rate Request Summary Narrative

Monthly premium rates for all Individual Market products in Virginia are new for effective dates January 1, 2025 through December 31, 2025.

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 including VA's reinsurance program that existed in 2023 and changes for 2025 program

**Aetna Health Inc.
Virginia Individual**

Summary

Aetna is filing 2025 premium rates for Individual plans in Virginia. The new rates will be effective as of January 1, 2025. The current membership and range of rate changes by product are:

<u>Product Name</u>	<u># Members as of March 2024</u>	<u>Range of Increases</u>
HMO	14,593	13.29%, 20.62%

Why We Need to Modify Premiums

1) Health Costs Trend

Medical costs are going up and we are changing our rates to reflect this increase. We expect medical costs to go up 6.8% excluding the effect of changing plan design features like deductibles, copays, and out-of-pocket maximums. Medical costs go up for two reasons – providers raise their prices and members get more medical care. We expect Pharmacy costs to go up 8.6% excluding the effect of changing plan design features like deductibles, copays, and out-of-pocket maximums. Pharmacy costs go up at an even higher rate as more members use more prescriptions and pharmaceutical companies increase their prices and develop new high-cost specialty drug treatments. In total, we expect combined costs to go up 7.1%.

2) Other Factors that Affect Premiums

Changes to benefit designs like deductibles, copays, and out-of-pocket maximums were made to comply with federal requirements and to make our plans more attractive to consumers. We need to change our premiums to reflect the changes made to benefit designs.

We are also updating our premiums based on claims experience. Claims experience is the dollar amount we paid to cover our share of members’ medical costs in the past.

We have updated other assumptions that impact the projected claims costs and required premiums. These include factors such as the average age/gender distribution, geographic area, and tobacco utilization.

We have updated our non-claim expenses. Our non-claim expenses represent all costs that are unrelated to claims experience, including overhead, salaries, services to aid our members, and taxes. Non-claim expenses have been updated to reflect most recent administrative expense, profit, and taxes/fees.

Will Premiums for Individuals Change the Same?

No, actual rate changes can vary greatly by individual. The exact rate change depends on where the plan the individual has selected and where the individual is located.

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

Under the ACA, at least 75% of the premiums collected by a health plan should be used to pay for the medical costs of the members of that health plan. This is referred to as the Minimum Loss Ratio (MLR). These rates are expected to meet the 75% requirement for individual business. If less than 75% of the premiums collected by the health plan are used for paying medical costs, rebates will be issued to members of the health plan in accordance with the law.

Aetna makes significant investments that benefit our members that cannot be factored into 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 is taking several steps to keep our products as affordable as possible and to address the underlying cost of health care. These actions include:

- Developing new agreements, arrangements, and partnerships with health care providers
- Creating 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

Historical Loss Ratio

The table below shows actual claims 2023, expressed as a percentage of total premium less risk transfer.

Year	Claims / (Total Premium Less Risk Transfer)
2023	86.8%

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

Company Name: Aetna Health Inc. NAIC Number: 95109

SERFF Tracking Number: AETN-133999011

Disposition: Closed-Approved

Approval Date: 8/26/2024

2025 Plan Year Rates:

Average Annual Premium Per Member: \$5,953

Overall Requested Percentage Rate Change Per Member: 15.41%

Minimum Requested Percentage Rate Change Per Member: 13.29%

Maximum Requested Percentage Rate Change Per Member: 20.62%

Number of Policy Holders Affected: 16,000

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

The Company requested and the Bureau approved a rate increase of 15.41% 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 82.9% with the revision, which exceeds the minimum required loss ratio of 75%.

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

- The impact of medical claim trend, including changes in provider costs and increased utilization and pharmacy trend.
- Changes in the projected morbidity (overall sickness level) and distribution of the projected population.
- Changes in the projected administrative expenses.
- Changes in cost sharing to ensure that plans comply with Actuarial Value requirements.
- Changes in the company's pricing models and 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#: Anthem Health Plans of Virginia, Inc. #71835

Market: Individual **Rate Request SERFF Tracking #:** ATEM-13411976

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: 1/1/2025
 Initial Requested Average Rate Change: 5.2 %
 Current Requested Average Rate Change: 5.2 %
 Range of Requested Rate Change: 4.5 % to 6.7 %
 Projected Number of Insureds Affected: 3000

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.0423</u>
Area 2 (Charlottesville)	<u>0.9588</u>
Area 3 (Danville)	<u>1.0084</u>
Area 4 (Harrisonburg)	<u>1.0092</u>
Area 5 (Bristol)	<u>0.9984</u>
Area 6 (Lynchburg)	<u>0.9676</u>
Area 7 (Richmond)	<u>1.0589</u>
Area 8 (Roanoke)	<u>0.9985</u>
Area 9 (Tidewater)	<u>1.0235</u>
Area 10 (Northern VA)	<u>0.9819</u>
Area 11 (Winchester)	<u>0.9380</u>
Area 12 (Non-MSA)	<u>1.0045</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2025 :

Claims: 81.1 %
 Administrative: 8.6 %
 Taxes and fees: 4.0 %
 Profit: 6.3 %

Factors of Rate Change

Medical Cost (Trend) Change: 7.0%
 Change in Morbidity: -0.3%
 Change in Demographics: 1.1%
 Change in Network: 0.0%
 Change in Benefits: 0.3%
 Change in Other (explain below): -2.9%

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.

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, 2025.

The overall increase is 5.2%. At the individual plan level, rate changes range from 4.4% to 6.7%. 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.

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

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

SERFF Tracking Number: ATEM-134111976

Disposition: Closed-Approved

Approval Date: 9/10/2024

2025 Plan Year Rates:

Average Annual Premium Per Member: \$7,440.

Overall Requested Percentage Rate Change Per Member: 5.2%

Minimum Requested Percentage Rate Change Per Member: 4.5%

Maximum Requested Percentage Rate Change Per Member: 6.7%

Number of Policy Holders Affected: 1,046

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

The Company requested and the Bureau approved a rate increase of 5.2% 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 81.07% with the revision, which exceeds the minimum required loss ratio of 75%.

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

- Benefit expense trend, including increases in the price of services which are impacted by technological advances and new specialty medications, and utilization.

- Changes in the projected morbidity (the projected sickness level) of the covered population.

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: Individual **Rate Request SERFF Tracking #:** CFAP-134252180

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: 1/1/2025
 Initial Requested Average Rate Change: 5.0 %
 Current Requested Average Rate Change: 4.0 %
 Range of Requested Rate Change: -6.3 % to 7.4 %
 Projected Number of Insureds Affected: 7417

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 2025 :

Claims: 84.9 %
 Administrative: 11.0 %
 Taxes and fees: 2.4 %
 Profit: 1.6 %

Factors of Rate Change

Medical Cost (Trend) Change: 7.50%
 Change in Morbidity: 3.57%
 Change in Demographics: -0.22%
 Change in Network: 0.00%
 Change in Benefits: -0.82%
 Change in Other (explain below): -2.50%

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) decrease in the base period claims experience, 2) increase in trend, 3) higher projected morbidity, and 4) lower projected risk adjustment receivable.

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: CareFirst BlueChoice, Inc.

NAIC Number: 96202

SERFF Tracking Number: CFAP-134252180

Disposition: Closed-Approved

Approval Date: 9/18/2024

2024 Plan Year Rates

Average Annual Premium Per Member: \$6,934.92

Overall Requested Percentage Rate Change Per Member: 4.0 %

Minimum Requested Percentage Rate Change Per Member: -6.3%

Maximum Requested Percentage Rate Change Per Member: 7.4%

Number of Policy Holders Affected: 4,904

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

The Company requested and the Bureau approved a rate revision of 4.0% 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 84.9% 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. Decrease in the base period claims experience
2. increase in trend,
3. higher projected morbidity
4. lower projected risk adjustment receivable

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#: Cigna Health & Life Insurance Company, 67369

Market: Virginia **Rate Request SERFF Tracking #:** CCGH-134113575

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: 1/1/2025
 Initial Requested Average Rate Change: 3.69 %
 Current Requested Average Rate Change: 6.29 %
 Range of Requested Rate Change: 4.55 % to 9.36 %
 Projected Number of Insureds Affected: 46,165

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>0.987</u>
Area 8 (Roanoke)	_____
Area 9 (Tidewater)	_____
Area 10 (Northern VA)	<u>1.001</u>
Area 11 (Winchester)	<u>1.061</u>
Area 12 (Non-MSA)	<u>1.085</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2025 :

Claims: 76.1 %
 Administrative: 14.6 %
 Taxes and fees: 5.7 %
 Profit: 3.5 %

Factors of Rate Change

Medical Cost (Trend) Change: 1.072
 Change in Morbidity: 1.018
 Change in Demographics: 1.015
 Change in Network: 1.000
 Change in Benefits: 0.998
 Change in Other (explain below): 0.998

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, 2025. These plans are attached to an existing product that has been submitted under policy form filing CCGH-134031572. The proposed weighted average annual rate change for this filing is 6.29%

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 2023 to 2025, 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 plans regarding the mandated restricted actuarial values for metal tiers 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.

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

Company Name: Cigna Health and Life Insurance Company NAIC Number: 67369

SERFF Tracking Number: CCGH-134113575

Disposition: Closed-Approved

Approval Date: 8/26/24

2025 Plan Year Rates:

Average Annual Premium Per Member: \$6,104

Overall Requested Percentage Rate Change Per Member: 6.29%

Minimum Requested Percentage Rate Change Per Member: 4.55%

Maximum Requested Percentage Rate Change Per Member: 9.36%

Number of Policy Holders Affected: 42,829

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

The Company requested and the Bureau approved a rate increase of 6.29% 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 76.2% 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.

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Rate Change Request Summary (RRS)

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

Market: Individual **Rate Request SERFF Tracking #:** CFAP-134252231

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: 1/1/2025
 Initial Requested Average Rate Change: 15.3 %
 Current Requested Average Rate Change: 20.1 %
 Range of Requested Rate Change: 19.7 % to 21.2 %
 Projected Number of Insureds Affected: 1361

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 2025 :

Claims: 88.3 %
 Administrative: 5.9 %
 Taxes and fees: 4.1 %
 Profit: 1.7 %

Factors of Rate Change

Medical Cost (Trend) Change: 7.50%
 Change in Morbidity: -1.91%
 Change in Demographics: -0.04%
 Change in Network: 0.00%
 Change in Benefits: 0.00%
 Change in Other (explain below): -1.32%

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) decrease in the base period claims experience, 2) increase in trend, 3) lower projected morbidity, 4) lower projected risk adjustment receivable, and 5) higher projected reinsurance factor.

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

Group Hospitalization & Medical Services, Inc. (GHMSI) - VA is requesting an average base rate change of 20.1% to our BluePreferred single risk pool. As of 2-29-2024, there are 1,395 members currently enrolled in a BluePreferred product, across all plans, who will be impacted by the rate change.

The main drivers supporting the rate change are 1) decrease in the base period claims experience, 2) increase in trend, 3) lower projected morbidity, 4) lower projected risk adjustment receivable, and 5) higher projected reinsurance factor.

These products were first launched on 1-1-14. For the 2023 calendar year, GHMSI collected \$13.8 million in premium and paid out \$41.4 million in claims for a loss ratio of 298.7%. GHMSI will receive an estimated \$10.4 million in reinsurance receipts and \$18.3 million in risk adjustment receipts, for a post-RA/RI loss ratio of 90.8%. The proposed rate changes have been set to bring the post-RA/RI loss ratio to 88.3%.

GHMSI has assumed a composite annualized trend of 7.5%.

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 increased by 0.5% 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: Group Hospitalization and Medical Services, Inc.

NAIC Number: 53007

SERFF Tracking Number: CFAP-134252231

Disposition: Closed-Approved

Approval Date: 09/18/2024

2024 Plan Year Rates

Average Annual Premium Per Member: \$15,397.08

Overall Requested Percentage Rate Change Per Member: 20.1%

Minimum Requested Percentage Rate Change Per Member: 19.7%

Maximum Requested Percentage Rate Change Per Member: 21.2%

Number of Policy Holders Affected: 1,020

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

The Company requested and the Bureau approved a rate revision of 20.10% 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 88.3% 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. Decrease in the base period claims experience;
2. Increase in trend;
3. Lower projected morbidity;
4. Lower projected risk adjustment receivable;
5. Higher projected reinsurance factor.

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Rate Change Request Summary (RRS)

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

Market: Individual **Rate Request SERFF Tracking #:** ATEM-134111984

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: 1/1/2025
 Initial Requested Average Rate Change: 3.9 %
 Current Requested Average Rate Change: 3.9 %
 Range of Requested Rate Change: 0.4 % to 9.5 %
 Projected Number of Insureds Affected: 150000

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.1068</u>
Area 2 (Charlottesville)	<u>1.0301</u>
Area 3 (Danville)	<u>1.0038</u>
Area 4 (Harrisonburg)	<u>1.0803</u>
Area 5 (Bristol)	<u>0.9805</u>
Area 6 (Lynchburg)	<u>1.0637</u>
Area 7 (Richmond)	<u>0.9862</u>
Area 8 (Roanoke)	<u>1.0354</u>
Area 9 (Tidewater)	<u>0.9816</u>
Area 10 (Northern VA)	<u>0.9793</u>
Area 11 (Winchester)	<u>1.0088</u>
Area 12 (Non-MSA)	<u>0.9965</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2025 :

Claims: 79.4 %
 Administrative: 10.4 %
 Taxes and fees: 4.4 %
 Profit: 5.8 %

Factors of Rate Change

Medical Cost (Trend) Change: 7.0%
 Change in Morbidity: -0.3%
 Change in Demographics: 0.1%
 Change in Network: -1.5%
 Change in Benefits: 0.4%
 Change in Other (explain below): -1.8%

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.

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 increases are for plans on and off exchange, and the rate change would be effective starting January 1, 2025.

The overall increase is 3.9%. At the individual plan level, rate changes range from 0.4% to 9.5%. A member's actual rate could be higher or lower depending on their age and benefit design. The primary drivers of premium increases are benefit expense and plan changes. 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. HealthKeepers adjusts plan terms each year to meet regulatory requirements and put forward products that are competitive in the marketplace. 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. We also provide members with tools to make informed decisions about where and how to receive treatment.

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

Company Name: HealthKeepers, Inc. NAIC Number: 95169

SERFF Tracking Number: ATEM-134111984

Disposition: Closed-Approved

Approval Date: 8/28/24

2025 Plan Year Rates:

Average Annual Premium Per Member: \$6,134

Overall Requested Percentage Rate Change Per Member: 3.9%

Minimum Requested Percentage Rate Change Per Member: 0.4%

Maximum Requested Percentage Rate Change Per Member: 9.5%

Number of Policy Holders Affected: 85,597

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

The Company requested and the Bureau approved a rate increase of 3.9% 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 79.43% 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 benefit expense which is driven by increases in the price of services, increased utilization, and plan changes. 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-133999022

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: 01/01/2025
 Initial Requested Average Rate Change: 5.5 %
 Current Requested Average Rate Change: 5.5 %
 Range of Requested Rate Change: 3.50 % to 8.67 %
 Projected Number of Insureds Affected: 30,000

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>1.000</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 2025 :

Claims: 84.47 %
 Administrative: 8.58 %
 Taxes and fees: 3.00 %
 Profit: 3.95% %

Factors of Rate Change

Medical Cost (Trend) Change: 7.1%
 Change in Morbidity: 1.092
 Change in Demographics: 0.995
 Change in Network: 1.000
 Change in Benefits: 0.999
 Change in Other (explain below): 1.009

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 'Other' adjustment represents the projected impact of changes in experience development from original claim pull.

Rate Request Summary Narrative

Monthly premium rates for all Individual Market products in Virginia are new for effective dates January 1, 2025 through December 31, 2025.

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 including VA's reinsurance program that existed in 2023 and changes for 2025 program

Health Plan Rate Request Summary

Part 2 –To Be Completed by the Bureau of Insurance

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

SERFF Tracking Number: AETN-133999022

Disposition: Closed-Approved

Approval Date: 8/26/2024

2025 Plan Year Rates:

Average Annual Premium Per Member: \$5,279

Overall Requested Percentage Rate Change Per Member: 5.53%

Minimum Requested Percentage Rate Change Per Member: 3.51%

Maximum Requested Percentage Rate Change Per Member: 8.67%

Number of Policy Holders Affected: 30,000

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

The Company requested and the Bureau approved a rate increase of 6.29% 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 82.0% 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. 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 Virginia’s reinsurance program.

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-134108475

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: 1/1/2025
 Initial Requested Average Rate Change: 8.0 %
 Current Requested Average Rate Change: 8.0 %
 Range of Requested Rate Change: 6.5 % to 10.0 %
 Projected Number of Insureds Affected: 35,921

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)	1
Area 8 (Roanoke)	N/A
Area 9 (Tidewater)	N/A
Area 10 (Northern VA)	1
Area 11 (Winchester)	N/A
Area 12 (Non-MSA)	1

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2025 :

Claims: 98.30 %
 Administrative: 13.16 %
 Taxes and fees: 2.24 %
 Profit: -13.70 %

Factors of Rate Change

Medical Cost (Trend) Change: -0.7%
 Change in Morbidity: 0.0%
 Change in Demographics: -0.4%
 Change in Network: 0.0%
 Change in Benefits: 0.0%
 Change in Other (explain below): 0.0%

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.

Thirteen On-Exchange and sixteen Off-Exchange plans are being offered, twenty-nine renewals and no new plans. 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-134108475

Disposition: Closed-Approved

Approval Date: 8/26/2024

2024 Plan Year Rates

Average Annual Premium Per Member: \$6,430.32

Overall Requested Percentage Rate Change Per Member: 8.0%

Minimum Requested Percentage Rate Change Per Member: 6.5%

Maximum Requested Percentage Rate Change Per Member: 10.0%

Number of Policy Holders Affected: 26,775

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

The Company requested and the Bureau approved a rate revision of 8.0% 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 98.3% 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. 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.

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-134115913

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: 1/1/2025
 Initial Requested Average Rate Change: -0.4 %
 Current Requested Average Rate Change: -0.4 %
 Range of Requested Rate Change: -3.1 % to 4.5 %
 Projected Number of Insureds Affected: 26,526

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>1.0369</u>
Area 8 (Roanoke)	<u> </u>
Area 9 (Tidewater)	<u> </u>
Area 10 (Northern VA)	<u>0.9945</u>
Area 11 (Winchester)	<u>1.0042</u>
Area 12 (Non-MSA)	<u>0.9037</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2025 :

Claims: 76.7 %
 Administrative: 14.0 %
 Taxes and fees: 4.3 %
 Profit: 5.0 %

Factors of Rate Change

Medical Cost (Trend) Change: 6.7%
 Change in Morbidity: 0.5%
 Change in Demographics: 2.3%
 Change in Network: 0.2%
 Change in Benefits: 0.5%
 Change in Other (explain below): -9.8%

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.

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, risk adjustment, and reinsurance (included under 'Other' above)
- 5) Change in non-benefit expenses such as admin, taxes, fees, etc. (included under 'Other' above)

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-134115913

Disposition: Closed-Approved

Approval Date: 8/26/2024

2024 Plan Year Rates

Average Annual Premium Per Member: \$4,900.92

Overall Requested Percentage Rate Change Per Member: -0.4%

Minimum Requested Percentage Rate Change Per Member: -3.1%

Maximum Requested Percentage Rate Change Per Member: 4.5%

Number of Policy Holders Affected: 26,526

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

The Company requested and the Bureau approved a rate revision of -0.4% 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 76.72% 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, risk adjustment, and reinsurance
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-134103832

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Overview

Effective Date: 1/1/2025
 Initial Requested Average Rate Change: 9.3 %
 Current Requested Average Rate Change: 9.3 %
 Range of Requested Rate Change: 6.5 % to 14.4 %
 Projected Number of Insureds Affected: 169

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>0.993</u>
Area 8 (Roanoke)	_____
Area 9 (Tidewater)	_____
Area 10 (Northern VA)	<u>1.04</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 2025 :

Claims: 79.4 %
 Administrative: 10.5 %
 Taxes and fees: 5.9 %
 Profit: 4.1 %

Factors of Rate Change

Medical Cost (Trend) Change: 1.093
 Change in Morbidity: 0.966
 Change in Demographics: 0.941
 Change in Network: 1.099
 Change in Benefits: 1.032
 Change in Other (explain below): 0.966

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 Company

NAIC Number: 15777

SERFF Tracking Number: OHIN-134103832

Disposition: Closed-Approved

Approval Date: 8/26/2024

2024 Plan Year Rates

Average Annual Premium Per Member: \$5,760.48

Overall Requested Percentage Rate Change Per Member: 9.3%

Minimum Requested Percentage Rate Change Per Member: 6.5%

Maximum Requested Percentage Rate Change Per Member: 14.4%

Number of Policy Holders Affected: 261

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

The Company requested and the Bureau approved a rate revision of 9.3% 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 79.4% 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 and prescription drug inflation and utilization trends
2. Prospective benefit changes
3. 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 Insurance Company 70715

Market: Individual **Rate Request SERFF Tracking #:** OPHL-134100415

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: 1/1/2025
 Initial Requested Average Rate Change: -3.0 %
 Current Requested Average Rate Change: -1.2 %
 Range of Requested Rate Change: -1.2 % to -1.2 %
 Projected Number of Insureds Affected: 0

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>1.000</u>
Area 10 (Northern VA)	<u>N/A</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 2025 :

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

Factors of Rate Change

Medical Cost (Trend) Change: 6.0%
 Change in Morbidity: 0.0%
 Change in Demographics: 0.0%
 Change in Network: 0.0%
 Change in Benefits: 0.0%
 Change in Other (explain below): -7.5%

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 OHP covered population and general marketplace.
- Change sin demographics mix of business.
- Changes in negotiated provider reimbursement arrangements and PMB contracts.
- Benefit changes.

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

Company Name: Sentara Health Insurance Company

NAIC Number: 70715

SERFF Tracking Number: OPHL-134100415

Disposition: Closed-Approved

Approval Date: 9/9/2024

2024 Plan Year Rates

Average Annual Premium Per Member: \$6,075.24

Overall Requested Percentage Rate Change Per Member: -1.2%

Minimum Requested Percentage Rate Change Per Member: -1.2%

Maximum Requested Percentage Rate Change Per Member: -1.2%

Number of Policy Holders Affected: 2

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

The Company requested and the Bureau approved a rate revision of -1.2% 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 83.2% 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
3. Changes in negotiated provider reimbursement arrangements and PMB contracts.
4. Benefit changes

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-134100382

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: 1/1/2025
Initial Requested Average Rate Change: -0.7 %
Current Requested Average Rate Change: -1.9 %
Range of Requested Rate Change: -3.8 % to 1.2 %
Projected Number of Insureds Affected: 70,113

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.069</u>
Area 2 (Charlottesville)	<u>1.069</u>
Area 3 (Danville)	<u>1.069</u>
Area 4 (Harrisonburg)	<u>1.069</u>
Area 5 (Bristol)	<u>1.069</u>
Area 6 (Lynchburg)	<u>1.069</u>
Area 7 (Richmond)	<u>1.019</u>
Area 8 (Roanoke)	<u>1.069</u>
Area 9 (Tidewater)	<u>1.000</u>
Area 10 (Northern VA)	<u>0.965</u>
Area 11 (Winchester)	<u>1.069</u>
Area 12 (Non-MSA)	<u>1.069</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2025 :

Claims: 86.4 %
Administrative: 10.3 %
Taxes and fees: 2.6 %
Profit: 0.7 %

Factors of Rate Change

Medical Cost (Trend) Change: 6.0%
Change in Morbidity: -1.3%
Change in Demographics: -0.3%
Change in Network: 0.0%
Change in Benefits: 2.9%
Change in Other (explain below): -8.6%

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.

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.

Change sin demographics mix of business.

Changes in negotiated provider reimbursement arrangements and PMB contracts.

Benefit changes.

Rate changes vary by benefit plan and rating area to reflect a combination of the following:

Benefit changes.

Changes in negotiated provider reimbursement arrangements

the anticipated impact of fixed cost-sharing parameters and deductible leveraging given increasing medical costs (i.e., paid to allowed).

Updates to rating area factors reflecting more recent experience and expected regional network impacts.

The allocation of administrative expenses reflecting costs that vary on a per member basis.

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-134100382

Disposition: Closed-Approved

Approval Date: 8/26/2024

2024 Plan Year Rates

Average Annual Premium Per Member: \$5,472.60

Overall Requested Percentage Rate Change Per Member: -1.90%

Minimum Requested Percentage Rate Change Per Member: -3.80%

Maximum Requested Percentage Rate Change Per Member: 1.20%

Number of Policy Holders Affected: 47,851

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

The Company requested and the Bureau approved a rate revision of -1.90% 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 86.50% 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
3. Changes in demographics mix of business
4. Changes in negotiated provider reimbursement arrangements
5. Benefit changes.

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>.

SMALL GROUP MARKET

Rate Change Request Summary (RRS)

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

Market: Small Group **Rate Request SERFF Tracking #:** ATEM-134111987

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: 1/1/2025
 Initial Requested Average Rate Change: 6.4 %
 Current Requested Average Rate Change: 6.4 %
 Range of Requested Rate Change: 4.8 % to 9.8 %
 Projected Number of Insureds Affected: 67000

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.0481</u>
Area 2 (Charlottesville)	<u>0.9642</u>
Area 3 (Danville)	<u>1.0141</u>
Area 4 (Harrisonburg)	<u>1.0148</u>
Area 5 (Bristol)	<u>1.0039</u>
Area 6 (Lynchburg)	<u>0.9730</u>
Area 7 (Richmond)	<u>1.0648</u>
Area 8 (Roanoke)	<u>1.0041</u>
Area 9 (Tidewater)	<u>1.0292</u>
Area 10 (Northern VA)	<u>0.9873</u>
Area 11 (Winchester)	<u>0.9431</u>
Area 12 (Non-MSA)	<u>1.0101</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2025 :

Claims: 82.3 %
 Administrative: 7.4 %
 Taxes and fees: 4.0 %
 Profit: 6.3 %

Factors of Rate Change

Medical Cost (Trend) Change: 7.0%
 Change in Morbidity: 1.5%
 Change in Demographics: -0.1%
 Change in Network: 0.0%
 Change in Benefits: 1.1%
 Change in Other (explain below): -3.1%

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.

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, 2025.

The overall increase is 6.4%. At the individual plan level, rate increases range from 4.8% to 9.8%. 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 and higher pharmacy rebates.

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.

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

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

SERFF Tracking Number: ATEM-134111987

Disposition: Closed-Approved

Approval Date: 9/10/2024

2025 Plan Year Rates:

Average Annual Premium Per Member: \$8,616

Overall Requested Percentage Rate Change Per Member: 6.4%

Minimum Requested Percentage Rate Change Per Member: 4.8%

Maximum Requested Percentage Rate Change Per Member: 9.8%

Number of Policy Holders Affected: 39,041

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 82.26% 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-133975275

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: 1/1/2025
 Initial Requested Average Rate Change: 5.22 %
 Current Requested Average Rate Change: 3.90 %
 Range of Requested Rate Change: 2.2 % to 5.5 %
 Projected Number of Insureds Affected: 37,788

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 2025 :

Claims: 83.8 %
 Administrative: 12.0 %
 Taxes and fees: 0.9 %
 Profit: 3.2 %

Factors of Rate Change

Medical Cost (Trend) Change: 9.9%
 Change in Morbidity: -0.72%
 Change in Demographics: 0.96%
 Change in Network: 0.00%
 Change in Benefits: 0.28%
 Change in Other (explain below): -1.32%

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 increase are an increase in the base period claims experience compared to last year's filing, a decrease in the morbidity assumption, an increase in risk adjustment payable, and a decrease in the administrative cost compared to premium.

CAREFIRST BLUECROSS BLUESHIELD (CF)

PART II – Written Description Justifying the Rate Increase

BlueChoice, Inc. - VA is requesting an average base rate increase of 4.0% to our BlueChoice single risk pool for first quarter 2025 (3.9%, 3.9%, and 3.9% for quarters two through four). First quarter minimum and maximum rate increases are 2.2% and 5.6%. On average, across all four quarters, base rates are changing 3.9% with minimum and maximum average increases of 2.2% and 5.5%. As of 2/29/2024, there are approximately 39,305 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, a decrease in morbidity, an increase in risk adjustment payable, and a decrease in the admin factor.

These products were first launched on 1/1/14. For the 2023 calendar year, BlueChoice collected \$306.3 million in premium and paid out \$248.9 million in claims for a loss ratio of 81.3%. BlueChoice is estimated to pay \$17.6 million in risk adjustment and net HCRP payments, for a post risk adjustment loss ratio of 87.0%.

BlueChoice has assumed a pricing trend of 9.9%, which is 0.2% higher than last year.

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

As a percent of premium, administrative expenses have decreased by 0.3% compared to last year, and pre-tax contribution to reserve has stayed the same at 4.0%.

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

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

SERFF Tracking Number: CFAP-133975275

Disposition: Closed-Approved

Approval Date: 8/28/2024

2025 Plan Year Rates:

Average Annual Premium Per Member: \$8,724

Overall Requested Percentage Rate Change Per Member: 3.9%

Minimum Requested Percentage Rate Change Per Member: 2.15%

Maximum Requested Percentage Rate Change Per Member: 5.53%

Number of Policy Holders Affected: 22,039

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

The Company requested and the Bureau approved a rate increase of 3.9% 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 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:

- An increase in the base period claims experience compared to the prior year,
- A decrease in morbidity (overall policyholder health),
- An increase in the risk adjustment payable, and
- A decrease administrative costs.

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: Small Group **Rate Request SERFF Tracking #:** CFAP-133975271

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: 1/1/2025
 Initial Requested Average Rate Change: 20.1 %
 Current Requested Average Rate Change: 18.74 %
 Range of Requested Rate Change: 17.8 % to 20.1 %
 Projected Number of Insureds Affected: 12,694

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 2025 :

Claims: 83.5 %
 Administrative: 10.1 %
 Taxes and fees: 3.0 %
 Profit: 3.4 %

Factors of Rate Change

Medical Cost (Trend) Change: 9.9%
 Change in Morbidity: -0.91%
 Change in Demographics: -0.81%
 Change in Network: 0.00%
 Change in Benefits: -1.02%
 Change in Other (explain below): -0.79%

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 increase are an increase in the base period claims experience compared to last year's filing, an increase in claims trend, a decrease in risk adjustment receivable, and a decrease in the administrative cost compared to premium.

CAREFIRST BLUECROSS BLUESHIELD (CF)

PART II – Written Description Justifying the Rate Increase

Group Hospitalization & Medical Services, Inc. (GHMSI) - VA is requesting an average base rate increase of 17.2% to our BluePreferred single risk pool for first quarter 2025 (18.2%, 19.3%, and 20.3% for quarters two through four). First quarter minimum and maximum rate increases are 16.2% and 18.5%. On average, across all four quarters, base rates are increasing 18.7% with minimum and maximum average changes of 17.8% and 20.1%. As of 2/28/2024, there are approximately 12,535 members currently enrolled in a GHMSI BluePreferred 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, a decrease in risk adjustment receivable, and a decrease in the admin factor.

These products were first launched on 1/1/14. For the 2023 calendar year, GHMSI BluePreferred collected \$106.1 million in premium and paid out \$89.6 million in claims for a loss ratio of 84.4%. GHMSI will receive \$1.1 million in risk adjustment payments and net HCRP payments, for a post risk adjustment loss ratio of 83.6%.

GHMSI has assumed a pricing trend of 9.9%, which is 4.4% higher than last year.

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

As a percent of premium, administrative expenses have decreased by 0.5% compared to last year. The pre-tax contribution to reserve has stayed the same at 4.0%.

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

Company Name: Group Hospitalization and Medical Services, Inc.

NAIC Number: 53007

SERFF Tracking Number: CFAP-133975271

Disposition: Closed-Approved

Approval Date: 8/28/24

2025 Plan Year Rates:

Average Annual Premium Per Member: \$10,389.24

Overall Requested Percentage Rate Change Per Member: 18.74%

Minimum Requested Percentage Rate Change Per Member: 17.75%

Maximum Requested Percentage Rate Change Per Member: 20.13%

Number of Policy Holders Affected: 6,584

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

The Company requested and the Bureau approved a rate increase of 18.74% 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 84.6% with the revision, which exceeds the minimum required loss ratio of 75%.

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

- An increase in the claims experience,
- A decrease in the risk adjustment receivable, and
- An increase in trend.

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-134111975

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: 1/1/2025
 Initial Requested Average Rate Change: 6.7 %
 Current Requested Average Rate Change: 6.7 %
 Range of Requested Rate Change: 4.5 % to 10.2 %
 Projected Number of Insureds Affected: 73000

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.0534</u>
Area 2 (Charlottesville)	<u>0.9290</u>
Area 3 (Danville)	<u>1.0137</u>
Area 4 (Harrisonburg)	<u>1.0042</u>
Area 5 (Bristol)	<u>0.9890</u>
Area 6 (Lynchburg)	<u>0.9930</u>
Area 7 (Richmond)	<u>1.0338</u>
Area 8 (Roanoke)	<u>0.9949</u>
Area 9 (Tidewater)	<u>0.9766</u>
Area 10 (Northern VA)	<u>0.9846</u>
Area 11 (Winchester)	<u>0.9575</u>
Area 12 (Non-MSA)	<u>0.9556</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2025 :

Claims: 83.6 %
 Administrative: 8.3 %
 Taxes and fees: 2.3 %
 Profit: 5.8 %

Factors of Rate Change

Medical Cost (Trend) Change: 7.0%
 Change in Morbidity: 1.5%
 Change in Demographics: -0.1%
 Change in Network: 0.0%
 Change in Benefits: -0.9%
 Change in Other (explain below): -0.8%

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.

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, 2025.

The overall increase is 6.7%. At the individual plan level, rate increases range from 4.5% to 10.2%. 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 higher pharmacy rebates anticipated in 2025.

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.

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

Company Name: HealthKeepers, Inc. NAIC Number: 95169

SERFF Tracking Number: ATEM-134111975

Disposition: Closed-Approved

Approval Date: 9/10/2024

2025 Plan Year Rates:

Average Annual Premium Per Member: \$7,719

Overall Requested Percentage Rate Change Per Member: 6.7%

Minimum Requested Percentage Rate Change Per Member: 4.5%

Maximum Requested Percentage Rate Change Per Member: 10.2%

Number of Policy Holders Affected: 42,501

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 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 83.64% with the revision, which exceeds the minimum required loss ratio of 75%.

The Company provided that the primary reasons for the rate changes are increased benefit expense costs driven by increases in the price of services coupled with members increasing their use of health care services. Increases in the price of services are driven by technological advances, new specialty medications. Another factor is an increase in morbidity, the projected sickness level in the population.

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: Small Group **Rate Request SERFF Tracking #:** KPMA-134108627

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>1/1/2025</u>
Initial Requested Average Rate Change:	<u>9.0 %</u>
Current Requested Average Rate Change:	<u>9.0 %</u>
Range of Requested Rate Change:	<u>8.2 % to 10.0 %</u>
Projected Number of Insureds Affected:	<u>14,239</u>

Rating Areas Plans will be offered

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 2025 :

Claims:	<u>86.9 %</u>
Administrative:	<u>10.6 %</u>
Taxes and fees:	<u>0.1 %</u>
Profit:	<u>2.4 %</u>

Factors of Rate Change

Medical Cost (Trend) Change:	<u>-0.7%</u>
Change in Morbidity:	<u>0.0%</u>
Change in Demographics:	<u>0.3%</u>
Change in Network:	<u>0.0%</u>
Change in Benefits:	<u>-0.2%</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.

One new plan is being offered, and no plans are being discontinued. 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.

The proposed average rate change is 9.0% for all renewing groups. The average rate change does not indicate that every member's rate will change by 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, Inc.

NAIC Number: 95639

SERFF Tracking Number: KPMA-134108627

Disposition: Closed-Approved

Approval Date: 8/26/2024

2024 Plan Year Rates

Average Annual Premium Per Member: \$7,329.84

Overall Requested Percentage Rate Change Per Member: 9.0%

Minimum Requested Percentage Rate Change Per Member: 8.2%

Maximum Requested Percentage Rate Change Per Member: 10.0%

Number of Policy Holders Affected: 8,932

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

The Company requested and the Bureau approved a rate increase of 9.0% 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. Claims experience
2. Medical inflation including increases in unit cost
3. Changes in population morbidity
4. Risk adjustment transfer payments
5. Benefit plan design adjustments
6. Federal and state taxes and fees.

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 ACA **Rate Request SERFF Tracking #:** UHLC-134107631

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:	01/01/2025	
Initial Requested Average Rate Change:	9 %	
Current Requested Average Rate Change:	9 %	
Range of Requested Rate Change:	1.7 % to 12.8 %	
Projected Number of Insureds Affected:	1792	

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

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2025 :

Claims:	83.8 %
Administrative:	11.5 %
Taxes and fees:	2.7 %
Profit:	2.0 %

Factors of Rate Change

Medical Cost (Trend) Change:	0.1%
Change in Morbidity:	0.5%
Change in Demographics:	0.7%
Change in Network:	0%
Change in Benefits:	0.1%
Change in Other (explain below):	1.0%

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.

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-134107631

Disposition: Closed-Approved

Approval Date: 9/10/2024

2024 Plan Year Rates

Average Annual Premium Per Member: \$7,432.56

Overall Requested Percentage Rate Change Per Member: 9.0%

Minimum Requested Percentage Rate Change Per Member: 1.7%

Maximum Requested Percentage Rate Change Per Member: 12.8%

Number of Policy Holders Affected: 302

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

The Company requested and the Bureau approved a rate increase of 9.0% 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. 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#: Sentara Health Insurance Company 70715

Market: Small Group **Rate Request SERFF Tracking #:** OPHL-134100412

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: 1/1/2025
 Initial Requested Average Rate Change: 0.9 %
 Current Requested Average Rate Change: -2.2 %
 Range of Requested Rate Change: -8.2 % to 7.4 %
 Projected Number of Insureds Affected: 2,538

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.004</u>
Area 2 (Charlottesville)	<u>0.947</u>
Area 3 (Danville)	<u>1.004</u>
Area 4 (Harrisonburg)	<u>0.974</u>
Area 5 (Bristol)	<u>1.004</u>
Area 6 (Lynchburg)	<u>0.940</u>
Area 7 (Richmond)	<u>0.937</u>
Area 8 (Roanoke)	<u>1.004</u>
Area 9 (Tidewater)	<u>0.951</u>
Area 10 (Northern VA)	<u>0.876</u>
Area 11 (Winchester)	<u>1.004</u>
Area 12 (Non-MSA)	<u>1.004</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2025 :

Claims: 82.4 %
 Administrative: 13.4 %
 Taxes and fees: 2.7 %
 Profit: 1.5 %

Factors of Rate Change

Medical Cost (Trend) Change: 4.5%
 Change in Morbidity: -4.9%
 Change in Demographics: -0.9%
 Change in Network: -2.7%
 Change in Benefits: 0.0%
 Change in Other (explain below): 1.8%

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.

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, 2025.

The overall rate change is -2.2% with a range of -8.2% to 7.4% 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 changes to the manual experience period claims and credibility adjustments.

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

Company Name: Sentara Health Insurance Company

NAIC Number: 70715

SERFF Tracking Number: OPHL-134100412

Disposition: Closed-Approved

Approval Date: 9/9/2024

2024 Plan Year Rates

Average Annual Premium Per Member: \$7,559.76

Overall Requested Percentage Rate Change Per Member: -2.2%

Minimum Requested Percentage Rate Change Per Member: -8.2%

Maximum Requested Percentage Rate Change Per Member: 7.4%

Number of Policy Holders Affected: 852

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

The Company requested and the Bureau approved a rate increase of -2.2% 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 82.5% 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. A change in the components of retention
2. A change in our pharmacy costs
3. A change to the risk adjustment
4. Changes to the manual experience period claims
5. Credibility adjustments

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-134095624

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: 1/1/2025
 Initial Requested Average Rate Change: 2.4 %
 Current Requested Average Rate Change: 1.2 %
 Range of Requested Rate Change: -5.8 % to 8.1 %
 Projected Number of Insureds Affected: 44,176

Rating Areas Plans will be offered	Area Factor
Area 1 (Blacksburg)	<u>1.056</u>
Area 2 (Charlottesville)	<u>0.987</u>
Area 3 (Danville)	<u>1.056</u>
Area 4 (Harrisonburg)	<u>1.018</u>
Area 5 (Bristol)	<u>1.056</u>
Area 6 (Lynchburg)	<u>0.989</u>
Area 7 (Richmond)	<u>0.985</u>
Area 8 (Roanoke)	<u>1.056</u>
Area 9 (Tidewater)	<u>0.953</u>
Area 10 (Northern VA)	<u>0.923</u>
Area 11 (Winchester)	<u>1.056</u>
Area 12 (Non-MSA)	<u>1.056</u>

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2025 :

Claims: 85.7 %
 Administrative: 13.4 %
 Taxes and fees: 0.2 %
 Profit: 0.8 %

Factors of Rate Change

Medical Cost (Trend) Change: 4.5%
 Change in Morbidity: 0.0%
 Change in Demographics: -0.3%
 Change in Network: -0.1%
 Change in Benefits: 0.0%
 Change in Other (explain below): -2.9%

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.

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-SHOP and would be effective starting January 1, 2025.

The overall rate change is 1.2% with a range of -5.8% to 8.1% 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 and a change to the risk adjustment.

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-134095624

Disposition: Closed-Approved

Approval Date: 9/9/2024

2024 Plan Year Rates

Average Annual Premium Per Member: \$6,730.08

Overall Requested Percentage Rate Change Per Member: 1.2%

Minimum Requested Percentage Rate Change Per Member: -5.8%

Maximum Requested Percentage Rate Change Per Member: 8.1%

Number of Policy Holders Affected: 16,748

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

The Company requested and the Bureau approved a rate increase of 1.2% 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 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. Adjustments made to the projection period
2. An update to the supporting pricing models
3. Change in the components of retention
4. Change in our pharmacy costs
5. Change to the risk adjustment

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 ACA **Rate Request SERFF Tracking #:** UHLC-134106862

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:	01/01/2025
Initial Requested Average Rate Change:	8.7 %
Current Requested Average Rate Change:	8.7 %
Range of Requested Rate Change:	5.8 % to 13.3 %
Projected Number of Insureds Affected:	42668

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

Key information

Breakdown of premium

This is how the carrier plans to spend the premium collected in plan year 2025 :

Claims:	83.8 %
Administrative:	11.5 %
Taxes and fees:	2.7 %
Profit:	2.0 %

Factors of Rate Change

Medical Cost (Trend) Change:	0.1%
Change in Morbidity:	0.5%
Change in Demographics:	0.1%
Change in Network:	0%
Change in Benefits:	-0.1%
Change in Other (explain below):	0.9%

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.

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 Company

NAIC Number: 79413

SERFF Tracking Number: UHLC-134106862

Disposition: Closed-Approved

Approval Date: 9/9/2024

2024 Plan Year Rates

Average Annual Premium Per Member: \$8,359.08

Overall Requested Percentage Rate Change Per Member: 8.7%

Minimum Requested Percentage Rate Change Per Member: 5.8%

Maximum Requested Percentage Rate Change Per Member: 13.3%

Number of Policy Holders Affected: 4,500

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

The Company requested and the Bureau approved a rate increase of 8.7% 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. 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 ACA **Rate Request SERFF Tracking #:** UHLC-134107367

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>01/01/2025</u>
Initial Requested Average Rate Change:	<u>11.8 %</u>
Current Requested Average Rate Change:	<u>11.8 %</u>
Range of Requested Rate Change:	<u>7.4 %</u> to <u>13.3 %</u>
Projected Number of Insureds Affected:	<u>4001</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 2025:

Claims:	<u>83.8 %</u>
Administrative:	<u>11.5 %</u>
Taxes and fees:	<u>2.7 %</u>
Profit:	<u>2.0 %</u>

Factors of Rate Change

Medical Cost (Trend) Change:	<u>0.1%</u>
Change in Morbidity:	<u>0.2%</u>
Change in Demographics:	<u>1.7%</u>
Change in Network:	<u>0%</u>
Change in Benefits:	<u>-0.7%</u>
Change in Other (explain below):	<u>-4.4%</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, Inc.

NAIC Number: 95025

SERFF Tracking Number: UHLC-134107367

Disposition: Closed-Approved

Approval Date: 9/10/2024

2024 Plan Year Rates

Average Annual Premium Per Member: \$6,876.72

Overall Requested Percentage Rate Change Per Member: 11.8%

Minimum Requested Percentage Rate Change Per Member: 7.4%

Maximum Requested Percentage Rate Change Per Member: 13.3%

Number of Policy Holders Affected: 569

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

The Company requested and the Bureau approved a rate increase of 11.8% 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 83.7% 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#: UnitedHealthcare Plan of the River Valley, Inc. NAIC Company Code = 95378

Market: Small Group ACA **Rate Request SERFF Tracking #:** UHLC-134111243

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: 01/01/2025
 Initial Requested Average Rate Change: 6.8 %
 Current Requested Average Rate Change: 6.8 %
 Range of Requested Rate Change: 3.9 % to 8.9 %
 Projected Number of Insureds Affected: 1850

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 2025:

Claims: 84.8 %
 Administrative: 12.1 %
 Taxes and fees: 0.7 %
 Profit: 2.4 %

Factors of Rate Change

Medical Cost (Trend) Change: 9.8%
 Change in Morbidity: _____
 Change in Demographics: _____
 Change in Network: _____
 Change in Benefits: _____
 Change in Other (explain below): -2.7%

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.

In this filing, UHC is proposing an average 3.0% decrease to base rates, aside from quarterly trend.

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
- 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, Inc.

NAIC Number: 95378

SERFF Tracking Number: UHLC-134111243

Disposition: Closed-Approved

Approval Date: 9/9/2024

2024 Plan Year Rates

Average Annual Premium Per Member: \$7,673.76

Overall Requested Percentage Rate Change Per Member: 6.8%

Minimum Requested Percentage Rate Change Per Member: 3.9%

Maximum Requested Percentage Rate Change Per Member: 8.9%

Number of Policy Holders Affected: 1,850

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 85.0% 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. Actual historical claims information
2. Expenses such as administrative cost
3. Composite rating
4. Catastrophic claims adjustment
5. Trend adjustment

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>.