

State: District of Columbia **Filing Company:** Aetna Life Insurance Company
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2022 DC ALIC PPO SG
Project Name/Number: 2022 Exchanges - Aetna/ALIC

Filing at a Glance

Company: Aetna Life Insurance Company
Product Name: 2022 DC ALIC PPO SG
State: District of Columbia
TOI: H15G Group Health - Hospital/Surgical/Medical Expense
Sub-TOI: H15G.003 Small Group Only
Filing Type: Rate
Date Submitted: 05/14/2021
SERFF Tr Num: AETN-132731328
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: DCALICSG2022
Effective: 01/01/2022
Date Requested:
Author(s): Laura Stouter, Elizabeth Mangan, Shih-Pang Chang
Reviewer(s):
Disposition Date:
Disposition Status:
Effective Date:

State Filing Description:

State: District of Columbia **Filing Company:** Aetna Life Insurance Company
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2022 DC ALIC PPO SG
Project Name/Number: 2022 Exchanges - Aetna/ALIC

General Information

Project Name: 2022 Exchanges - Aetna	Status of Filing in Domicile:
Project Number: ALIC	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Employer	Overall Rate Impact: 23.4%
Filing Status Changed: 05/14/2021	
State Status Changed:	Deemer Date:
Created By: Laura Stouter	Submitted By: Shih-Pang Chang
Corresponding Filing Tracking Number: 77422-2003721964618918925	
PPACA: Non-Grandfathered Immed Mkt Reforms	
PPACA Notes: null	
Exchange Intentions:	Includes forms for products to be offered to Small Groups on the DC Health Benefits Exchange.

Filing Description:
 Aetna Life Insurance Company 1Q22 Small Group PPO rate filing for DC.
 The corresponding forms filing was submitted separately. The SERFF ID Number is AETN-132690501.

Company and Contact

Filing Contact Information

Shih-Pang (Michael) Chang,	ChangS1@aetna.com
1401 Willow Pass Road	925-948-4316 [Phone]
Concord, CA 94520	

Filing Company Information

Aetna Life Insurance Company	CoCode: 60054	State of Domicile: Connecticut
151 Farmington Avenue	Group Code: 1	Company Type:
Hartford, CT 06156	Group Name:	State ID Number:
(860) 273-0123 ext. [Phone]	FEIN Number: 06-6033492	

State: District of Columbia **Filing Company:** Aetna Life Insurance Company
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Project Name/Number: 2022 Exchanges - Aetna/ALIC

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

AETN-132731328

State Tracking #:

Company Tracking #:

DCALICSG2022

State: District of Columbia **Filing Company:** Aetna Life Insurance Company
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2022 DC ALIC PPO SG
Project Name/Number: 2022 Exchanges - Aetna/ALIC

Rate Information

Rate data applies to filing.

Filing Method: Review & Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 3.900%
Effective Date of Last Rate Revision: 01/01/2021
Filing Method of Last Filing: Review & Approval
SERFF Tracking Number of Last Filing: AETN-132353171

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Aetna Life Insurance Company	Increase	23.400%	23.400%	\$-467,333	69	\$613,675	29.960%	10.820%

State: District of Columbia Filing Company: Aetna Life Insurance Company
 TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
 Product Name: 2022 DC ALIC PPO SG
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Rate Review Detail

COMPANY:

Company Name: Aetna Life Insurance Company
 HHS Issuer Id: 77422

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
DC ALIC PPO SG	77422DC011	77422-2003721964618918925	150

Trend Factors:

FORMS:

New Policy Forms: AL SG-SOB-EPO-14047572 06-HIX,AL SG-SOB-EPO-14047573 06-HIX,AL SG-SOB-EPO-14047574 06-HIX,AL SG-SOB-EPO-14047575 06-HIX,AL SG-SOB-EPO-14047576 06-HIX,AL SG-SOB-EPO-14047577 06-HIX,AL SG-SOB-EPO-14047578 06-HIX,

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly
 Member Months: 2,004
 Benefit Change: None
 Percent Change Requested: Min: 10.82 Max: 29.96 Avg: 23.4

PRIOR RATE:

Total Earned Premium: 1,081,008.00
 Total Incurred Claims: 1,171,829.00
 Annual \$: Min: 438.07 Max: 615.72 Avg: 600.56

REQUESTED RATE:

Projected Earned Premium: 613,675.00
 Projected Incurred Claims: 550,179.00
 Annual \$: Min: 485.47 Max: 800.19 Avg: 741.09

SERFF Tracking #:

AETN-132731328

State Tracking #:

Company Tracking #:

DCALICSG2022

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Product Name: 2022 DC ALIC PPO SG
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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		DC SG ALIC PPO 2022	AL SG-SOB-EPO-14047572 06-HIX, AL SG-SOB-EPO-14047573 06-HIX, AL SG-SOB-EPO-14047574 06-HIX, AL SG-SOB-EPO-14047575 06-HIX, AL SG-SOB-EPO-14047576 06-HIX, AL SG-SOB-EPO-14047577 06-HIX, AL SG-SOB-EPO-14047578 06-HIX	Revised	Previous State Filing Number: AETN-132353171 Percent Rate Change Request: 3.9	DC_SG_77422_Rates_ON_1Q2022_v1.xlsm, DC_SG_77422_Rates_ON_1Q2022_v1.pdf, DC_SG_77422_Rates_ON_2Q2022_v1.pdf, DC_SG_77422_Rates_ON_3Q2022_v1.pdf, DC_SG_77422_Rates_ON_4Q2022_v1.pdf,

SERFF Tracking #:

AETN-132731328

State Tracking #:

Company Tracking #:

DCALICSG2022

State:

District of Columbia

Filing Company:

Aetna Life Insurance Company

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

2022 DC ALIC PPO SG

Project Name/Number:

2022 Exchanges - Aetna/ALIC

Attachment DC_SG_77422_Rates_ON_1Q2022_v1.xlsm is not a PDF document and cannot be reproduced here.

2022 Rates Table Template v11.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	77422				
Rate Effective Date*	1/1/2022				
Rate Expiration Date*	3/31/2022				
Rating Method*	Age-Based Rates				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	285.63	285.63
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	15	285.63	285.63
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	16	285.63	285.63
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	17	285.63	285.63
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	18	285.63	285.63
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	19	285.63	285.63
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	20	285.63	285.63
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	21	317.51	317.51
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	22	317.51	317.51
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	23	317.51	317.51
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	24	317.51	317.51
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	25	317.51	317.51
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	26	317.51	317.51
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	27	317.51	317.51
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	28	324.94	324.94
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	29	331.93	331.93
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	30	340.22	340.22
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	31	348.96	348.96
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	32	356.82	356.82
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	33	365.12	365.12
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	34	373.85	373.85
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	35	382.59	382.59
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	36	391.32	391.32
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	37	400.06	400.06
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	38	404.86	404.86
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	39	409.67	409.67
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	40	425.83	425.83
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	41	442.42	442.42
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	42	459.89	459.89
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	43	477.80	477.80
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	44	496.58	496.58
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	45	515.80	515.80
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	46	535.89	535.89
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	47	556.85	556.85
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	48	578.69	578.69
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	49	601.40	601.40
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	50	624.98	624.98
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	51	649.44	649.44
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	52	674.77	674.77
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	53	700.98	700.98
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	54	728.49	728.49
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	55	756.88	756.88
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	56	786.58	786.58
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	57	817.15	817.15
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	58	849.03	849.03
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	59	882.23	882.23
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	60	916.73	916.73
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	61	952.50	952.50
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	62	952.50	952.50
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	63	952.50	952.50
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	952.50	952.50
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	436.25	436.25
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	15	436.25	436.25
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	16	436.25	436.25
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	17	436.25	436.25
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	18	436.25	436.25
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	19	436.25	436.25
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	20	436.25	436.25
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	21	484.95	484.95
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	22	484.95	484.95
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	23	484.95	484.95
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	24	484.95	484.95
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	25	484.95	484.95
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	26	484.95	484.95
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	27	484.95	484.95
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	28	496.29	496.29
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	29	506.96	506.96
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	30	519.64	519.64
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	31	532.98	532.98
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	32	544.98	544.98
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	33	557.66	557.66
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	34	571.00	571.00
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	35	584.34	584.34
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	36	597.68	597.68
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	37	611.02	611.02
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	38	618.36	618.36
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	39	625.70	625.70
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	40	650.38	650.38
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	41	675.73	675.73
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	42	702.41	702.41
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	43	729.76	729.76
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	44	758.44	758.44
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	45	787.79	787.79
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	46	818.48	818.48
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	47	850.50	850.50
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	48	883.85	883.85
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	49	918.54	918.54
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	50	954.56	954.56
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	51	991.91	991.91
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	52	1030.60	1030.60
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	53	1070.62	1070.62
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	54	1112.65	1112.65
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	55	1156.01	1156.01
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	56	1201.37	1201.37
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	57	1248.06	1248.06
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	58	1296.76	1296.76
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	59	1347.45	1347.45
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	60	1400.15	1400.15
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	61	1454.78	1454.78
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	62	1454.78	1454.78
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	63	1454.78	1454.78
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1454.78	1454.78
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	419.97	419.97
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	15	419.97	419.97
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	16	419.97	419.97
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	17	419.97	419.97
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	18	419.97	419.97
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	19	419.97	419.97
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	20	419.97	419.97
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	21	466.85	466.85
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	22	466.85	466.85
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	23	466.85	466.85
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	24	466.85	466.85

77422DC0110007 Rating Area 1

Tobacco User/Non-Tobacco User

64 and over

1103.18

1103.18

2022 Rates Table Template v11.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	77422				
Rate Effective Date*	4/1/2022				
Rate Expiration Date*	6/30/2022				
Rating Method*	Age-Based Rates				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	293.41	293.41
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	15	293.41	293.41
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	16	293.41	293.41
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	17	293.41	293.41
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	18	293.41	293.41
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	19	293.41	293.41
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	20	293.41	293.41
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	21	326.17	326.17
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	22	326.17	326.17
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	23	326.17	326.17
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	24	326.17	326.17
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	25	326.17	326.17
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	26	326.17	326.17
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	27	326.17	326.17
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	28	333.79	333.79
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	29	340.97	340.97
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	30	349.49	349.49
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	31	358.47	358.47
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	32	366.54	366.54
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	33	375.07	375.07
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	34	384.04	384.04
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	35	393.01	393.01
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	36	401.99	401.99
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	37	410.96	410.96
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	38	415.89	415.89
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	39	420.83	420.83
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	40	437.43	437.43
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	41	454.48	454.48
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	42	472.42	472.42
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	43	490.82	490.82
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	44	510.11	510.11
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	45	529.85	529.85
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	46	550.49	550.49
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	47	572.02	572.02
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	48	594.45	594.45
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	49	617.78	617.78
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	50	642.01	642.01
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	51	667.14	667.14
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	52	693.16	693.16
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	53	720.08	720.08
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	54	748.34	748.34
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	55	777.50	777.50
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	56	808.01	808.01
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	57	839.42	839.42
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	58	872.17	872.17
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	59	906.26	906.26
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	60	941.71	941.71
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	61	978.45	978.45
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	62	978.45	978.45
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	63	978.45	978.45
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	978.45	978.45
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	448.14	448.14
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	15	448.14	448.14
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	16	448.14	448.14
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	17	448.14	448.14
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	18	448.14	448.14
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	19	448.14	448.14
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	20	448.14	448.14
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	21	498.16	498.16
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	22	498.16	498.16
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	23	498.16	498.16
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	24	498.16	498.16
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	25	498.16	498.16
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	26	498.16	498.16
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	27	498.16	498.16
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	28	509.81	509.81
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	29	520.78	520.78
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	30	533.80	533.80
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	31	547.50	547.50
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	32	559.83	559.83
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	33	572.85	572.85
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	34	586.56	586.56
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	35	600.26	600.26
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	36	613.97	613.97
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	37	627.67	627.67
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	38	635.21	635.21
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	39	642.75	642.75
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	40	668.10	668.10
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	41	694.14	694.14
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	42	721.55	721.55
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	43	749.64	749.64
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	44	779.11	779.11
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	45	809.26	809.26
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	46	840.78	840.78
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	47	873.67	873.67
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	48	907.93	907.93
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	49	943.56	943.56
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	50	980.57	980.57
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	51	1018.94	1018.94
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	52	1058.68	1058.68
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	53	1099.80	1099.80
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	54	1142.97	1142.97
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	55	1187.51	1187.51
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	56	1234.10	1234.10
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	57	1282.07	1282.07
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	58	1332.09	1332.09
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	59	1384.17	1384.17
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	60	1438.30	1438.30
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	61	1494.42	1494.42
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	62	1494.42	1494.42
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	63	1494.42	1494.42
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1494.42	1494.42
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	431.42	431.42
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	15	431.42	431.42
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	16	431.42	431.42
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	17	431.42	431.42
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	18	431.42	431.42
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	19	431.42	431.42
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	20	431.42	431.42
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	21	479.57	479.57
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	22	479.57	479.57
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	23	479.57	479.57
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	24	479.57	479.57

77422DC0110007 Rating Area 1

Tobacco User/Non-Tobacco User

64 and over

1133.24

1133.24

2022 Rates Table Template v11.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	77422				
Rate Effective Date*	7/1/2022				
Rate Expiration Date*	9/30/2022				
Rating Method*	Age-Based Rates				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	301.41	301.41
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	15	301.41	301.41
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	16	301.41	301.41
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	17	301.41	301.41
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	18	301.41	301.41
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	19	301.41	301.41
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	20	301.41	301.41
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	21	335.05	335.05
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	22	335.05	335.05
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	23	335.05	335.05
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	24	335.05	335.05
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	25	335.05	335.05
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	26	335.05	335.05
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	27	335.05	335.05
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	28	342.89	342.89
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	29	350.26	350.26
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	30	359.02	359.02
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	31	368.23	368.23
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	32	376.53	376.53
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	33	385.29	385.29
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	34	394.50	394.50
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	35	403.72	403.72
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	36	412.94	412.94
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	37	422.16	422.16
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	38	427.23	427.23
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	39	432.30	432.30
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	40	449.35	449.35
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	41	466.86	466.86
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	42	485.30	485.30
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	43	504.19	504.19
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	44	524.01	524.01
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	45	544.29	544.29
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	46	565.49	565.49
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	47	587.61	587.61
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	48	610.65	610.65
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	49	634.62	634.62
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	50	659.50	659.50
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	51	685.31	685.31
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	52	712.04	712.04
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	53	739.70	739.70
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	54	768.73	768.73
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	55	798.69	798.69
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	56	830.03	830.03
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	57	862.29	862.29
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	58	895.93	895.93
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	59	930.96	930.96
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	60	967.37	967.37
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	61	1005.11	1005.11
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	62	1005.11	1005.11
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	63	1005.11	1005.11
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1005.11	1005.11
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	460.35	460.35
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	15	460.35	460.35
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	16	460.35	460.35
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	17	460.35	460.35
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	18	460.35	460.35
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	19	460.35	460.35
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	20	460.35	460.35
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	21	511.74	511.74
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	22	511.74	511.74
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	23	511.74	511.74
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	24	511.74	511.74
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	25	511.74	511.74
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	26	511.74	511.74
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	27	511.74	511.74
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	28	523.70	523.70
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	29	534.97	534.97
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	30	548.34	548.34
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	31	562.42	562.42
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	32	575.09	575.09
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	33	588.46	588.46
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	34	602.54	602.54
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	35	616.62	616.62
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	36	630.70	630.70
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	37	644.77	644.77
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	38	652.52	652.52
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	39	660.26	660.26
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	40	686.30	686.30
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	41	713.05	713.05
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	42	741.21	741.21
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	43	770.07	770.07
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	44	800.34	800.34
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	45	831.31	831.31
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	46	863.69	863.69
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	47	897.48	897.48
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	48	932.67	932.67
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	49	969.27	969.27
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	50	1007.28	1007.28
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	51	1046.70	1046.70
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	52	1087.53	1087.53
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	53	1129.76	1129.76
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	54	1174.11	1174.11
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	55	1219.86	1219.86
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	56	1267.73	1267.73
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	57	1317.00	1317.00
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	58	1368.39	1368.39
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	59	1421.88	1421.88
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	60	1477.49	1477.49
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	61	1535.14	1535.14
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	62	1535.14	1535.14
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	63	1535.14	1535.14
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1535.14	1535.14
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	443.17	443.17
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	15	443.17	443.17
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	16	443.17	443.17
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	17	443.17	443.17
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	18	443.17	443.17
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	19	443.17	443.17
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	20	443.17	443.17
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	21	492.64	492.64
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	22	492.64	492.64
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	23	492.64	492.64
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	24	492.64	492.64

77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	34	650.22	650.22
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	35	665.41	665.41
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	36	680.61	680.61
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	37	695.80	695.80
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	38	704.15	704.15
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	39	712.51	712.51
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	40	740.61	740.61
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	41	769.48	769.48
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	42	799.86	799.86
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	43	831.01	831.01
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	44	863.67	863.67
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	45	897.09	897.09
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	46	932.04	932.04
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	47	968.50	968.50
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	48	1006.48	1006.48
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	49	1045.98	1045.98
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	50	1086.99	1086.99
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	51	1129.53	1129.53
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	52	1173.59	1173.59
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	53	1219.17	1219.17
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	54	1267.02	1267.02
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	55	1316.40	1316.40
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	56	1368.05	1368.05
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	57	1421.22	1421.22
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	58	1476.67	1476.67
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	59	1534.40	1534.40
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	60	1594.41	1594.41
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	61	1656.62	1656.62
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	62	1656.62	1656.62
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	63	1656.62	1656.62
77422DC0110005	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1656.62	1656.62
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	398.95	398.95
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	15	398.95	398.95
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	16	398.95	398.95
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	17	398.95	398.95
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	18	398.95	398.95
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	19	398.95	398.95
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	20	398.95	398.95
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	21	443.49	443.49
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	22	443.49	443.49
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	23	443.49	443.49
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	24	443.49	443.49
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	25	443.49	443.49
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	26	443.49	443.49
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	27	443.49	443.49
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	28	453.86	453.86
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	29	463.62	463.62
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	30	475.21	475.21
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	31	487.41	487.41
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	32	498.39	498.39
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	33	509.98	509.98
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	34	522.18	522.18
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	35	534.38	534.38
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	36	546.58	546.58
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	37	558.78	558.78
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	38	565.49	565.49
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	39	572.20	572.20
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	40	594.77	594.77
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	41	617.95	617.95
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	42	642.35	642.35
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	43	667.36	667.36
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	44	693.60	693.60
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	45	720.44	720.44
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	46	748.50	748.50
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	47	777.78	777.78
77422DC0110006	Rating Area 1	Tobacco User/Non-Tobacco User	48	808.28	808.28

77422DC0110007 Rating Area 1

Tobacco User/Non-Tobacco User

64 and over

1164.12

1164.12

2022 Rates Table Template v11.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	77422				
Rate Effective Date*	10/1/2022				
Rate Expiration Date*	12/31/2022				
Rating Method*	Age-Based Rates				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	309.62	309.62
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	15	309.62	309.62
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	16	309.62	309.62
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	17	309.62	309.62
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	18	309.62	309.62
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	19	309.62	309.62
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	20	309.62	309.62
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	21	344.18	344.18
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	22	344.18	344.18
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	23	344.18	344.18
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	24	344.18	344.18
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	25	344.18	344.18
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	26	344.18	344.18
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	27	344.18	344.18
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	28	352.23	352.23
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	29	359.80	359.80
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	30	368.80	368.80
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	31	378.27	378.27
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	32	386.79	386.79
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	33	395.79	395.79
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	34	405.25	405.25
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	35	414.72	414.72
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	36	424.19	424.19
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	37	433.66	433.66
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	38	438.87	438.87
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	39	444.07	444.07
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	40	461.59	461.59
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	41	479.58	479.58
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	42	498.52	498.52
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	43	517.93	517.93
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	44	538.29	538.29
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	45	559.12	559.12
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	46	580.90	580.90
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	47	603.62	603.62
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	48	627.29	627.29
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	49	651.91	651.91
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	50	677.47	677.47
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	51	703.99	703.99
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77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	53	759.85	759.85
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	54	789.68	789.68
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	55	820.45	820.45
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	56	852.64	852.64
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	57	885.78	885.78
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	58	920.34	920.34
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	59	956.32	956.32
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77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	61	1032.50	1032.50
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	62	1032.50	1032.50
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	63	1032.50	1032.50
77422DC0110001	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1032.50	1032.50
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	472.90	472.90
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	15	472.90	472.90
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	16	472.90	472.90
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77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	18	472.90	472.90
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77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	22	525.68	525.68
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	23	525.68	525.68
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	24	525.68	525.68
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	25	525.68	525.68
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	26	525.68	525.68
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	27	525.68	525.68
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	28	537.97	537.97
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	29	549.54	549.54
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	30	563.28	563.28
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77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	33	604.50	604.50
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	34	618.96	618.96
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	35	633.42	633.42
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	36	647.88	647.88
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	37	662.34	662.34
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	38	670.30	670.30
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	39	678.25	678.25
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	40	705.00	705.00
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	41	732.48	732.48
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	42	761.41	761.41
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	43	791.05	791.05
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	44	822.14	822.14
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	45	853.96	853.96
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	46	887.22	887.22
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	47	921.93	921.93
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	48	958.08	958.08
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	49	995.68	995.68
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	50	1034.73	1034.73
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	51	1075.22	1075.22
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	52	1117.16	1117.16
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	53	1160.55	1160.55
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	54	1206.10	1206.10
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	55	1253.10	1253.10
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	56	1302.27	1302.27
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	57	1352.89	1352.89
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	58	1405.67	1405.67
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	59	1460.63	1460.63
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	60	1517.75	1517.75
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	61	1576.97	1576.97
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	62	1576.97	1576.97
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	63	1576.97	1576.97
77422DC0110002	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1576.97	1576.97
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	455.25	455.25
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	15	455.25	455.25
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	16	455.25	455.25
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	17	455.25	455.25
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	18	455.25	455.25
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	19	455.25	455.25
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	20	455.25	455.25
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	21	506.06	506.06
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	22	506.06	506.06
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	23	506.06	506.06
77422DC0110003	Rating Area 1	Tobacco User/Non-Tobacco User	24	506.06	506.06

77422DC0110007 Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1195.84	1195.84
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State: District of Columbia
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2022 DC ALIC PPO SG
Project Name/Number: 2022 Exchanges - Aetna/ALIC

Filing Company: Aetna Life Insurance Company

Supporting Document Schedules

Bypassed - Item:	Actuarial Justification
Bypass Reason:	This is not a new form filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC_SG_State_Actuarial_Memo_1Q2022_ALIC.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	DC_SG_77422_URRT_Part_III_Memo_and_Cert_ALIC_2022.pdf DC_SG_77422_URRT_Part_III_Memo_and_Cert_ALIC_2022_Redacted.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	The filing is made by Aetna.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Consumer Disclosure Form
Comments:	
Attachment(s):	DC_SG_77422_Part_II_Consumer_Disclosure_1Q22_ALIC.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	DC SG SHOP Cover Letter - ALIC 1Q22.pdf
Item Status:	

SERFF Tracking #:

AETN-132731328

State Tracking #:

Company Tracking #:

DCALICSG2022

State: District of Columbia **Filing Company:** Aetna Life Insurance Company
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2022 DC ALIC PPO SG
Project Name/Number: 2022 Exchanges - Aetna/ALIC

Status Date:	
Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	DISB Actuarial Memo Dataset_ALIC_2022.xlsx
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	DC_SG_77422_URRT_ON_1Q2022_v1.pdf DC_SG_77422_URRT_ON_1Q2022_v1.xlsm
Item Status:	
Status Date:	
Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	DISB Plain Language Summary - ALIC - 1Q2022.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Additional Supporting Documentation
Comments:	

SERFF Tracking #:

AETN-132731328

State Tracking #:

Company Tracking #:

DCALICSG2022

State:

District of Columbia

Filing Company:

Aetna Life Insurance Company

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

2022 DC ALIC PPO SG

Project Name/Number:

2022 Exchanges - Aetna/ALIC

Attachment(s):	DC AV Certification_2022_ALIC.pdf Exhibit A-2 - ALIC AV Screenshots_2022.pdf DC_SG_77422_Part_III_Exhibits_1Q2022_ALIC.pdf DC_SG_77422_Part_III_Exhibits_1Q2022_ALIC.xlsx Exhibit A-1 - ALIC Rate Change by plan_2022.pdf Exhibit 12 - ALIC Key Factors_1Q2022.pdf DISB Filing Checklist - ALIC 2022.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

AETN-132731328

State Tracking #:

Company Tracking #:

DCALICSG2022

State:

District of Columbia

Filing Company:

Aetna Life Insurance Company

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

2022 DC ALIC PPO SG

Project Name/Number:

2022 Exchanges - Aetna/ALIC

Attachment DISB Actuarial Memo Dataset_ALIC_2022.xlsx is not a PDF document and cannot be reproduced here.

Attachment DC_SG_77422_URRT_ON_1Q2022_v1.xlsm is not a PDF document and cannot be reproduced here.

Attachment DC_SG_77422_Part_III_Exhibits_1Q2022_ALIC.xlsx is not a PDF document and cannot be reproduced here.

Attachment DISB Filing Checklist - ALIC 2022.xlsx is not a PDF document and cannot be reproduced here.

Aetna Life Insurance Company – District of Columbia
1Q22 Filing - Small Group Business
HIOS product ID: 77422DC011
Actuarial Memorandum

Statement of Purpose for Filing

This actuarial memorandum supports Aetna Life Insurance Company commercial base rates for District of Columbia small groups effective beginning January 1, 2022. The purpose of this memorandum is to comply with the District of Columbia, Department of Insurance, Securities and Banking, Health Insurance Rate Filing Procedures and to provide adequate supporting information for our proposed rates pursuant to the DC Official Code, Title 31, Subtitle IV, Chapter 34.

The requested rates have been developed incorporating consideration of the market changes and rating requirements taking effect in the Small Group market pursuant to the Patient Protection and Affordable Care Act of 2010 and subsequent regulation. They are compliant with all rating limitations under federal and state regulation. The plan designs contained in this submission are to be sold on the Exchange.

The descriptions and analyses presented in this rate filing reflect our current understanding of regulations and guidance. As further guidance is received, we reserve the right to submit revisions or withdraw this rate filing.

Summary of Changes from prior filing and rate manual

We are proposing to revise the quarterly premium rates for effective dates from January 1, 2022 through December 31, 2022. The quarterly rate increases are reflected in Exhibit 7. Generally, rate changes do not vary by plan design, with the exception of the impact associated with plan-specific benefit modifications necessary to comply with Actuarial Value requirements.

Rates for the plans in this submission are being revised to reflect 1) the impact of updated experience data and medical claim trend and 2) changes in cost-sharing levels to ensure that plans comply with Actuarial Value requirements.

There are no other proposed changes for this submission.

Form Numbers

An exhibit showing the Form Numbers is shown on under the "Certificate of Form Names and Numbers" Exhibit of this Actuarial Memorandum.

Status of Forms

The forms for this submission are "open to new sales" and "non-grandfathered".

Description of Benefits/Metal Levels and Actuarial Values

This filing covers PPO group medical benefit coverage. The range of coverage includes inpatient, outpatient, primary care, specialist services, pharmacy, DME, and vision. Information on the cost-sharing parameters of the covered benefit plans, including deductibles and copays, can be found in the Schedule of Benefits in the Form filing (AETN-132690501). All benefits are compliant with state mandates and the requirements of the Patient Protection and Affordable Care Act of 2010, including preventive care benefits, deductible limits, and Actuarial Value requirements.

Exhibit A shows the metal level and actuarial value for each plan design using the AV calculator developed and made available by HHS.

Average Rate Increase Requested

The following tables provide the requested weighted average increases. The first table shows the incremental increase and the second table shows the year over year increase.

	1Q22/4Q21	2Q22/1Q22	3Q22/2Q22	4Q22/3Q22
Incremental Rate Increase	12.67%	2.72%	2.72%	2.72%

	1Q22/1Q21	2Q22/2Q21	3Q22/3Q21	4Q22/4Q21	Average
Requested Rate Increase	22.13%	22.13%	22.13%	22.13%	23.40%

Maximum Rate Increase Requested

The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rate factors is 29.96%. This rate increase applies to members renewing in 3Q22 for the DC Gold OAEPO 70% \$25/40E plan (HIOS ID 77422DC0110005).

Minimum Rate Increase Requested

The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rate factors is 10.82%. This rate increase applies to members renewing in 1Q22 for the DC Bronze OAEPO 6000 80% \$15/50 E plan (HIOS ID 77422DC0110001).

Absolute Maximum Premium Increase

The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes like aging, is 44.47%. This rate increase applies to members renewing in 1Q22 for DC Gold OAEPO 70% \$25/40E plan (HIOS ID 77422DC0110005) that age up from 20 to 21.

Average Renewal Rate Increase for a Year

The average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing is 23.40%

Rate Change History

The rate change history for the forms referenced in the filing is shown below.

Rate Effective Date	Annual Total Change
4Q20	-4.1%
1Q21	3.6%
2Q21	4.0%
3Q21	4.4%
4Q21	4.9%

Exposure

The current exposure as of December 2020 is 24 policies, 110 certificates, and 150 covered lives.

Member Months

The numbers of members in force during each month of the base experience used in the rate development and for the preceding 12-month period for the forms referenced in this filing are shown in the Loss Ratio History Exhibit of the Actuarial Memorandum.

Past Experience

The monthly earned premium and incurred claims for the base experience period used in the rate development and for the preceding 12-month period for the forms referenced in this filing are shown in the Loss Ratio History Exhibit of the Actuarial Memorandum.

Index Rate

The index rate = \$787.12

Rate DevelopmentDetermination of Claim Portion of Market Index Rate

In setting the projected claim level in the market in 2022, we based our projections upon the 2019 and 2020 experience of our current ACA small group block of business for Innovation Health Plan, Inc. and Innovation Health Insurance Company, in the 2-50 market. The experience data utilized in the rate development reflects incurred claims from January 1, 2020 to December 31, 2020 and paid through January 2021. This manual experience is the HMO Small Group Experience for Innovation Health Plan, Inc. and PPO Small Group Experience for Innovation Health Insurance Company in Northern Virginia.

The manual experience used to develop the rates is shown below:

DOS	Membership	Claims	Premium *	Loss Ratio
1/1/2020	5,429	2,003,669	2,911,209	68.83%
2/1/2020	5,326	1,671,186	2,865,910	58.31%
3/1/2020	5,117	2,254,817	2,781,281	81.07%
4/1/2020	4,995	1,586,963	2,727,596	58.18%
5/1/2020	4,787	1,573,332	2,629,427	59.84%
6/1/2020	4,532	1,607,694	2,523,700	63.70%
7/1/2020	4,398	1,507,117	2,463,756	61.17%
8/1/2020	4,275	1,528,337	2,414,324	63.30%
9/1/2020	4,154	1,762,454	2,366,444	74.48%
10/1/2020	3,990	1,740,378	2,284,065	76.20%
11/1/2020	3,941	1,391,012	2,270,006	61.28%
12/1/2020	3,671	1,331,848	2,168,885	61.41%
Total	54,615	19,958,808	30,406,605	65.64%

*Note: Premiums shown are not risk adjusted. The current estimate of the 2020 risk-adjusted loss ratio is 63.5%.

Total incurred claims are developed by estimating the incurred but not reported (IBNR) reserves using aggregate block of business paid claims. Paid claims are adjusted using the IBNR completion factors. More specifically, historical claim payment patterns are used to predict the ultimate incurred claims for each date-of-service month. The IBNR is estimated using actuarial principles and assumptions which consider historical claim submission and adjudication patterns, unit cost and utilization trends, claim inventory levels, changes in membership and product mix, seasonality, and other relevant factors including a review of large claims. This same process is used to develop IBNR estimates for allowed claims.

As noted above, the experience period reflects one month of paid claim run-off. The IBNR reserves account for approximately 2.40% of the experience period incurred claims.

For the projection, the following was taken into consideration:

A. Changes in the Morbidity of the Population Insured:

The experience period data includes experience for policies issued to small employers in 2019 and 2020. We considered the expected relationships between the morbidity of the experience policies and the likely population that will be covered by Small Group Single Risk Pool policies in 2022.

B. Changes in Benefits:

The products included in this filing include benefits necessary to comply with the Essential Health Benefit requirements. The experience data includes experience for Single Risk Pool products that have essentially identical benefits.

The change in projected utilization due to changes in benefits is also considered. As cost sharing decreases (measured by increasing Actuarial Value), utilization increases. This pattern is reflected in the factors that are built into the federal risk adjustment mechanism that started in 2014. The federal risk adjustment program factors and other proprietary models were considered in the development of the utilization change. The average cost sharing in the experience period was compared with the average cost sharing in the projection period. From the average cost sharing change, an expected utilization change was derived.

C. Changes in Demographics:

Experience data was normalized for projected changes in the age/gender mix and area mix using internally-developed factors. Exhibits 2 and 3 contain detail on the calculations of the impact of demographic mix shifts.

D. Other Adjustments:

The 'Other' adjustment includes the projected impact of changes in network composition and provider contracts.

Determination of Retention Portion of Market Index Rate

The retention portion of the projected premium is illustrated in Exhibit 5.

The prospective general and administrative expenses are based on historical corporate small group market expense levels, current-year projections, and projected changes in expenses, inflation, and membership for 2022. The commission expense factor covers anticipated sales and marketing expenses. Those may include, without limitation, purchase of television, internet, and other advertising; payments of commissions and other incentive compensation to Company's internal sales force; and payment of commissions to external brokers. The exact amounts and distribution among the categories of sales and marketing expenses will depend on a variety of factors including competitive conditions, business strategy, consumer behaviors, and legal and regulatory requirements. The consumer behaviors would capture whether they use a particular distribution channel, commissioned or not, as well as their experience.

Federal taxes include PPACA Taxes and Fees are based on the Notice of Benefit and Payment Parameters for 2022, as well as Federal income tax. The risk adjustment user fee is applied to the

projected risk adjustment transfer and therefore, excluded from the taxes and fees shown under non-benefit expenses. State premium taxes are estimated on most current known levels and include any known assessments.

The profit and risk load is consistent with the target used in our initial pricing of 2021.

Aetna recognizes that COVID-19 has had an impact on the level of allowed and incurred claims in the experience period of January 1, 2020 through December 31, 2020. We have internally developed factors to adjust 2020 experience, using calendar year 2019 experience as our baseline claims data. Adjustment factors for allowed claims and incurred claims were developed separately and have been applied as such. These factors were developed using experience paid-thru January 31, 2021.

Requested Rates

Rates are determined using the prescribed member build-up approach. In the event that a family includes more than three dependents under age 21, only the three oldest dependents will be considered in determining the family's premium. Additional dependents (non-billable members) will not be included in the rate calculation.

The premium for each billable member is calculated as:

Calibrated Plan Adjusted Index Rate * Age Factor * Area Factor * Trend Factor

The resulting rate is rounded to the nearest cent, and rates are then summed for all billable family members.

An example of a contract's premium determined by the member build-up calculation is shown in Exhibit 9.

Credibility Assumption

Experience data for the District of Columbia is assigned 20% credibility.

Trend Assumption

Anticipated annual trend from the experience period to the rating period for the product line is shown in the following table. The table shows the trend assumptions by major types of service as defined by HHS, separately by unit cost, utilization, and in total.

Type of Service	Unit Cost	Utilization	Total
Inpatient Hospital	5.6%	2.5%	8.2%
Outpatient Hospital	3.6%	7.0%	10.8%
Professional	1.5%	7.0%	8.6%
Other Medical	3.6%	7.0%	10.8%
Capitation	0.0%	0.0%	0.0%
Prescription Drug	9.7%	2.6%	12.6%
Total	4.5%	5.6%	10.2%

a. **Medical Trend**

Allowed medical trend includes known and anticipated changes in provider contract rates, severity and medical technology impacts, and expected changes in utilization. The impact of benefit leveraging is accounted for separately in the projected paid to allowed ratio.

b. **Pharmacy Trend**

Pharmacy trend considers the impact of formulary changes, patent expirations, new drugs, other general market share shifts, and overall utilization trend.

Cost-sharing changes & Benefit Changes

Aetna's rate review models project incurred claims and earned premiums assuming a static benefit plan mix for the book of business for the experience period. Since Aetna prices the book of business utilizing a target loss ratio approach, adjustments made to the incurred claims and earned premiums to account for the anticipated changes to the plan mix would offset resulting in the same projected loss ratio. The Plan Relativity Factors adjust future premium levels to align with the expected claims for changes in plan mix for future dates of service.

Plan Relativities

The Plan Relativities represent the expected value of the difference in benefits and networks between the market index rate and each additional proposed benefit plan discussed in this filing. The relativities were developed using a proprietary pricing model which relies on State- and product-specific benefit service category weights and rating factors for various levels of plan/member cost-sharing options for deductibles, coinsurance, out-of-pocket maximums and copays.

The product-specific service category weights were developed based on the experience of Aetna's Small Group block of business. The cost-sharing-specific rating factors were developed using experience associated with our Large Group block of business, which excludes the effects of selection. These Large Group based cost-sharing specific rating factors account for differences in a standard population's spending patterns due to differences in the richness and/or structure of benefits, or induced demand, without reflection of differences in health status.

Final plan relativities reflect the value of the EHB and state mandated benefits (including pediatric dental), incorporating the impact of out-of-network benefits and additional benefits. The methodology also considers the value of any differences in network by plan, including but not limited to network discounts and steerage.

Rating Factors

Effective Date Factors

Exhibit 7 illustrates the quarterly trend factors, the resulting index rate for effective dates during each calendar quarter, the projected membership distribution by effective date, and the weighted-average index rate. Trend factors are developed from annual forward trend and leveraging. A trend factor of 1.00 corresponds to a policy period that begins January 1, 2022.

Member Age Factor

The age factors are based on the DC specific age scale. The factors are shown in Exhibit 11.

Tobacco Factors

No load is proposed for tobacco users.

Area Factors

Exhibit 3 summarizes the rating area definitions and factors and displays the projected membership by area to develop the projected average area factor. The geographic calibration factor is the reciprocal of the projected average area factor.

Wellness Programs

Aetna may encourage and incent members to access certain medical services, to use online tools that enhance their coverage and services, and to continue participation as an **Aetna** member. Members and

their doctor can talk about these medical services and decide if they are right for the member. Aetna may also encourage and incent members in connection with participation in a wellness or health improvement program. Incentives include but are not limited to:

- Modification to **copayment, deductible** or **coinsurance** amounts
- **Premium** discounts or rebates
- Contributions to health savings account
- Fitness center membership reimbursement
- Merchandise
- Coupons
- Gift cards
- Debit cards
- Any combination of the above

The award of any such incentive shall not depend upon the result of a wellness or health improvement activity or upon a member's health.

Distribution of Rate Increases

The distribution of rate increases (annual) is shown in Exhibit A-1. The increases are shown by Plan.

Claim Reserve Needs

Total incurred claims are developed by estimating the incurred but not reported (IBNR) reserves using aggregate block of business paid claims. Paid claims are adjusted using the IBNR completion factors. More specifically, historical claim payment patterns are used to predict the ultimate incurred claims for each date-of-service month. The IBNR is estimated using actuarial principles and assumptions which consider historical claim submission and adjudication patterns, unit cost and utilization trends, claim inventory levels, changes in membership and product mix, seasonality, and other relevant factors including a review of large claims. This same process is used to develop IBNR estimates for allowed claims.

The experience data reflects incurred claims from January 1, 2020 through December 31, 2020 and paid through January 31, 2021. The paid claims for the DC Base experience period are \$1,470,702. The estimated incurred claims are \$1,507,326.

Administrative Costs of Programs that Improve Health Care Quality

The administrative costs included with claims in the numerator of the MLR calculation are shown in Exhibit 6 (MLR Projection).

Taxes and Licensing or Regulatory Fees

The taxes, licenses and fees removed from premium in the denominator of the MLR calculation are shown in Exhibit 6 (MLR Projection).

Medical Loss Ratio (MLR)

The projected Medical Loss Ratio (MLR) as defined by HHS is 87.4% and meets the minimum MLR requirements of Insurance Art. § 15-605(c). The details of the MLR calculation are shown in Exhibit 6 (MLR Projection).

Risk Adjustment

Risk Adjustment – Experience Period

Risk Adjustment transfer is accrued at the issuer and market level based on 2020 Wakely accruals. The transfer is allocated to the member-level based by applying the HHS risk transfer calculation to each member relative to the imputed market average; such that members with higher resulting relative transfer scores may have a receivable and members with lower resulting scores may have a payable, regardless of the net market risk transfer result. The resulting member transfers are summed to the HIOS plan level and adjusted for 2020 Risk Adjustment fees of \$0.18 PMPM in Worksheet 2.

Risk Adjustment – Projection Period

Aetna is projecting a risk adjustment receivable. We expect that we will have membership enrolled under the market average morbidity. The resulting PMPM adjustment, net of risk adjustment user fees, is \$58.86 PMPM.

Reinsurance

Transitional Reinsurance recoveries do not apply to Small Group business. The experience period data does not contain Reinsurance Contributions during 2020.

Risk Corridor

The Risk Corridor program does not apply to Small Group business.

Past and Prospective Loss Experience Within and Outside the State

The loss experience used in the development of the rates was based on the HMO Small Group experience for Innovation Health Plan, Inc. and PPO Small Group experience for Innovation Health Insurance Company in Northern Virginia.

Reasonable Margin for Reserve Needs & Past and Prospective Expenses

The retention portion of the projected premium is illustrated in Exhibit 5.

The prospective general and administrative expenses are based on historical corporate small group market expense levels, current-year projections, and projected changes in expenses, inflation, and membership for 2022. The commission expense factor covers anticipated sales and marketing expenses. Those may include, without limitation, purchase of television, internet and other advertising; payments of commissions and other incentive compensation to the Company's internal sales force; and payment of commissions to external brokers. The exact amounts and distribution among the categories of sales and marketing expenses will depend on a variety of factors including competitive conditions, business strategy, consumer behaviors, and legal and regulatory requirements. The consumer behaviors would capture whether they use a particular distribution channel, commissioned or not, as well as their experience.

Federal taxes include PPACA Taxes and Fees are based on the Notice of Benefit and Payment Parameters for 2022, as well as Federal income tax. State premium taxes are estimated on most current known levels and include any known assessments.

The profit and risk load is consistent with the target used in the initial pricing for our 2021 plans.

Any Other Relevant Factors Within and Outside the State

All relevant Factors within and outside the State have been considered in the development of the proposed rates.

Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8

This filing is in conformity with all the applicable Actuarial Standards of Practice, including ASOP No. 8.

Actuarial Certification

I, Shih-Pang (Michael) Chang, am an employee of Aetna Inc. and a member of the American Academy of Actuaries. I have reviewed the enclosed rates submitted by Aetna Life Insurance Company for the District of Columbia.

These rates reflect the negotiated prices from the provider contracts and the expected utilization experience of the plan.

I relied upon financial records and summaries prepared by responsible officers and employees of Aetna Life Insurance Company. In other respects, my analysis included review of assumptions that I considered necessary.

For preparation of the rates, items identified above:

- (i). are computed in accordance with commonly accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,
- (ii). meet the requirements of Washington D.C,
- (iii). make a good and sufficient provision for all unpaid claims of the organization under the terms of its contracts and agreements, and
- (iv). include appropriate provision for all actuarial items which ought to be established where allowed by law.

A target medical loss ratio of 81.7% was used for this filing calculated in the traditional way. The expected 2022 MLR for this filing, as defined by PPACA and before any credibility adjustment, is 87.4%.

These rates are appropriate for quotes delivered for effective dates beginning January 1, 2022. The proposed change is an increase greater than the 15% threshold and will trigger the federal review requirements as specified under 45 CFR Part 154.

This rate filing conforms to the benefit plan provisions required by the Patient Protection and Affordable Care Act (P.L. 111-148) of 2010.

In my opinion, the enclosed rates are reasonable in relation to the anticipated experience of Aetna Life Insurance Company. They are neither excessive nor inadequate, nor unfairly discriminatory.



Shih-Pang (Michael) Chang, ASA, MAAA
Aetna Life Insurance Company

May 3, 2021
Date

**District of Columbia Small Group
ALIC (PPO plans) Loss Ratio History**

DOS	Membership	Claims	Premium*	Loss Ratio
1/1/2019	331	183,579	164,056	91.13%
2/1/2019	317	227,874	157,469	80.25%
3/1/2019	273	331,734	135,980	71.83%
4/1/2019	263	205,113	130,604	61.25%
5/1/2019	248	397,021	120,230	75.05%
6/1/2019	241	106,633	116,377	67.64%
7/1/2019	236	142,913	114,755	59.24%
8/1/2019	230	129,678	111,156	54.64%
9/1/2019	204	109,889	94,400	58.90%
10/1/2019	193	94,353	89,862	47.42%
11/1/2019	191	95,757	93,992	46.16%
12/1/2019	175	108,708	86,199	60.02%
1/1/2020	177	120,461	87,045	138.39%
2/1/2020	171	127,590	85,269	149.63%
3/1/2020	166	46,631	82,811	56.31%
4/1/2020	165	82,349	82,746	99.52%
5/1/2020	167	72,230	84,608	85.37%
6/1/2020	166	157,983	84,077	187.90%
7/1/2020	168	203,073	84,636	239.94%
8/1/2020	174	286,408	86,202	332.25%
9/1/2020	175	158,992	88,600	179.45%
10/1/2020	181	137,066	91,557	149.71%
11/1/2020	147	52,366	69,353	75.51%
12/1/2020	147	61,779	69,343	89.09%
CY2019	2,902	2,133,252	1,415,080	150.75%
CY2020	2,004	1,506,927	996,247	151.26%

*Note: Premiums shown are not risk adjusted. The current estimate of the 2020 risk adjusted loss ratio is 117.8%.

Certificate Form Names and Numbers

<i>Form Name</i>	<i>Form Number</i>
AL DC SG HHIXCOC V006	AL SG HCOC-2022-EPO 06-HIX
Policy	AL SG HGrpPol-1A 01

Schedule Form Names and Numbers

<i>Form Name</i>	<i>Form Number</i>
AL DC SG-HIXSOB-14047572 V006	AL SG-SOB-EPO-14047572 06-HIX
AL DC SG-HIXSOB-14047573 V006	AL SG-SOB-EPO-14047573 06-HIX
AL DC SG-HIXSOB-14047574 V006	AL SG-SOB-EPO-14047574 06-HIX
AL DC SG-HIXSOB-14047575 V006	AL SG-SOB-EPO-14047575 06-HIX
AL DC SG-HIXSOB-14047576 V006	AL SG-SOB-EPO-14047576 06-HIX
AL DC SG-HIXSOB-14047577 V006	AL SG-SOB-EPO-14047577 06-HIX
AL DC SG-HIXSOB-14047578 V006	AL SG-SOB-EPO-14047578 06-HIX

Actuarial Memorandum and Certification

General Information

Company Identifying Information:

Company Legal Name: Aetna Life Insurance Company
State: District of Columbia
HIOS Issuer ID: 77422
Market: Small Group
Effective Date: 01/01/2022
Rate Filing Tracking Number: AETN-132731328
Policy Form(s):
Form Filing Tracking Number: AETN-132690501

Company Contact Information:

Name: Shih-Pang (Michael) Chang
Telephone Number: (925) 948-4316
Email Address: changs1@aetna.com

1. Purpose, Scope, and Effective Date

The purpose of this filing is to:

- 1) Provide support for the development of the Part I Unified Rate Review Template;
- 2) Provide support for the assumptions and premiums rate development for the products supported by the policy forms referenced above;
- 3) Request approval of the proposed monthly premium rates; and
- 4) Provide benefit plan designs summaries for the products included in this filing.

The development of the rates reflects the impact of the market forces and rating requirements associated with the Patient Protection and Affordable Care Act (PPACA) and subsequent regulation.

These rates are for plans issued in District of Columbia beginning January 1, 2022. The rates comply with all rating guidelines under federal and state regulations. The filing covers plans that will be offered outside the public Marketplace in District of Columbia.

2. Proposed Rate Increase

Monthly premium rates for Small Group Market products in District of Columbia are being revised for effective dates January 1, 2022 through December 31, 2022.

A. Reason for Rate Increase(s):

- Impact of medical claim trend (including changes in provider unit costs and increased utilization of medical cost services) and pharmacy trend;
- Revisions to our assumptions about market-wide population morbidity and the projected population distribution;
- Revisions to administrative expense projections;
- Modifications in cost sharing to ensure that plans comply with Actuarial Value requirements;
- Updates to our pricing models used to determine the impact of cost sharing designs;
- Changes in provider networks and contracts.

- Expected claim cost increase of 2% due to COVID-19 testing and vaccinations.

B. Variation in Rate Changes by Plan/Product:

Rate changes differ by plan for the following reasons:

- Provider cost estimates have been updated, and the change differs by network.
- Modification to cost sharing differs by plan in order to maintain compliance with Actuarial Value and other regulatory requirements.
- Our internal pricing models have been updated to reflect more current information on levels of induced demand associated with different benefit designs. These changes impact our estimates of the relative costs of the plan designs that will be offered.

Exhibit 1 shows the average threshold increases for products covered by this filing.

3. Experience Period Premium and Claims

A. Paid Through Date:

The experience data reported in Worksheet 1, Section I of the Part I Unified Rate Review Template reflects incurred claims from January 1, 2020 through December 31, 2020 and paid through January 31, 2021.

B. Current Date: The current enrollment and premium is reported as of January 31, 2021.

C. Premiums (Net of MLR Rebate) in Experience Period:

Experience period premiums are date-of-service premiums from our actuarial experience databases for non-grandfathered Small Group business in District of Columbia. Our internal projections indicate that no MLR rebate is expected to be paid in 2021 (for 2020 experience) for the Small Group MLR Pool in District of Columbia. As such, no adjustment was made to premiums to account for expected rebates.

D. Allowed and Incurred Claims Incurred During the Experience Period:

Allowed and incurred claims are sourced from our actuarial experience databases. These databases provide member-level detail on total allowed and incurred claims but do not include unit cost or utilization metrics. We allocate claims to cost categories and estimate the corresponding unit costs and utilization metrics by using an alternate reporting system that calculates unit cost and utilization metrics by medical cost category but only permits inclusion/exclusion of experience at the market and segment levels. A reconciliation of aggregate data in our actuarial experience databases is performed to ensure that data is consistent with the experience data contained in our enterprise-wide data warehouse.

Total incurred claims are developed by estimating the incurred but not reported (IBNR) reserves using aggregate block of business paid claims. Paid claims are adjusted using the IBNR completion factors. More specifically, historical claim payment patterns are used to predict the ultimate incurred claims for each date-of-service month. The IBNR is estimated using actuarial principles and assumptions which consider historical claim submission and adjudication patterns, unit cost and utilization trends, claim inventory levels, changes in membership and product mix, seasonality, and other relevant factors including a review of large claims. This same process is used to develop IBNR estimates for allowed claims.

As noted above, the experience period reflects one month of paid claim run-off. The IBNR reserves account for approximately 2.4% of the experience period incurred claims.

In addition to the fee-for-service and capitation payments discussed above, some of our provider contracts include provisions under which we share claim cost differences with the provider relative to a pre-determined target amount. These adjustments serve to increase our claims cost when results are favorable to the target and decrease our claims costs when results are unfavorable. We adjust both allowed and incurred claims by our current estimate of the impact of provider risk sharing provisions.

Aetna recognizes that COVID-19 has had an impact on the level of allowed and incurred claims in the experience period of January 1, 2020 through December 31, 2020. We have internally developed factors to adjust 2020 experience, using calendar year 2019 experience as our baseline claims data. Adjustment factors for allowed claims and incurred claims were developed separately and have been applied as such. These factors were developed using experience paid-thru January 31, 2021.

4. Benefit Categories

Our internal systems assign claims to several benefit categories. We have mapped these categories to the categories described in the Unified Rate Review Instructions released in April 2020. Inpatient Hospital consists of care delivered at an inpatient facility and associated expenses, including day-based mental health services. Outpatient Hospital includes outpatient surgical, outpatient mental health, and emergency care and associated expenses. Professional includes both specialty physician and primary care physician expenses, including office-based mental health services. Other includes dental, home health care, medical pharmacy expenses, laboratory expenses, and radiology expenses. Non-capitated ambulance is included in the Outpatient Hospital category when billed by the facility and included in Specialist Physician otherwise. Prescription Drug includes drugs dispensed by a pharmacy.

The utilization for these services are counted by service type, and aggregated for each benefit category. Inpatient Hospital utilization is counted as days; Outpatient Hospital, Professional, and Other Medical utilization are counted as visits. Prescription Drug utilization is counted per script.

5. Projection Factors

A. Changes in the Morbidity of the Population Insured:

The experience period data includes experience for community-rated policies issued to small employers in 2020.

We also considered the expected morbidity of the DC small group ACA population and the likely population that will be covered by Small Group Single Risk Pool policies in 2022 and have adjusted our projections for this morbidity change accordingly.

B. Plan Design Changes:

The products included in this filing include benefits necessary to comply with the Essential Health Benefit requirements. The experience data includes experience for Single Risk Pool products that have essentially identical benefits and coverage issued outside the Single Risk Pool which does not cover all EHBs. The projection factor reflects the pro-rated impact of these additional benefits, as well as any changes in 2022 State Benchmark EHBs, and newly mandated benefits.

The change in projected utilization due to changes in benefits is also considered. As cost sharing decreases (measured by increasing Actuarial Value), utilization increases. This pattern is reflected in the factors that are built into the federal risk adjustment mechanism that started in 2014. The federal risk adjustment program factors and other proprietary models were considered in the development of the utilization change. The average cost sharing in the experience period was compared with the average cost

sharing in the projection period. From the average cost sharing change, an expected utilization change was derived.

C. Changes in Demographics:

Experience data was normalized for projected changes in the age/gender mix and area mix using internally-developed factors. Exhibits 2 and 3 contain detail on the calculations of the impact of demographic mix shifts.

D. Other Adjustments:

The ‘Other’ adjustment includes the projected impact of changes in network composition and provider contracts, expected morbidity changes, changes in benefits, and changes in demographics.

E. Trend Factors (Cost/Utilization):

Medical trend factors are based on our Medical Economics Unit’s national guidance coupled with local trend and network experience, based on analysis of a continuous normalized population, excluding catastrophic claims. Allowed medical trend includes known and anticipated changes in provider contract rates, severity and medical technology impacts, and expected changes in utilization. The impact of benefit leveraging is accounted for separately in the projected paid to allowed ratio.

Pharmacy trends are based on national commercial group Rx trend analysis. Pharmacy trend considers the impact of formulary changes, patent expirations, new drugs, other general market share shifts, and overall utilization trend. Pharmacy Trend is expressed in terms of allowed trend less rebates.

Year 1 and Year 2 trends on Worksheet 1 specify annual trends, with 12 months of trend applied to each year.

Exhibit 8 shows the anticipated annual trend from the experience period to the rating period.

6. Manual Rate Adjustments:

A. Source and Appropriateness of Experience Data Used:

The source data for our manual rate is the experience incurred from January 1, 2020 to December 31, 2020 and paid through January 2021 for issuers 12028 and 86443 in the Virginia Small Group HMO & PPO market. The Small Group market experience is considered an appropriate source for the manual rate due to similarities in covered benefits and market dynamics to the current ACA Small Group market. The similar dynamics include: no individual medical underwriting and rating by gender, limits on age-rating, and caps for rating on the number of dependents, as well as plans benefits and cost-sharing.

B. Adjustments Made to the Data:

The Small Group experience used as the basis for the manual rate was adjusted in a similar manner as the base period experience for changes in population risk morbidity, benefits, and demographic and area normalizations. The data is further adjusted for projected changes in network, provider contract rates, and claims adjudication, in addition to unit cost and utilization trend.

C. Inclusion of Capitation Payments:

No services provided in 2022 will be covered by capitation arrangements. We have adjusted the experience data to incorporate our best-estimate of the impact of moving to fee for service payment approaches.

7. Credibility of Experience

The CMS Medicare full credibility standard is 24,000 member months. Based on our experience, the Medicare population has significantly higher utilization than Commercial populations. Using actuarial

judgement, we have assigned 20% credibility to experience data, using 50,000 member months as the threshold. This is consistent with prior rate filings.

8. Risk Adjustment

A. Risk Adjustment – Experience Period

Risk Adjustment transfer is accrued at the issuer and market level based on 2020 Wakely accruals and our internal projections of how our risk relative to market has changed since that report was issued. The transfer is allocated to the member-level based by applying the HHS risk transfer calculation to each member relative to the imputed market-average, such that members with higher resulting relative transfers scores may have a receivable and members with lower resulting scores may have a payable, regardless of the net market risk transfer result. The resulting member transfers are summed to the HIOS plan level.

B. Risk Adjustment – Projection Period

We trended Innovation Health 2019 actual Risk Adjustment payments and 2020 Risk Adjustment accruals forward three and two years respectively. Resulting payment amounts were blended 59%/41% to determine an IH risk transfer relative to the market.

We trended Aetna entity-specific 2020 Risk Adjustment accruals two years. Resulting payment amounts were credibility-blended determine our current risk transfer relative to the market.

In addition, the projected risk adjustment transfer includes changes that were outlined in the 2022 Notice of Benefit and Payment Parameters. The 2022 projected market average premium used in the payment transfer formula is also reduced by 14% to remove administrative cost.

As a result, we project a risk adjustment receivable, net of the 2022 user fee of \$0.25 PBMPM. The resulting PMPM adjustment, net of risk adjustment user fees, is \$59.99.

9. Non-Benefit Expenses and Profit & Risk

The retention portion of the projected premium is illustrated in Exhibit 5.

The prospective general and administrative expenses are set to achieve the 80% MLR threshold requirement. Actual general and administrative expenses are based on historical corporate Small Group market expense levels, 2021 projections, and projected changes in expenses, inflation, and membership for 2022 for our National book of Small Group business.

A flat commission per policy per month will be paid to all brokers in DC during open enrollment. Commissions do not vary by plan.

Federal taxes include PPACA Taxes and Fees are based on the Notice of Benefit and Payment Parameters for 2022, as well as Federal income tax and State Premium taxes. State premium taxes are estimated on most current known levels and include any known assessments.

The profit and risk load is consistent with the initial target used in pricing our 2021 plans.

10. Projected Loss Ratio

The expected 2022 MLR for this filing, as defined by PPACA and before any credibility adjustment, is shown in Exhibit 6.

11. Single Risk Pool

The plans and rates included in the Part I URRT are those for all plans we intend to offer in the Small Group market in the District of Columbia through Aetna Life Insurance Company. The proposed rates comply with the Single Risk Pool requirements of 45 CFR §156.80(d).

12. Index Rate

The index rates for the experience and projection periods are set equal to the actual and projected allowed claims, respectively, less non-essential health benefits.

The index rate reflects the projected mix of business by plan. The AV pricing values for each plan are based on our internal company modeling of plan cost-sharing designs, the plan's provider network, delivery system characteristics, and utilization management practices, the impacts (as applicable) of benefits in addition to EHBs catastrophic eligibility criteria, and the distribution and administrative costs applicable to the plan/product. Rates do not differ for any characteristic other than those allowable under the regulations as described in 45 CFR 156 §156.80(d)(2).

Small Group Market Trend Adjustments: Exhibit 7 illustrates the quarterly trend factors, the resulting index rate for effective dates during each calendar quarter, the projected membership distribution by effective date, and the weighted-average index rate. Trend factors are developed from annual forward trend and leveraging. A trend factor of 1.00 corresponds to a policy period that begins January 1, 2022.

13. Market-Adjusted Index Rate

Worksheet 1 illustrates the development of the Market Adjusted Index Rate. The market-wide adjustment for Risk Adjustment was discussed, previously. The risk adjustment is displayed on a paid-basis and the exchange user fee is estimated as a PMPM based on the target premium rate on Worksheet 1 of the URRT.

14. Plan-Adjusted Index Rates

Section 3 of Worksheet 2 illustrates the development of the Plan Adjusted Index Rates, and displays each plan-specific adjustment made to the Market Adjusted Index Rate. The 2022 Plan Adjusted Index Rates are displayed in Line 3.10. The following briefly describes how each set of adjustments was determined.

A. Actuarial Value, Cost Sharing:

The factors in Line 3.3 are the product of two separate adjustments:

1. We used internal models developed on large group claims experience to estimate the impact of different cost sharing designs. The combination of these two analyses is a projection of the relative paid to allowed ratio which also reflects the impact of out of network coverage.
2. We applied an adjustment for the impact different levels of cost sharing have on the use of medical services, which is based in part on the induced utilization factors used in the Risk Adjustment program. These adjustments are first normalized to result in an aggregate factor of 1.0 when applied to the projected 2022 membership.

B. Distribution and Administrative Costs:

Section 3 of Worksheet 2 also reflects the adjustment for projected administrative costs, including sales, marketing, any commission expense, profit, and risk. These are discussed above in the 'Non-Benefit Expenses and Profit & Risk' section, excluding the Risk Adjustment User Fee, and the Exchange User Fee, which are reflected in the Market-Adjusted Index Rate. These expense and profit assumptions do not vary by plan.

C. Provider Network, Delivery System, and Utilization Management:

The factors in Line 3.4 reflect the impact of differences in the network size, efficiency, and provider contract terms. We worked with our contracting area and other subject matter experts to review the impact of these differences and the expected impact on allowed claims.

D. Benefits in addition to EHBs:

The factors in Line 3.5 adjust for the impact of benefits in addition to EHBs.

E. Catastrophic Plan Eligibility:

This filing does not include catastrophic plans.

F. Experience Period Plan Adjusted Index Rates:

Worksheet 2 of the URRT displays the Plan Adjusted Index Rates filed in 2020 for the experience period.

15. Calibration

A. Age Curve Calibration:

The age factors are based on the HHS Default Standard Age curve. We then project a premium-weighted average age factor for the 2022 membership using the prescribed age curve and the projected age distribution. The calibration factor is the reciprocal of this weighted average factor.

The age that most closely corresponds to the premium weighted overall average age factor is the average age for the single risk pool.

B. Geographic Factor Calibration:

Projected area factors are shown in Exhibit 3. Unit cost trend studies were used to evaluate whether there were significant changes to network costs that would require changes from previously filed rating area factors. The geographic calibration factor is the reciprocal of the projected average area factor

C. Tobacco Factor Calibration

We are not applying a tobacco factor in our rating.

16. Consumer-Adjusted Premium Rate Development

Rates are determined using the prescribed member build-up approach. In the event that a family includes more than three child dependents under age 21, only the three oldest child dependents will be considered in determining the family's premium. Additional child dependents (non-billable members) will not be included in the rate calculation.

The premium for each billable member is calculated as:

Calibrated Plan Adjusted Index Rate * Age Factor * Area Factor * Trend Factor

The resulting rate is rounded to the nearest cent, and rates are then summed for all billable family members.

An example of a contract's premium determined by the member build-up calculation is shown in Exhibit 9.

17. Composite Premiums

Small employers will be able to elect to have rates set using a composite approach as permitted by DC.

18. AV Metal Values

The AV Metal Values on Worksheet 2 were based on the Draft 2022 AV Calculator. As applicable, entries were modified to reflect the plan appropriately and/or adjustments were made for plan design features that could not be entered in the calculator per 45 CFR Part 156, §156.135. The accompanying certification discusses how the benefits were modified to fit the parameters and the development of any adjustments. The AV screen shots provide detail on the modified entries and adjustments to AV, as applicable.

19. AV Pricing Values

The AV Pricing Values are calculated as the ratio of the Plan Adjusted Index Rate to the Market Adjusted Index Rate. The adjustments reflected in the AV Pricing Values are discussed in Section 14. AV Pricing Values do not differ based on morbidity differences or benefit selection anticipated within the Single Risk Pool.

20. Membership Projections

Exhibit A summarizes the membership distribution by plan. Membership projections on Worksheet 2 are based on historical experience, enrollment in ACA-compliant plans through January 2021, and our expectations for future sales as additional members move to these plans from grandfathered and transitional plans.

Terminated Plans and Products

Exhibit 10 provides a plan and product crosswalk from 2020 to 2022. The crosswalk includes the list of products that have experience in the single risk pool experience period, and products that were made available in 2021 and 2022.

Consistent with the URRT instructions, experience for non-single risk pool terminated products is reported in aggregate under the terminated product with the largest membership in the experience period.

21. Plan Type

All plans are consistent with the plan type indicated on Worksheet 2.

22. Benefit Design

This filing includes one Bronze, two Silver, and four Gold plans.

Please refer to the corresponding policy forms for detailed benefit language. Exhibit A-2 provides the screenshots from the AV Calculator. All benefit and cost sharing parameters comply with DC benefit mandates and the requirements of PPACA, including preventive care benefits, deductible limits, and Actuarial Value requirements.

23. Marketing

Plans will be available outside of the public Marketplace. These plans may be marketed in a variety of means, including HHS Planfinder and our own website. In addition, members of our 2021 plans will be mailed a discontinuance or renewal letter, in accordance with CMS guidelines. Marketing and distribution approaches may change from time to time at management's discretion.

24. Underwriting

Aetna will verify applicant eligibility for these plans based on any applicable age or geographic limitations.

25. Renewability

These policies are guaranteed renewable as required under §2703 of the Public Health Service Act.

26. Company Financial Condition

As of December 31, 2020, the capital and surplus held by Aetna Life Insurance Company was approximately \$5.16 billion. This amount is disclosed in page 3, line 38 of the Company's statutory financial statement dated December 31, 2020. The Company issues insurance nationwide for multiple lines of business including, large group medical, Small Group medical, and various non-medical products.

Reliance

While I have reviewed the reasonableness of the assumptions and data in support of both the preparation of the Part I Unified Rate Review Template and the rate development applicable to the products discussed in this filing, I relied on the expertise of other Aetna employees, along with work products produced at their direction, for the following items:

- Experience Period MLR Rebates
- Risk Adjustment Transfer
- Actuarial Value, Modifications, and Benefit Relativities
- Supplemental EHB Pricing
- Population Risk Morbidity
- Medical Cost and Utilization Trend
- Rx Cost and Utilization Trend
- Components of Retention/Administrative Fees
- Value of Network Arrangements
- MH Net Trend
- Experience Period Data – Small Group

Certification

While this memorandum discusses both our development of rates for these products and the completion of the Part I Unified Rate Review Template (URRT), the Part I URRT does not demonstrate the process used by Aetna to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally-facilitated marketplaces, and for certification that the index rate is developed in accordance with Federal regulation, is used consistently, and is only adjusted by the allowable modifiers. The information provided above is intended to comply with these requirements.

I, Shih-Pang (Michael) Chang, am an Associate of the Society of Actuaries, a member of the American Academy of Actuaries, and am qualified in the area of health insurance. I hereby certify that to the best of my knowledge and judgment:

1. This rate filing is in compliance with the applicable laws and regulations of the District of Columbia, the requirements under federal law and regulation, and all applicable Actuarial Standards of Practice, including but not limited to:
 - a. ASOP No. 5, Incurred Health and Disability Claims
 - b. ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health
 - c. ASOP No. 12, Risk Classification
 - d. ASOP No. 23, Data Quality
 - e. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages

- f. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
 - g. ASOP No. 41, Actuarial Communications
 - h. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act
2. The Projected Index Rate is:
- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 147.102),
 - b. Developed in compliance with the applicable Actuarial Standards of Practice,
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered,
 - d. Neither excessive, deficient, nor unfairly discriminatory.
3. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan-level rates.
4. Adjustments to the MAIR for benefits the plan offers in addition to essential health benefits included in Worksheet 2, Section III were calculated in accordance with actuarial standards of practice.
5. The geographic rating factors reflect only differences in the costs of delivery (which include unit costs and provider practice pattern differences) and do not include differences for population morbidity by geographic area.
6. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Adjustments made to reflect benefit features not handled by the AV Calculator are discussed in the attached certification required by 45 CFR Part 156, §156.135.



Shih-Pang (Michael) Chang, ASA, MAAA
Aetna Life Insurance Company

May 4, 2021

Date

Actuarial Memorandum and Certification

General Information

Company Identifying Information:

Company Legal Name: Aetna Life Insurance Company
State: District of Columbia
HIOS Issuer ID: 77422
Market: Small Group
Effective Date: 01/01/2022
Rate Filing Tracking Number: AETN-132731328
Policy Form(s):
Form Filing Tracking Number: AETN-132690501

Company Contact Information:

Name: 
Telephone Number: 
Email Address: 

1. Purpose, Scope, and Effective Date

The purpose of this filing is to:

- 1) Provide support for the development of the Part I Unified Rate Review Template;
- 2) Provide support for the assumptions and premiums rate development for the products supported by the policy forms referenced above;
- 3) Request approval of the proposed monthly premium rates; and
- 4) Provide benefit plan designs summaries for the products included in this filing.

The development of the rates reflects the impact of the market forces and rating requirements associated with the Patient Protection and Affordable Care Act (PPACA) and subsequent regulation. These rates are for plans issued in District of Columbia beginning January 1, 2022. The rates comply with all rating guidelines under federal and state regulations. The filing covers plans that will be offered outside the public Marketplace in District of Columbia.

2. Proposed Rate Increase

Monthly premium rates for Small Group Market products in District of Columbia are being revised for effective dates January 1, 2022 through December 31, 2022.

A. Reason for Rate Increase(s):

- Impact of medical claim trend (including changes in provider unit costs and increased utilization of medical cost services) and pharmacy trend;
- Revisions to our assumptions about market-wide population morbidity and the projected population distribution;
- Revisions to administrative expense projections;
- Modifications in cost sharing to ensure that plans comply with Actuarial Value requirements;
- Updates to our pricing models used to determine the impact of cost sharing designs;
- Changes in provider networks and contracts.

[REDACTED]

B. Variation in Rate Changes by Plan/Product:

Rate changes differ by plan for the following reasons:

- Provider cost estimates have been updated, and the change differs by network.
- Modification to cost sharing differs by plan in order to maintain compliance with Actuarial Value and other regulatory requirements.
- Our internal pricing models have been updated to reflect more current information on levels of induced demand associated with different benefit designs. These changes impact our estimates of the relative costs of the plan designs that will be offered.

Exhibit 1 shows the average threshold increases for products covered by this filing.

3. Experience Period Premium and Claims

A. Paid Through Date:

The experience data reported in Worksheet 1, Section I of the Part I Unified Rate Review Template reflects incurred claims from January 1, 2020 through December 31, 2020 and paid through January 31, 2021.

B. Current Date: The current enrollment and premium is reported as of January 31, 2021.

C. Premiums (Net of MLR Rebate) in Experience Period:

Experience period premiums are date-of-service premiums from our actuarial experience databases for non-grandfathered Small Group business in District of Columbia. [REDACTED]

D. Allowed and Incurred Claims Incurred During the Experience Period:

Allowed and incurred claims are sourced from our actuarial experience databases. These databases provide member-level detail on total allowed and incurred claims but do not include unit cost or utilization metrics. We allocate claims to cost categories and estimate the corresponding unit costs and utilization metrics by using an alternate reporting system that calculates unit cost and utilization metrics by medical cost category but only permits inclusion/exclusion of experience at the market and segment levels. A reconciliation of aggregate data in our actuarial experience databases is performed to ensure that data is consistent with the experience data contained in our enterprise-wide data warehouse.

Total incurred claims are developed by estimating the incurred but not reported (IBNR) reserves using aggregate block of business paid claims. Paid claims are adjusted using the IBNR completion factors. More specifically, historical claim payment patterns are used to predict the ultimate incurred claims for each date-of-service month. The IBNR is estimated using actuarial principles and assumptions which consider historical claim submission and adjudication patterns, unit cost and utilization trends, claim inventory levels, changes in membership and product mix, seasonality, and other relevant factors including a review of large claims. This same process is used to develop IBNR estimates for allowed claims.

As noted above, the experience period reflects one month of paid claim run-off. [REDACTED]




4. Benefit Categories

Our internal systems assign claims to several benefit categories. We have mapped these categories to the categories described in the Unified Rate Review Instructions released in April 2020. Inpatient Hospital consists of care delivered at an inpatient facility and associated expenses, including day-based mental health services. Outpatient Hospital includes outpatient surgical, outpatient mental health, and emergency care and associated expenses. Professional includes both specialty physician and primary care physician expenses, including office-based mental health services. Other includes dental, home health care, medical pharmacy expenses, laboratory expenses, and radiology expenses. Non-capitated ambulance is included in the Outpatient Hospital category when billed by the facility and included in Specialist Physician otherwise. Prescription Drug includes drugs dispensed by a pharmacy.

The utilization for these services are counted by service type, and aggregated for each benefit category. Inpatient Hospital utilization is counted as days; Outpatient Hospital, Professional, and Other Medical utilization are counted as visits. Prescription Drug utilization is counted per script.

5. Projection Factors

A. Changes in the Morbidity of the Population Insured:

The experience period data includes experience for community-rated policies issued to small employers in 2020.

We also considered the expected morbidity of the DC small group ACA population and the likely population that will be covered by Small Group Single Risk Pool policies in 2022 and have adjusted our projections for this morbidity change accordingly.

B. Plan Design Changes:

The products included in this filing include benefits necessary to comply with the Essential Health Benefit requirements. The experience data includes experience for Single Risk Pool products that have essentially identical benefits and coverage issued outside the Single Risk Pool which does not cover all EHBs. The projection factor reflects the pro-rated impact of these additional benefits, as well as any changes in 2022 State Benchmark EHBs, and newly mandated benefits.

The change in projected utilization due to changes in benefits is also considered. As cost sharing decreases (measured by increasing Actuarial Value), utilization increases. This pattern is reflected in the factors that are built into the federal risk adjustment mechanism that started in 2014. The federal risk adjustment program factors and other proprietary models were considered in the development of the utilization change. The average cost sharing in the experience period was compared with the average cost

sharing in the projection period. From the average cost sharing change, an expected utilization change was derived.

C. Changes in Demographics:

Experience data was normalized for projected changes in the age/gender mix and area mix using internally-developed factors. Exhibits 2 and 3 contain detail on the calculations of the impact of demographic mix shifts.

D. Other Adjustments:

The 'Other' adjustment includes the projected impact of changes in network composition and provider contracts, expected morbidity changes, changes in benefits, and changes in demographics.

E. Trend Factors (Cost/Utilization):

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

6. Manual Rate Adjustments:

A. Source and Appropriateness of Experience Data Used:

[REDACTED]

B. Adjustments Made to the Data:

[REDACTED]

C. Inclusion of Capitation Payments:

[REDACTED]

7. Credibility of Experience

[REDACTED]

[REDACTED]

8. Risk Adjustment

A. Risk Adjustment – Experience Period

[REDACTED]

B. Risk Adjustment – Projection Period

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

9. Non-Benefit Expenses and Profit & Risk

[REDACTED]

[REDACTED]

Actual general and administrative expenses are based on historical corporate Small Group market expense levels, 2021 projections, and projected changes in expenses, inflation, and membership for 2022 for our National book of Small Group business.

A flat commission per policy per month will be paid to all brokers in DC during open enrollment. Commissions do not vary by plan.

Federal taxes include PPACA Taxes and Fees are based on the Notice of Benefit and Payment Parameters for 2022, as well as Federal income tax and State Premium taxes. State premium taxes are estimated on most current known levels and include any known assessments.

[REDACTED]

10. Projected Loss Ratio

[REDACTED]

11. Single Risk Pool

The plans and rates included in the Part I URRT are those for all plans we intend to offer in the Small Group market in the District of Columbia through Aetna Life Insurance Company. The proposed rates comply with the Single Risk Pool requirements of 45 CFR §156.80(d).

12. Index Rate

The index rates for the experience and projection periods are set equal to the actual and projected allowed claims, respectively, less non-essential health benefits.

The index rate reflects the projected mix of business by plan. The AV pricing values for each plan are based on our internal company modeling of plan cost-sharing designs, the plan's provider network, delivery system characteristics, and utilization management practices, the impacts (as applicable) of benefits in addition to EHBs catastrophic eligibility criteria, and the distribution and administrative costs applicable to the plan/product. Rates do not differ for any characteristic other than those allowable under the regulations as described in 45 CFR 156 §156.80(d)(2).

Small Group Market Trend Adjustments:

[REDACTED]

13. Market-Adjusted Index Rate

[REDACTED]

14. Plan-Adjusted Index Rates

[REDACTED]

A. Actuarial Value, Cost Sharing:

[REDACTED]

B. Distribution and Administrative Costs:

[REDACTED]

C. Provider Network, Delivery System, and Utilization Management:

[REDACTED]

D. Benefits in addition to EHBs:

[REDACTED]

E. Catastrophic Plan Eligibility:

This filing does not include catastrophic plans.

F. Experience Period Plan Adjusted Index Rates:

Worksheet 2 of the URRT displays the Plan Adjusted Index Rates filed in 2020 for the experience period.

15. Calibration

A. Age Curve Calibration:

[REDACTED]

B. Geographic Factor Calibration:

[REDACTED]

C. Tobacco Factor Calibration

We are not applying a tobacco factor in our rating.

16. Consumer-Adjusted Premium Rate Development

Rates are determined using the prescribed member build-up approach. In the event that a family includes more than three child dependents under age 21, only the three oldest child dependents will be considered in determining the family's premium. Additional child dependents (non-billable members) will not be included in the rate calculation.

The premium for each billable member is calculated as:

Calibrated Plan Adjusted Index Rate * Age Factor * Area Factor * Trend Factor

The resulting rate is rounded to the nearest cent, and rates are then summed for all billable family members.

[REDACTED]

17. Composite Premiums

Small employers will be able to elect to have rates set using a composite approach as permitted by DC.

18. AV Metal Values

The AV Metal Values on Worksheet 2 were based on the Draft 2022 AV Calculator. As applicable, entries were modified to reflect the plan appropriately and/or adjustments were made for plan design features that could not be entered in the calculator per 45 CFR Part 156, §156.135. The accompanying certification discusses how the benefits were modified to fit the parameters and the development of any adjustments. The AV screen shots provide detail on the modified entries and adjustments to AV, as applicable.

19. AV Pricing Values

The AV Pricing Values are calculated as the ratio of the Plan Adjusted Index Rate to the Market Adjusted Index Rate. The adjustments reflected in the AV Pricing Values are discussed in Section 14. AV Pricing Values do not differ based on morbidity differences or benefit selection anticipated within the Single Risk Pool.

20. Membership Projections

[REDACTED]

Terminated Plans and Products

Exhibit 10 provides a plan and product crosswalk from 2020 to 2022. The crosswalk includes the list of products that have experience in the single risk pool experience period, and products that were made available in 2021 and 2022.

Consistent with the URRT instructions, experience for non-single risk pool terminated products is reported in aggregate under the terminated product with the largest membership in the experience period.

21. Plan Type

All plans are consistent with the plan type indicated on Worksheet 2.

22. Benefit Design

This filing includes one Bronze, two Silver, and four Gold plans.

Please refer to the corresponding policy forms for detailed benefit language. Exhibit A-2 provides the screenshots from the AV Calculator. All benefit and cost sharing parameters comply with DC benefit mandates and the requirements of PPACA, including preventive care benefits, deductible limits, and Actuarial Value requirements.

23. Marketing

Plans will be available outside of the public Marketplace. These plans may be marketed in a variety of means, including HHS Planfinder and our own website. In addition, members of our 2021 plans will be mailed a discontinuance or renewal letter, in accordance with CMS guidelines. Marketing and distribution approaches may change from time to time at management's discretion.

24. Underwriting

Aetna will verify applicant eligibility for these plans based on any applicable age or geographic limitations.

25. Renewability

These policies are guaranteed renewable as required under §2703 of the Public Health Service Act.

26. Company Financial Condition

[REDACTED]

Reliance

While I have reviewed the reasonableness of the assumptions and data in support of both the preparation of the Part I Unified Rate Review Template and the rate development applicable to the products discussed in this filing, I relied on the expertise of other Aetna employees, along with work products produced at their direction, for the following items:

[REDACTED]

Certification

While this memorandum discusses both our development of rates for these products and the completion of the Part I Unified Rate Review Template (URRT), the Part I URRT does not demonstrate the process used by Aetna to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally-facilitated marketplaces, and for certification that the index rate is developed in accordance with Federal regulation, is used consistently, and is only adjusted by the allowable modifiers. The information provided above is intended to comply with these requirements.

I, [REDACTED], am [REDACTED], and am qualified in the area of health insurance. I hereby certify that to the best of my knowledge and judgment:

1. This rate filing is in compliance with the applicable laws and regulations of the District of Columbia, the requirements under federal law and regulation, and all applicable Actuarial Standards of Practice, including but not limited to:
 - a. ASOP No. 5, Incurred Health and Disability Claims
 - b. ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health
 - c. ASOP No. 12, Risk Classification
 - d. ASOP No. 23, Data Quality
 - e. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages

- f. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
 - g. ASOP No. 41, Actuarial Communications
 - h. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act
2. The Projected Index Rate is:
- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 147.102),
 - b. Developed in compliance with the applicable Actuarial Standards of Practice,
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered,
 - d. Neither excessive, deficient, nor unfairly discriminatory.
3. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan-level rates.
4. Adjustments to the MAIR for benefits the plan offers in addition to essential health benefits included in Worksheet 2, Section III were calculated in accordance with actuarial standards of practice.
5. The geographic rating factors reflect only differences in the costs of delivery (which include unit costs and provider practice pattern differences) and do not include differences for population morbidity by geographic area.
6. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Adjustments made to reflect benefit features not handled by the AV Calculator are discussed in the attached certification required by 45 CFR Part 156, §156.135.

[Redacted]

[Redacted]

May 4, 2021

Date

**Aetna Life Insurance Company
D.C. Small Group
PPO Products**

Summary

Aetna Life Insurance Company has filed 2022 premium rates for small group plans in the District of Columbia.

Who is affected?

Policies that renew in 2022 in the following products will be affected:

Product Name: Aetna Life Insurance Company

Current Members: 150

Range of Increases: 10.82% to 29.96%, 23.4% Average

2022 premium rates for members in the above products will increase by 10.82% to 29.96%, in plans listed for Aetna Preferred Provider Organization. Increases are determined by the member's plan and rating area in which they are located.

Why We Need to Increase Premiums

In 2020, Aetna's financial results were worse than the level required for long-term stability in the Small Group market.

Medical costs are going up and we are changing our rates to reflect this increase. We expect medical costs to go up 9.6%. Medical costs go up mainly for two reasons – providers raise their prices and members get more medical care.

For Small Employers in the District of Columbia, some examples of increasing medical costs we have experienced include:

- The cost for an inpatient hospital admission has increased 5.6%
- The cost for pharmacy prescriptions have gone up 9.7%
- Use for physician service has increased 7.0%

What Else Affects Our Request to Increase Premiums

Our estimate of average population health and the expected risk adjustment transfers for Affordable Care Act (ACA) products have changed to reflect new data on market average premiums and population health. Small groups purchasing insurance in the marketplace are sicker than we initially anticipated. Population risk is also affected by the movement of business between the ACA market and other options as well as among other carriers in the marketplace.

Claims experience for this market has been worse than anticipated. Part of the rate increase is needed to ensure that we can continue to offer coverage in this market.

Will Premiums for All Individuals Increase 23.4%?

No, increases differ by plan. The exact rate change will depend on what benefit plan the individual chooses, when the member's group contract renews, and the age and family size for enrolling employees. Rates charged to employees also depend upon any change in the amount of premium paid by the employer.

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

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

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

What is Aetna doing to keep premiums affordable?

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

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



1401 Willow Pass Road
Suite 600
Concord, CA 94520
Phone: 925-948-4316
Email: changs1@aetna.com

May 3, 2021

Mr. Efren Tanhehco
Supervising Actuary
District of Columbia Department of Insurance & Securities Regulation
810 First Street NE, 6th Floor
Washington, DC 20002

Subject: Aetna Life Insurance Company - NAIC Number 60054
Small Group Premium Rate Filing – DC On Exchange
Effective dates January 1, 2022 – December 31, 2022

Dear Mr. Tanhehco:

I am writing to request approval of the attached Rate Filing for plans offered to Small Groups by Aetna Life Insurance Company sold on the DC Exchange. This filing is for effective dates January 1, 2022 – December 31, 2022. This filing contains the benefit plans and rating methodology. The average rate revision proposed is an increase of 23.4%.

The requested rates have been developed incorporating consideration of the market changes and rating requirements taking effect in the Small Group Market and conforms to the benefit plan provisions required by the Patient Protection and Affordable Care Act (P.L. 111-148) of 2010. Additionally, these health benefit plans conform to each respective tier of coverage, defined as Bronze, Silver, and Gold.

This filing is for Aetna's Small Group PPO Medical Expense coverage.

The following supporting documentation is also included:

- 1) An Actuarial Certification
- 2) An Actuarial Memorandum including supporting exhibits and documentation

The forms filing has been submitted under separate cover and the SERFF Filing ID # is AETN-132690501.

The purpose of this rate filing is to comply with regulatory rate filing requirements. This filing is not intended to be used for other purposes. If you need additional information, please contact me by telephone at (925) 948-4316, or via e-mail at ChangS1@aetna.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Shih-Pang Chang".

Shih-Pang (Michael) Chang, ASA, MAAA

Certificate Form Names and Numbers

<i>Form Name</i>	<i>Form Number</i>
AL DC SG HHIXCOC V006	AL SG HCOC-2022-EPO 06-HIX
Policy	AL SG HGrpPol-1A 01

Schedule Form Names and Numbers

<i>Form Name</i>	<i>Form Number</i>
AL DC SG-HIXSOB-14047572 V006	AL SG-SOB-EPO-14047572 06-HIX
AL DC SG-HIXSOB-14047573 V006	AL SG-SOB-EPO-14047573 06-HIX
AL DC SG-HIXSOB-14047574 V006	AL SG-SOB-EPO-14047574 06-HIX
AL DC SG-HIXSOB-14047575 V006	AL SG-SOB-EPO-14047575 06-HIX
AL DC SG-HIXSOB-14047576 V006	AL SG-SOB-EPO-14047576 06-HIX
AL DC SG-HIXSOB-14047577 V006	AL SG-SOB-EPO-14047577 06-HIX
AL DC SG-HIXSOB-14047578 V006	AL SG-SOB-EPO-14047578 06-HIX

Unified Rate Review v5.3

Company Legal Name: **Aetna Life Insurance Company** State: **DC**
 HIOS Issuer ID: **27422** Market: **Small Group**
 Effective Date of Rate Change(s): **1/1/2022**

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
 To validate, select the Validate button or Ctrl + Shift + I.
 To finalize, select the Finalize button or Ctrl + Shift + F.

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:	1/1/2020	to	12/31/2020	
		Total		PMPM
Allowed Claims		\$1,635,513.49		\$816.12
Reinsurance		\$0.00		\$0.00
Incurred Claims in Experience Period		\$1,507,325.94		\$752.16
Risk Adjustment		\$283,720.39		\$141.58
Experience Period Premium		\$996,247.11		\$497.13
Experience Period Member Months		2,004		

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$276.03	1.056	1.025	1.056	1.025	\$323.39
Outpatient Hospital	\$40.25	1.036	1.070	1.036	1.070	\$49.46
Professional	\$263.55	1.015	1.070	1.015	1.070	\$310.86
Other Medical	\$174.20	1.036	1.070	1.036	1.070	\$214.06
Capitation	\$0.35	1.000	1.000	1.000	1.000	\$0.35
Prescription Drug	\$107.94	1.097	1.026	1.097	1.026	\$136.74
Total	\$862.32					\$1,034.86

Morbidity Adjustment		0.997
Demographic Shift		1.154
Plan Design Changes		1.020
Other		1.075
Adjusted Trended EHB Allowed Claims PMPM for	1/1/2022	\$1,305.54
Manual EHB Allowed Claims PMPM		\$657.52
Applied Credibility %		20.00%

Projected Period Totals			
Projected Index Rate for	1/1/2022	\$787.12	\$651,735.36
Reinsurance		\$0.00	\$0.00
Risk Adjustment Payment/Charge		\$69.71	\$57,719.88
Exchange User Fees		0.00%	\$0.00
Market Adjusted Index Rate		\$717.41	\$594,015.48
Projected Member Months			828

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name: **Aetna Life Insurance Company**
 HIOS Issuer ID: **77422**
 Effective Date of Rate Change(s): **1/1/2022**

State: **DC**
 Market: **Small Group**

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
 To validate, select the Validate button or Ctrl + Shift + I.
 To finalize, select the Finalize button or Ctrl + Shift + F.
 To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.
 To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Section I: General Product and Plan Information		Aetna Health Inc. (a PA corp.)							
Field #	Section I: General Product and Plan Information	77422DC011							
1.1	Product Name	Aetna Health Inc. (a PA corp.)							
1.2	Product ID	77422DC011							
1.3	Plan Name	Aetna Bronze	Aetna Gold	Aetna Gold	Aetna Gold	Aetna Gold	Aetna Silver	Aetna Silver	Aetna Silver
1.4	Plan ID (Standard Component ID)	77422DC0110001	77422DC0110002	77422DC0110003	77422DC0110004	77422DC0110005	77422DC0110006	77422DC0110007	77422DC0110008
1.5	Metal	Bronze	Gold	Gold	Gold	Gold	Silver	Silver	Silver
1.6	AV Metal Value	0.646	0.799	0.818	0.795	0.820	0.716	0.718	0.719
1.7	Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated
1.8	Plan Type	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
1.9	Exchange Plan?	No	Yes	Yes	Yes	Yes	Yes	Yes	No
1.10	Effective Date of Proposed Rates	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022
1.11	Cumulative Rate Change % (over 12 mos prior)	10.82%	21.31%	18.38%	21.94%	29.96%	14.28%	14.32%	0.00%
1.12	Product Rate Increase %	23.40%							
1.13	Submission Level Rate Increase %	23.40%							

Worksheet 1 Totals		Section II: Experience Period and Current Plan Level Information								
Field #	Section II: Experience Period and Current Plan Level Information	Total	77422DC0110001	77422DC0110002	77422DC0110003	77422DC0110004	77422DC0110005	77422DC0110006	77422DC0110007	77422DC0110008
2.1	Plan ID (Standard Component ID)	Total	77422DC0110001	77422DC0110002	77422DC0110003	77422DC0110004	77422DC0110005	77422DC0110006	77422DC0110007	77422DC0110008
2.2	Allowed Claims	\$1,635,514	\$3,981	\$90,688	\$445,577	\$278,286	\$804,109	\$513	\$12,358	\$0
2.3	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4	Member Cost Sharing	\$128,187	\$2,098	\$12,996	\$18,530	\$40,211	\$49,855	\$448	\$4,049	\$0
2.5	Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6	Incurred Claims	\$1,507,326	\$1,883	\$77,692	\$427,047	\$238,075	\$754,254	\$65	\$8,310	\$0
2.7	Risk Adjustment Transfer Amount	\$283,720	\$4,498	\$27,005	\$139,581	\$52,917	\$122,786	-\$2,776	-\$6,280	\$0
2.8	Premium	\$996,247	\$38,703	\$110,936	\$111,546	\$314,880	\$394,410	\$6,164	\$19,609	\$0
2.9	Experience Period Member Months	2,004	79	250	214	669	743	12	37	0
2.10	Current Enrollment	150	5	17	22	45	1	1	1	0
2.11	Current Premium PMPM	\$486.71	\$345.12	\$483.57	\$475.05	\$508.00	\$485.07	\$442.99	\$387.50	\$0.00
2.12	Loss Ratio	117.76%	4.36%	92.57%	170.05%	64.73%	145.84%	1.92%	62.35%	#DIV/0!
Per Member Per Month										
2.13	Allowed Claims	\$816.12	\$50.39	\$362.75	\$2,082.14	\$415.97	\$1,082.25	\$42.77	\$384.02	#DIV/0!
2.14	Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
2.15	Member Cost Sharing	\$63.97	\$26.56	\$51.98	\$86.59	\$60.11	\$67.10	\$37.33	\$109.43	#DIV/0!
2.16	Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
2.17	Incurred Claims	\$752.16	\$23.83	\$310.77	\$1,995.55	\$355.87	\$1,015.15	\$5.43	\$224.59	#DIV/0!
2.18	Risk Adjustment Transfer Amount	\$141.58	\$56.93	-\$108.02	\$652.25	\$79.40	\$165.26	-\$231.34	-\$169.73	#DIV/0!
2.19	Premium	\$497.13	\$489.91	\$443.74	\$521.24	\$470.67	\$530.81	\$513.66	\$529.96	#DIV/0!

Section III: Plan Adjustment Factors		77422DC011								
Field #	Section III: Plan Adjustment Factors	Total	77422DC0110001	77422DC0110002	77422DC0110003	77422DC0110004	77422DC0110005	77422DC0110006	77422DC0110007	77422DC0110008
3.1	Plan ID (Standard Component ID)	Total	77422DC0110001	77422DC0110002	77422DC0110003	77422DC0110004	77422DC0110005	77422DC0110006	77422DC0110007	77422DC0110008
3.2	Market Adjusted Index Rate		0.517,41							
3.3	AV and Cost Sharing Design of Plan	0.5330	0.8446	0.8131	0.8960	0.9115	0.7320	0.6405	0.0000	
3.4	Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000
3.5	Benefits in Addition to EHB	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Administrative Costs										
3.6	Administrative Expense	7.95%	7.95%	7.95%	7.95%	7.95%	7.95%	7.95%	7.95%	7.95%
3.7	Taxes and Fees	5.59%	5.59%	5.59%	5.59%	5.59%	5.59%	5.59%	5.59%	5.59%
3.8	Profit & Risk Load	4.74%	4.74%	4.74%	4.74%	4.74%	4.74%	4.74%	4.74%	4.74%
3.9	Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10	Plan Adjusted Index Rate	\$485.47	\$741.46	\$713.81	\$786.93	\$800.19	\$642.61	\$562.29	\$0.00	
3.11	Age Calibration Factor	0.8999								
3.12	Geographic Calibration Factor	0.9996								
3.13	Tobacco Calibration Factor	1.0000								
3.14	Calibrated Plan Adjusted Index Rate	\$436.70	\$666.98	\$642.10	\$707.57	\$719.81	\$578.06	\$505.80	\$0.00	

Section IV: Projected Plan Level Information		77422DC011								
Field #	Section IV: Projected Plan Level Information	Total	77422DC0110001	77422DC0110002	77422DC0110003	77422DC0110004	77422DC0110005	77422DC0110006	77422DC0110007	77422DC0110008
4.1	Plan ID (Standard Component ID)	Total	77422DC0110001	77422DC0110002	77422DC0110003	77422DC0110004	77422DC0110005	77422DC0110006	77422DC0110007	77422DC0110008
4.2	Allowed Claims	\$651,658	\$15,132	\$145,656	\$146,201	\$149,674	\$152,911	\$21,918	\$20,176	\$0
4.3	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4	Member Cost Sharing	\$101,479	\$4,685	\$21,992	\$27,157	\$18,497	\$19,467	\$4,638	\$5,052	\$0
4.5	Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6	Incurred Claims	\$520,179	\$10,447	\$122,638	\$119,043	\$131,177	\$135,444	\$17,285	\$15,124	\$0
4.7	Risk Adjustment Transfer Amount	\$48,753	\$1,422	\$30,947	\$10,955	\$30,954	\$30,980	\$1,700	\$1,774	\$0
4.8	Premium	\$613,675	\$11,653	\$137,930	\$132,782	\$146,316	\$148,845	\$19,280	\$16,870	\$0
4.9	Projected Member Months	828	24	186	186	186	186	30	30	0
4.10	Loss Ratio	83.06%	79.90%	83.06%	82.82%	83.42%	83.52%	82.11%	81.12%	#DIV/0!
Per Member Per Month										
4.11	Allowed Claims	\$787.03	\$630.50	\$783.07	\$786.02	\$804.70	\$822.10	\$730.43	\$672.55	#DIV/0!
4.12	Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
4.13	Member Cost Sharing	\$122.56	\$195.21	\$118.24	\$146.01	\$99.45	\$104.66	\$154.27	\$168.40	#DIV/0!
4.14	Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
4.15	Incurred Claims	\$664.47	\$415.29	\$664.83	\$640.02	\$706.31	\$717.44	\$576.16	\$504.15	#DIV/0!
4.16	Risk Adjustment Transfer Amount	\$58.86	\$59.25	\$58.86	\$58.90	\$58.79	\$59.01	\$59.13	\$59.13	#DIV/0!
4.17	Premium	\$741.15	\$485.52	\$741.56	\$713.88	\$786.65	\$800.24	\$642.66	\$562.33	#DIV/0!

Rating Area Data Collection

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.

Select only the Rating Areas you are offering plans within and add a factor for each area.

To validate, select the Validate button or Ctrl + Shift + I.

To finalize, select the Finalize button or Ctrl + Shift + F.

Rating Area	Rating Factor
Rating Area 1	1.0000

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company Aetna Life Insurance Company

SERFF tracking number AETN-132731328

Submission Date May 3, 2021

Product Name DC ALIC PPO SG 2021

Market Type Individual Small Group

Rate Filing Type Rate Increase New Filing

Scope and Range of the Increase:

The 23.4% increase is requested because:

Rates are updated to reflect the impact of medical trend, revisions to our assumptions about population morbidity and projected population, changes in cost sharing levels to ensure compliance with Actuarial Value requirements, and changes in provider networks and contracts.

This filing will impact:

of policyholder's 110

of covered lives 150

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 23.4%
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 10.8%
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 29.9%

Individuals within the group may vary from the aggregate of the above increase components as a result of:

The benefit plan the individual chooses, when the member's group contract renews, the age and family size and age for enrolling employees and employer contributions.

Financial Experience of Product

The overall financial experience of the product includes:

The 2020 experience generated by the plans offered under this product produced a loss ratio that was unfavorable to the target loss ratio before and after risk adjustment. Due to the low volume of members that have enrolled in these plans the 2020 experience is not credible.

The rate increase will affect the projected financial experience of the product by:

The rate revision is not expected to impact the profitability of the product. That is, the target profit margin is unchanged

Components of Increase

The request is made up of the following components:

Trend Increases – 41.4 % of the 23.4 % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is 22.9 % of the 23.4 % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is 18.4 % of the 23.4 % total filed increase.

Other Increases – 58.5 % of the 23.4 % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is -4.1% of the 23.4% total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is 0 % of the 23.4% total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is .38 % of the 23.4% total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is 74.7 % of the 23.4 % total filed increase.

5. Other – Defined as:

Changes in commission, benefit slope, risk adjustment, provider contracting, experience and population risk.

This component is -12. % of the 23.4 % total filed increase.

Actuarial Value Certification

State: DC
Plan Year: 2022
HIOS Issuer ID: 77422
HIOS Product Ids: 77422DC011

HIOS Plan Ids: 77422DC0110001
77422DC0110006

Per 156.135, the AV must be certified by a member of the American Academy of Actuaries using generally accepted actuarial principles and methodologies. There are 3 types of certification:

- (1) Option 1 - Certify that the plan was entered correctly and does not vary materially from standard options entered
- (2) Option 2 - Certify that entries into the calculator were modified to reflect the plan appropriately [156.135.(b).(2)]
- (3) Option 3 - Used the calculator for provisions that fit and made adjustment for plan design features that deviate outside of calculator [156.135.(b).(3)]

The plans listed meet the criteria for Option 1 - the plans were entered correctly and do not vary materially from the standard options entered. In addition, a 0.9999 factor is applied to the average coinsurance in row 11 for most plans. While not materially impacting the entered benefit value, this methodology prevents the OP facility/physician splitting methodology from being invoked which we do not believe is appropriate for our benefit plans. The output from this consistently-applied process reflects our certified Actuarial Values.

Certification Language:

The development of the actuarial value was determined in accordance with the ASOPs established by the ASB and with applicable laws and regulations.


This analysis was conducted by a member of the American Academy of Actuaries that meets the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States promulgated by the American Academy of Actuaries, and has the education and experience necessary to perform the work.

The certifying actuary is an employee of Aetna.

This certification supports plans offered in the Small Group market.

Metal levels were appropriately assigned based on applicable law.

Actuarial Value determination was made based on the Draft 2022 AV Calculator, since the Final 2022 AV Calculator had not yet been released at time of certification

Actuary Signature: 
Actuary Printed name: Shih-Pang (Michael) Chang, ASA MAAA
Date: 4/28/2021

**Unique Plan Design - Issuer Actuarial Value
Supporting Documentation and Justification**

State: DC
Plan Year: 2022
HIOS Issuer ID: 77422
HIOS Product Ids: 77422DC011

HIOS Plan Ids: 77422DC0110002
77422DC0110004
77422DC0110007

1) Justification for use of Issuer AV:

Per 156.135, the AV must be certified by a member of the American Academy of Actuaries using generally accepted actuarial principles and methodologies. There are 3 types of certification:

- (1) Option 1 - Certify that the plan was entered correctly and does not vary materially from standard options entered
- (2) Option 2 - Certify that entries into the calculator were modified to reflect the plan appropriately [156.135.(b).(2)]
- (3) Option 3 - Used the calculator for provisions that fit and made adjustment for plan design features that deviate outside of calculator [156.135.(b).(3)]

Aetna benefit plans were analyzed vs the AVC to determine when Option 2 and/or Option 3 vs Option 1 certification was necessary. Four underlying calculators were built to support population of the Mental Health OP, Specialist OV, ER, and Rx generic rows in the AVC. These all support Option 2 certifications, but only the calculators used are referenced below. A separate calculator was used for plans with True Individual Family (TIF) deductibles in support of Option 3. Again, only if the calculator was used would it be referenced below. In addition, a 0.9999 factor is applied to the average coinsurance in row 11 for most plans. While not materially impacting the entered benefit value, this methodology prevents the OP facility/physician splitting methodology from being invoked which we do not believe is appropriate for our benefit plans. The output from this consistently-applied process reflects our certified Actuarial Values.

2) Regulatory permitted alternate method used:

(2) Option 2 - Certify that entries into the calculator were modified to reflect the plan appropriately [156.135.(b).(2)]

3) Confirmation that only in-network cost sharing including multitier networks, was considered:

Confirmed. Only in-network cost sharing information was used.

4) Description of standardized plan population data used:

Detail of data used for each of the subcalculators is described below in items 5 & 6. All data was based on either the AVC continuance tables, or a national data set which is representative of the SG population

5) If the method described in 156.135.(b).(2) was used, description of how the benefits were modified to fit the parameters of the AV calculator:

MH OP Benefit Plan Fit Process

MH OP has two subcategories: MH OP - Office Visit and MH OV - All Other. The equivalent coinsurance for each was set as the plan copay divided by the unit cost. The adjusted equivalent coinsurance was then calculated for each copay/deductible combination. If there was non-uniform deductible applicability, the equivalent coinsurance was calculated that produced the same net impact as assuming both subcategories had no deductible applied. This was based on the distribution of claims cost from the AVC continuance tables, adjusted to take into account the impact of the OOP Max. The average coinsurance of the row was calculated based on the weightings of the internal subcategories. This coinsurance was then converted to a copay based on the average unit cost from the aforementioned continuance tables.

6) If the method described in 156.135.(b).(3) was used, description of the data and method used to develop the adjustments:

None

Certification Language:

The development of the actuarial value was determined in accordance with the ASOPs established by the ASB and with applicable laws and regulations.

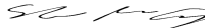
This analysis was conducted by a member of the American Academy of Actuaries that meets the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States promulgated by the American Academy of Actuaries, and has the education and experience necessary to perform the work.

The certifying actuary is an employee of Aetna.

This certification supports plans offered in the Small Group market.

Metal levels were appropriately assigned based on applicable law.

Actuarial Value determination was made based on the Draft 2022 AV Calculator, since the Final 2022 AV Calculator had not yet been released at time of certification

Actuary Signature: 
Actuary Printed name: Shih-Pang (Michael) Chang, ASA MAAA
Date: 4/28/2021

**Unique Plan Design - Issuer Actuarial Value
Supporting Documentation and Justification**

State: DC
Plan Year: 2022
HIOS Issuer ID: 77422
HIOS Product Ids: 77422DC011
HIOS Plan Ids: 77422DC0110005

1) Justification for use of Issuer AV:

Per 156.135, the AV must be certified by a member of the American Academy of Actuaries using generally accepted actuarial principles and methodologies. There are 3 types of certification:

- (1) Option 1 - Certify that the plan was entered correctly and does not vary materially from standard options entered
- (2) Option 2 - Certify that entries into the calculator were modified to reflect the plan appropriately [156.135.(b).(2)]
- (3) Option 3 - Used the calculator for provisions that fit and made adjustment for plan design features that deviate outside of calculator [156.135.(b).(3)]

Aetna benefit plans were analyzed vs the AVC to determine when Option 2 and/or Option 3 vs Option 1 certification was necessary. Four underlying calculators were built to support population of the Mental Health OP, Specialist OV, ER, and Rx generic rows in the AVC. These all support Option 2 certifications, but only the calculators used are referenced below. A separate calculator was used for plans with True Individual Family (TIF) deductibles in support of Option 3. Again, only if the calculator was used would it be referenced below. In addition, a 0.9999 factor is applied to the average coinsurance in row 11 for most plans. While not materially impacting the entered benefit value, this methodology prevents the OP facility/physician splitting methodology from being invoked which we do not believe is appropriate for our benefit plans. The output from this consistently-applied process reflects our certified Actuarial Values.

2) Regulatory permitted alternate method used:

(2) Option 2 - Certify that entries into the calculator were modified to reflect the plan appropriately [156.135.(b).(2)]

3) Confirmation that only in-network cost sharing including multitier networks, was considered:

Confirmed. Only in-network cost sharing information was used.

4) Description of standardized plan population data used:

Detail of data used for each of the subcalculators is described below in items 5 & 6. All data was based on either the AVC continuance tables, or a national data set which is representative of the SG population

5) If the method described in 156.135.(b).(2) was used, description of how the benefits were modified to fit the parameters of the AV calculator:

MH OP Benefit Plan Fit Process

MH OP has two subcategories: MH OP - Office Visit and MH OV - All Other. The equivalent coinsurance for each was set as the plan copay divided by the unit cost. The adjusted equivalent coinsurance was then calculated for each copay/deductible combination. If there was non-uniform deductible applicability, the equivalent coinsurance was calculated that produced the same net impact as assuming both subcategories had no deductible applied. This was based on the distribution of claims cost from the AVC continuance tables, adjusted to take into account the impact of the OOP Max. The average coinsurance of the row was calculated based on the weightings of the internal subcategories. This coinsurance was then converted to a copay based on the average unit cost from the aforementioned continuance tables.

ER Benefit Plan Fit Process

Where both an ER copay and coinsurance exist, we calculated a coinsurance equivalent amount. The copay visit costs were converted to equivalent coinsurance using the AVC continuance table average unit costs. The copay equivalent coinsurance was then multiplied by the actual coinsurance as the aggregate equivalent coinsurance.

6) If the method described in 156.135.(b).(3) was used, description of the data and method used to develop the adjustments:

None

Certification Language:

The development of the actuarial value was determined in accordance with the ASOPs established by the ASB and with applicable laws and regulations.


This analysis was conducted by a member of the American Academy of Actuaries that meets the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States promulgated by the American Academy of Actuaries, and has the education and experience necessary to perform the work.

The certifying actuary is an employee of Aetna.

This certification supports plans offered in the Small Group market.

Metal levels were appropriately assigned based on applicable law.

Actuarial Value determination was made based on the Draft 2022 AV Calculator, since the Final 2022 AV Calculator had not yet been released at time of certification

Actuary Signature: 
Actuary Printed name: Shih-Pang (Michael) Chang, ASA MAAA
Date: 4/28/2021

**Unique Plan Design - Issuer Actuarial Value
Supporting Documentation and Justification**

State: DC
Plan Year: 2022
HIOS Issuer ID: 77422
HIOS Product Ids: 77422DC011
HIOS Plan Ids: 77422DC0110003

1) Justification for use of Issuer AV:

Per 156.135, the AV must be certified by a member of the American Academy of Actuaries using generally accepted actuarial principles and methodologies. There are 3 types of certification:

- (1) Option 1 - Certify that the plan was entered correctly and does not vary materially from standard options entered
- (2) Option 2 - Certify that entries into the calculator were modified to reflect the plan appropriately [156.135.(b).(2)]
- (3) Option 3 - Used the calculator for provisions that fit and made adjustment for plan design features that deviate outside of calculator [156.135.(b).(3)]

Aetna benefit plans were analyzed vs the AVC to determine when Option 2 and/or Option 3 vs Option 1 certification was necessary. Four underlying calculators were built to support population of the Mental Health OP, Specialist OV, ER, and Rx generic rows in the AVC. These all support Option 2 certifications, but only the calculators used are referenced below. A separate calculator was used for plans with True Individual Family (TIF) deductibles in support of Option 3. Again, only if the calculator was used would it be referenced below. In addition, a 0.9999 factor is applied to the average coinsurance in row 11 for most plans. While not materially impacting the entered benefit value, this methodology prevents the OP facility/physician splitting methodology from being invoked which we do not believe is appropriate for our benefit plans. The output from this consistently-applied process reflects our certified Actuarial Values.

2) Regulatory permitted alternate method used:

(3) Option 3 - Used calculator for provisions that fit and made adjustment for plan design features that deviate outside of calculator [156.135.(b).(3)]

3) Confirmation that only in-network cost sharing including multitier networks, was considered:

Confirmed. Only in-network cost sharing information was used.

4) Description of standardized plan population data used:

Detail of data used for each of the subcalculators is described below in items 5 & 6. All data was based on either the AVC continuance tables, or a national data set which is representative of the SG population

5) If the method described in 156.135.(b).(2) was used, description of how the benefits were modified to fit the parameters of the AV calculator:

None

6) If the method described in 156.135.(b).(3) was used, description of the data and method used to develop the adjustments:

TIF (True individual family) Deductible

For plans with a TIF deductible, the average change in paid to allowed due to this feature was determined based on internal cost data and a SG appropriate distribution of single vs family members. That process produces an additive adjustment to the AV obtained via the methodology described above in support of 156.135.(b).(2) certifications.

Certification Language:

The development of the actuarial value was determined in accordance with the ASOPs established by the ASB and with applicable laws and regulations.


This analysis was conducted by a member of the American Academy of Actuaries that meets the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States promulgated by the American Academy of Actuaries, and has the education and experience necessary to perform the work.

The certifying actuary is an employee of Aetna.

This certification supports plans offered in the Small Group market.

Metal levels were appropriately assigned based on applicable law.

Actuarial Value determination was made based on the Draft 2022 AV Calculator, since the Final 2022 AV Calculator had not yet been released at time of certification

Actuary Signature: 
Actuary Printed name: Shih-Pang (Michael) Chang, ASA MAAA
Date: 4/28/2021

DC Bronze OAEPO 6000 80% \$15/50 E

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier: Bronze

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$6,000.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$8,150.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: DC Bronze OAEPO 6000 80% \$15/50 E
 Plan HIOS ID: 77422DC0110001
 Issuer HIOS ID: 77422
 AVC Version: 2022_lb

Output

Status/Error Messages:

Actuarial Value: 64.62%

Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0703 seconds

Draft 2022 AV Calculator

This product, DC Bronze OAEPO 6000 80% \$15/50 E, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 64.62%

DC Gold OAEPO 1500 90% E

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	90.00%	100.00%	
MOOP (\$)	\$8,150.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$6.15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: DC Gold OAEPO 1500 90% E
 Plan HIOS ID: 77422DC0110002
 Issuer HIOS ID: 77422
 AVC Version: 2022_lb

Output

Status/Error Messages:

Actuarial Value: 79.91%
 Metal Tier: Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0898 seconds

Draft 2022 AV Calculator

This product, DC Gold OAEPO 1500 90% E, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79.91%

DC Gold OAEPO 1650 100% HSA T

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Gold

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,650.00
Coinsurance (% Insurer's Cost Share)		90.00%
MOOP (\$)		\$3,950.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: DC Gold OAEPO 1650 100% HSA T
 Plan HIOS ID: 77422DC0110003
 Issuer HIOS ID: 77422
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:
 Actuarial Value: 82.81%
 Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0742 seconds
 Draft 2022 AV Calculator

Option 3 Additive TIF adj: -1.00%
 Final AV: 81.81%

This product, DC Gold OAEPO 1650 100% HSA T, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 81.81%

DC Gold OAEPO 500 90% \$25/40 E

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier: Gold

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	90.00%	100.00%
MOOP (\$)	\$8,150.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% , Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: DC Gold OAEPO 500 90% \$25/40 E
 Plan HIOS ID: 77422DC0110004
 Issuer HIOS ID: 77422
 AVC Version: 2022_lb

Output Calculate

Status/Error Messages:
 Actuarial Value: 79.54%
 Metal Tier: Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0859 seconds
 Draft 2022 AV Calculator

This product, DC Gold OAEPO 500 90% \$25/40 E, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79.54%

DC Gold OAEPO 70% \$25/40 E

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00				
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%				
MOOP (\$)	\$8,225.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	57%		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$29.85	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: DC Gold OAEPO 70% \$25/40 E
 Plan HIOS ID: 77422DC0110005
 Issuer HIOS ID: 77422
 AVC Version: 2022_lb

Output Calculate

Status/Error Messages:

Actuarial Value: 81.99%
 Metal Tier: Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0742 seconds

Draft 2022 AV Calculator

This product, DC Gold OAEPO 70% \$25/40 E, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 81.99%

DC Silver OAEPO 3000 100% HSA E

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,000.00
		90.00%
		\$6,900.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Deductible (\$) _____
 Coinsurance (%; Insurer's Cost Share) _____
 MOOP (\$) _____
 MOOP if Separate (\$) _____

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: DC Silver OAEPO 3000 100% HSA E
 Plan HIOS ID: 77422DC0110006
 Issuer HIOS ID: 77422
 AVC Version: 2022_lb

Output

Calculate

Status/Error Messages:

Actuarial Value: 71.57%
 Metal Tier: Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0898 seconds

Draft 2022 AV Calculator

This product, DC Silver OAEPO 3000 100% HSA E, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 71.57%

DC Silver OAEPO 4800 80% \$25/45 E

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier: Silver

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$4,800.00	\$0.00				
Coinsurance (% , Insurer's Cost Share)	80.00%	100.00%				
MOOP (\$)	\$8,150.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:
 Name: DC Silver OAEPO 4800 80% \$25/45 E
 Plan HIOS ID: 77422DC0110007
 Issuer HIOS ID: 77422
 AVC Version: 2022_lb

Output Calculate

Status/Error Messages:
 Actuarial Value: 71.75%
 Metal Tier: Silver
 NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:
 Calculation Time: 0.125 seconds
 Draft 2022 AV Calculator

This product, DC Silver OAEPO 4800 80% \$25/45 E, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 71.75%

Aetna Life Insurance Company
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Exhibit A
Product Portfolio & Projected Membership Distribution

HIOS Plan-ID	Network	Plan	Metallic Tier	Actuarial Value	Exchange Offering	Projected Membership Distribution
77422DC0110001	PPO	DC Bronze OAEPO 6000 80% \$15/50 E	Bronze	64.62%	Yes	2.90%
77422DC0110002	PPO	DC Gold OAEPO 1500 90% E	Gold	79.91%	Yes	22.46%
77422DC0110003	PPO	DC Gold OAEPO 1650 100% HSA T	Gold	81.81%	Yes	22.46%
77422DC0110004	PPO	DC Gold OAEPO 500 90% \$25/40 E	Gold	79.54%	Yes	22.46%
77422DC0110005	PPO	DC Gold OAEPO 70% \$25/40 E	Gold	81.99%	Yes	22.46%
77422DC0110006	PPO	DC Silver OAEPO 3000 100% HSA E	Silver	71.57%	Yes	3.62%
77422DC0110007	PPO	DC Silver OAEPO 4800 80% \$25/45 E	Silver	71.75%	Yes	3.62%

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Exhibit 1
2022 Rate Increases by Product

Product	Average Rate Increase	Minimum Rate Increase	Maximum Rate Increase
Aetna Health Inc. (a PA corp.)	23.4%	10.8%	30.0%

Actna Life Insurance Company
HIOS ISSUER ID: 77422

Exhibit 2
Claim Impact due to Demographic Changes

Age	Experience Period Distribution		Experience Demographic Factor		Projected Period Distribution		Projection Demographic Factor	
	Male	Female	Male	Female	Male	Female	Male	Female
0	1.30%	1.25%	1.050	0.939	0.51%	0.53%	1.050	0.939
1	0.70%	0.80%	1.050	0.939	0.50%	0.44%	1.050	0.939
2	1.25%	0.50%	0.601	0.596	0.46%	0.40%	0.601	0.596
3	0.10%	0.95%	0.601	0.596	0.65%	0.52%	0.601	0.596
4	0.10%	0.85%	0.601	0.596	0.61%	0.46%	0.601	0.596
5	0.00%	0.85%	0.570	0.565	0.61%	0.39%	0.570	0.565
6	0.05%	0.90%	0.570	0.565	0.65%	0.52%	0.570	0.565
7	0.40%	0.05%	0.570	0.565	0.67%	0.56%	0.570	0.565
8	0.20%	0.25%	0.570	0.565	0.70%	0.50%	0.570	0.565
9	0.25%	0.85%	0.570	0.565	0.53%	0.37%	0.570	0.565
10	0.00%	0.35%	0.578	0.565	0.54%	0.53%	0.578	0.565
11	0.00%	0.00%	0.578	0.565	0.58%	0.71%	0.578	0.565
12	0.00%	0.00%	0.578	0.565	0.62%	0.54%	0.578	0.565
13	0.00%	0.00%	0.578	0.565	0.64%	0.58%	0.578	0.565
14	0.00%	0.00%	0.578	0.565	0.64%	0.60%	0.578	0.565
1	0.00%	0.00%	0.606	0.615	0.68%	0.43%	0.606	0.615
16	0.00%	0.00%	0.606	0.615	0.65%	0.45%	0.606	0.615
17	0.00%	0.00%	0.606	0.615	0.61%	0.60%	0.606	0.615
18	0.00%	0.00%	0.606	0.615	0.74%	0.60%	0.606	0.615
19	0.45%	0.00%	0.606	0.615	0.62%	0.60%	0.606	0.615
20	0.15%	0.00%	0.451	0.741	0.46%	0.73%	0.451	0.741
21	0.40%	0.50%	0.451	0.741	0.61%	0.87%	0.451	0.741
22	0.30%	1.40%	0.451	0.741	0.68%	0.77%	0.451	0.741
23	0.90%	1.70%	0.451	0.741	0.90%	0.78%	0.451	0.741
24	2.66%	1.75%	0.451	0.741	0.89%	0.81%	0.451	0.741
25	1.90%	1.55%	0.460	1.106	0.73%	0.82%	0.460	1.106
26	2.56%	4.41%	0.460	1.106	0.66%	0.90%	0.460	1.106
27	1.30%	2.00%	0.460	1.106	0.71%	0.85%	0.460	1.106
28	2.35%	2.00%	0.460	1.106	0.78%	0.80%	0.460	1.106
29	2.76%	3.36%	0.460	1.106	0.84%	0.97%	0.460	1.106
30	1.20%	1.45%	0.519	1.197	0.79%	0.97%	0.519	1.197
31	1.95%	1.15%	0.519	1.197	0.90%	0.97%	0.519	1.197
32	0.65%	4.01%	0.519	1.197	0.92%	1.01%	0.519	1.197
33	0.75%	2.76%	0.519	1.197	0.75%	0.98%	0.519	1.197
34	2.15%	2.05%	0.519	1.197	0.78%	1.15%	0.519	1.197
35	1.10%	0.95%	0.630	1.197	0.77%	1.04%	0.630	1.197
36	0.20%	0.70%	0.630	1.197	0.74%	0.92%	0.630	1.197
37	0.45%	1.70%	0.630	1.197	0.86%	0.97%	0.630	1.197
38	1.35%	1.50%	0.630	1.197	1.11%	1.14%	0.630	1.197
39	1.75%	0.55%	0.630	1.197	1.07%	0.98%	0.630	1.197
40	1.65%	1.00%	0.790	1.197	0.89%	0.89%	0.790	1.197
41	1.40%	0.45%	0.790	1.197	0.88%	0.84%	0.790	1.197
42	2.00%	1.10%	0.790	1.197	0.79%	0.89%	0.790	1.197
43	1.90%	0.70%	0.790	1.197	0.55%	0.84%	0.790	1.197
44	0.35%	1.05%	0.790	1.197	0.66%	0.76%	0.790	1.197
45	0.50%	1.30%	1.000	1.269	0.81%	0.70%	1.000	1.269
46	0.00%	0.60%	1.000	1.269	0.82%	0.78%	1.000	1.269
47	0.05%	0.80%	1.000	1.269	0.75%	0.75%	1.000	1.269
48	0.45%	0.40%	1.000	1.269	0.71%	0.77%	1.000	1.269
49	0.35%	0.20%	1.000	1.269	0.80%	0.90%	1.000	1.269
50	0.50%	0.00%	1.370	1.460	0.73%	0.92%	1.370	1.460
51	0.60%	0.10%	1.370	1.460	1.08%	0.86%	1.370	1.460
52	0.15%	0.00%	1.370	1.460	1.10%	0.86%	1.370	1.460
53	0.10%	0.60%	1.370	1.460	1.05%	1.04%	1.370	1.460
54	0.40%	0.00%	1.370	1.460	1.15%	1.02%	1.370	1.460
55	0.50%	0.00%	1.757	1.745	1.13%	0.85%	1.757	1.745
56	0.00%	0.30%	1.757	1.745	1.07%	0.76%	1.757	1.745
57	0.55%	0.35%	1.757	1.745	0.93%	0.81%	1.757	1.745
58	0.85%	0.30%	1.757	1.745	0.90%	0.75%	1.757	1.745
59	0.00%	0.95%	1.757	1.745	0.70%	0.83%	1.757	1.745
60	0.00%	0.15%	2.218	2.128	0.80%	0.68%	2.218	2.128
61	0.00%	0.30%	2.218	2.128	0.90%	0.73%	2.218	2.128
62	0.20%	0.40%	2.218	2.128	0.79%	0.74%	2.218	2.128
63	0.40%	0.50%	2.218	2.128	0.76%	0.77%	2.218	2.128
64	0.00%	0.20%	2.218	2.128	0.60%	0.56%	2.218	2.128
65+	0.00%	0.50%	3.200	2.700	0.73%	0.68%	3.200	2.700

Experience Period Demographic Factor	0.9388
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Note:
Experience Period Demographic Factor computed as the weighted average of gender specific Demographic Factor by current population distribution.

Projected Demographic Factor	1.0837
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Note:
Projected Demographic Factor computed as the weighted average of gender specific Demographic Factor by projected population distribution.

Demographic Change	1.1544
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Note:
Claim Impact due to Demographic Changes computed as the ratio of the Projected Demographic Factor over the Experience Period Demographic Factor.

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Exhibit 3
Projected Membership Distribution by County

Rating Area	Counties	Experience Period Membership	Experience Period Area Factor	Projected Membership	Projected Area Factor
1	District of Columbia	100%	1.000	100%	1.000

Average Experience Period Area Factor	1.0000
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Note:

Average Experience Period Area Factor computed as the weighted average of Experience Period Area Factors by experience period membership distribution.

Average Projected Area Factor	1.0000
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Note:

Projected Area Factor computed as the weighted average of Projection Period Area Factors by projected membership distribution.

Area Shift Factor	1.0000
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Note:

Area Shift Factor computed as the ratio of the Projected Membership by Area over the Experience Membership by Area Factor represents:
 The impact due to the shift of the population distribution across areas.

Area Factor Change	1.0000
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Note:

Area Factor Change computed as the ratio of the Projected Area Factor over the Experience Area Factor both using experience membership Factor represents:
 The impact due to cost relativity changes, including changes to provider networks and contracts, from the experience period to the rating period.

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Exhibit 4

Projected Membership and Paid to Allowed by Metal Tier

Metallic Tier	Projected Membership	Projected Paid to Allowed Ratio
Platinum	0	N/A
Gold	744	86%
Silver	60	77%
Bronze	24	69%
Catastrophic	0	N/A
Total	828	84%

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Exhibit 5
Retention as a Percent of Premium and PMPM

Retention Components	% of Premium	PMPM
Administrative Expense Load	7.95%	\$58.95
Profit & Risk Load	4.74%	\$35.13
Premium Tax	3.37%	\$24.98
User Exchange Fee	0.90%	\$6.67
State Based Exchange Fee	0.00%	\$0.00
HIF	0.00%	\$0.00
Risk Adjustment User Fee and PCORI	0.06%	\$0.48
Federal Income Tax	1.26%	\$9.34
Total Taxes and Fees	5.59%	\$41.47

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Exhibit 6
MLR Projection

			Formula
(a)	Premium (pmpm)	\$741.15	
(b)	Medical Cost (pmpm)	\$605.61	
(c)	Medical Benefit Ratio (MBR)	81.7%	= (c) / (b)
(d)	Quality Improvement Action (pmpm)	\$5.93	= (a) x 0.80%
(e)	Taxes and Fees (pmpm)	\$41.47	
(f)	Adjusted Premium (pmpm)	\$699.69	=(a) - (e)
(g)	Adjusted Claims (pmpm)	\$611.54	= (b) + (d)
	Medical Loss Ratio (MLR)	87.4%	=(g) / (f)

Notes:

ACA adjustments for QIA and taxes and fees are estimates based on historical experience and projected expenses.

Values reflect current actuarial projections and will differ from the final reported MLR.

This projection applies to the products included in this filing and is a standalone calculation for the 2022 calendar year. This projection differs from the MLR calculation specified by PPACA which includes three years of experience for all business in the MLR pool.

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Exhibit 7
Quarterly Trend Factors

Effective Quarter	Membership	Trend Factor	Index Rate
1Q 2022	79.3%	1.000	\$787.12
2Q 2022	6.0%	1.027	\$808.57
3Q 2022	12.4%	1.055	\$830.60
4Q 2022	2.3%	1.084	\$853.23
Total	100.0%	1.010	\$795.34

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Exhibit 8
Trend Exhibit

Service Type	Unit Cost	Utilization	Total Allowed
Facility Inpatient	5.6%	2.5%	8.2%
Facility Outpatient	3.6%	7.0%	10.8%
Physician	1.5%	7.0%	8.6%
Capitation	0.0%	0.0%	0.0%
Medical	3.1%	6.3%	9.6%
Pharmacy	9.7%	2.6%	12.6%
Total (Med + Rx)	4.5%	5.6%	10.2%

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Exhibit 9

Sample Rate Calculation

The following steps outline the mathematical formula used to develop the member level rates for a sample small group. The input assumptions and the census provided below are for illustrative purposes only.

Sample Small Group Information:

Effective Date: 1/1/2022
 Rating Area: Rating Area 1
 Plan: DC Silver OAEPO 3000 100% HSA E

<u>Group Census</u>	Employee	Spouse	Child 1	Child 2	Child 3
	<u>Age</u>	<u>Age</u>	<u>Age</u>	<u>Age</u>	<u>Age</u>
Employee 1	35	36	5	7	
Employee 2	56	52			
Employee 3	24	21			
Employee 4	52	49	19	17	16
Employee 5	65	65	25		
Employee 6	58	60	24		
Employee 7	56	51			
Employee 8	42	41			
Employee 9	33	34	5	6	7
Employee 10	25	28	2	1	

Age and Tobacco

<u>Factors</u>	Age Factors				
	Employee	Spouse	Child 1	Child 2	Child 3
Employee 1	0.876	0.896	0.654	0.654	
Employee 2	1.801	1.545			
Employee 3	0.727	0.727			
Employee 4	1.545	1.377	0.654	0.654	0.654
Employee 5	2.181	2.181	0.727		
Employee 6	1.944	2.099	0.727		
Employee 7	1.801	1.487			
Employee 8	1.053	1.013			
Employee 9	0.836	0.856	0.654	0.654	0.654
Employee 10	0.727	0.744	0.654	0.654	

Calculation of Monthly Premium

Step 1: Multiply Market Base Rate x Rating Area Factor x Plan Factor x Effective Date Factor

Market Base Rate =	\$789.66
x Rating Area Factor (Rating Area 1)	1.0000
x Plan Factor	0.7321
x Effective Date Factor	1.0000
<u>Market Base Rate adjusted for Plan/Area/Effective Date =</u>	<u>\$578.09</u>

Step 2: Multiply Adjusted Market Base Rate in Step 1 by the Member level Age and Tobacco Factors:

Member Monthly Rates	Employee	Spouse	Child 1	Child 2	Child 3	Total
Employee 1	\$506.41	\$517.97	\$378.07	\$378.07		\$1,780.52
Employee 2	\$1,041.14	\$893.15				\$1,934.29
Employee 3	\$420.27	\$420.27				\$840.54
Employee 4	\$893.15	\$796.03	\$378.07	\$378.07	\$378.07	\$2,823.39
Employee 5	\$1,260.81	\$1,260.81	\$420.27			\$2,941.89
Employee 6	\$1,123.81	\$1,213.41	\$420.27			\$2,757.49
Employee 7	\$1,041.14	\$859.62				\$1,900.76
Employee 8	\$608.73	\$585.61				\$1,194.34
Employee 9	\$483.28	\$494.85	\$378.07	\$378.07	\$378.07	\$2,112.34
Employee 10	\$420.27	\$430.10	\$378.07	\$378.07		\$1,606.51
Group Total Monthly Premium:						\$19,892.07

Note: Member level monthly rates are rounded to the nearest penny.

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Exhibit 10
Plan Mapping

2020 HIOS Plan ID	2020 Plan Name	2021 HIOS Plan ID	2021 Plan Name	2022 HIOS Plan ID	2022 Plan Name
77422DC0110005	DC Gold OAEPO 70% \$25/40 T	77422DC0110005	DC Gold OAEPO 70% \$25/40 E	77422DC0110005	DC Gold OAEPO 70% \$25/40 E
77422DC0110007	DC Silver OAEPO 4800 80% \$25/40 E	77422DC0110007	DC Silver OAEPO 4800 80% \$25/45 E	77422DC0110007	DC Silver OAEPO 4800 80% \$25/45 E
77422DC0110003	DC Gold OAEPO 1650 100% HSA T	77422DC0110003	DC Gold OAEPO 1650 100% HSA T	77422DC0110003	DC Gold OAEPO 1650 100% HSA T
77422DC0110006	DC Silver OAEPO 3000 100% HSA E	77422DC0110006	DC Silver OAEPO 3000 100% HSA E	77422DC0110006	DC Silver OAEPO 3000 100% HSA E
77422DC0110002	DC Gold OAEPO 1500 90% E	77422DC0110002	DC Gold OAEPO 1500 90% E	77422DC0110002	DC Gold OAEPO 1500 90% E
77422DC0110008	DC Silver OAEPO 2800 90% HSA E	77422DC0110008	DC Silver OAEPO 2800 90% HSA E	77422DC0110006	DC Silver OAEPO 3000 100% HSA E
77422DC0110004	DC Gold OAEPO 500 90% \$25/40 E	77422DC0110004	DC Gold OAEPO 500 90% \$25/40 E	77422DC0110004	DC Gold OAEPO 500 90% \$25/40 E
77422DC0110001	DC Bronze OAEPO 6000 80% \$15/50 E	77422DC0110001	DC Bronze OAEPO 6000 80% \$15/50 E	77422DC0110001	DC Bronze OAEPO 6000 80% \$15/50 E

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Exhibit 11
Projected Age/Gender Distribution

Age	Male	Female	DC Age Factor
0-14	8.87%	7.61%	0.654
15	0.68%	0.42%	0.654
16	0.65%	0.45%	0.654
17	0.61%	0.59%	0.654
18	0.74%	0.60%	0.654
19	0.61%	0.59%	0.654
20	0.46%	0.72%	0.654
21	0.61%	0.87%	0.727
22	0.68%	0.77%	0.727
23	0.90%	0.78%	0.727
24	0.89%	0.81%	0.727
25	0.73%	0.82%	0.727
26	0.66%	0.90%	0.727
27	0.71%	0.85%	0.727
28	0.78%	0.80%	0.744
29	0.84%	0.97%	0.760
30	0.79%	0.97%	0.779
31	0.90%	0.97%	0.799
32	0.92%	1.01%	0.817
33	0.75%	0.98%	0.836
34	0.78%	1.15%	0.856
35	0.77%	1.04%	0.876
36	0.74%	0.92%	0.896
37	0.86%	0.97%	0.916
38	1.11%	1.14%	0.927
39	1.07%	0.98%	0.938
40	0.89%	0.89%	0.975
41	0.88%	0.84%	1.013
42	0.79%	0.89%	1.053
43	0.55%	0.84%	1.094
44	0.66%	0.76%	1.137
45	0.81%	0.70%	1.181
46	0.82%	0.78%	1.227
47	0.75%	0.75%	1.275
48	0.71%	0.77%	1.325
49	0.80%	0.90%	1.377
50	0.73%	0.92%	1.431
51	1.08%	0.86%	1.487

Age Calibration Factor	1.111
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Note:

Age Calibration Factor
computed as the weighted average of
HHS Age Factor by projected membership
distribution.

Weighted Average Age	43
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Note:

This is the age that most closely
corresponds to the age calibration factor.

52	1.10%	0.86%	1.545
53	1.05%	1.04%	1.605
54	1.15%	1.02%	1.668
55	1.13%	0.85%	1.733
56	1.07%	0.76%	1.801
57	0.93%	0.81%	1.871
58	0.90%	0.75%	1.944
59	0.70%	0.83%	2.020
60	0.80%	0.68%	2.099
61	0.90%	0.73%	2.181
62	0.79%	0.74%	2.181
63	0.76%	0.77%	2.181
64	0.60%	0.56%	2.181
65+	0.73%	0.68%	2.181

**Aetna Life Insurance Company
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**Exhibit A-1
Rate Change by Plan**

2021 HIOS Plan ID	2021 Plan Name	1Q2021 Premium Rate	2022 HIOS Plan ID	2022 Plan Name	1Q2022 Premium Rate	Rate Change
77422DC0110001	DC Bronze OAEPO 6000 80% \$15/50 E	\$286.50	77422DC0110001	DC Bronze OAEPO 6000 80% \$15/50 E	\$317.51	10.8%
77422DC0110002	DC Gold OAEPO 1500 90% E	\$399.78	77422DC0110002	DC Gold OAEPO 1500 90% E	\$484.95	21.3%
77422DC0110003	DC Gold OAEPO 1650 100% HSA T	\$394.36	77422DC0110003	DC Gold OAEPO 1650 100% HSA T	\$466.85	18.4%
77422DC0110004	DC Gold OAEPO 500 90% \$25/40 E	\$421.87	77422DC0110004	DC Gold OAEPO 500 90% \$25/40 E	\$514.43	21.9%
77422DC0110005	DC Gold OAEPO 70% \$25/40 E	\$402.68	77422DC0110005	DC Gold OAEPO 70% \$25/40 E	\$523.32	30.0%
77422DC0110006	DC Silver OAEPO 3000 100% HSA E	\$367.74	77422DC0110006	DC Silver OAEPO 3000 100% HSA E	\$420.27	14.3%
77422DC0110007	DC Silver OAEPO 4800 80% \$25/45 E	\$321.68	77422DC0110007	DC Silver OAEPO 4800 80% \$25/45 E	\$367.75	14.3%
77422DC0110008	DC Silver OAEPO 2800 90% HSA E	\$345.84	77422DC0110006	DC Silver OAEPO 3000 100% HSA E	\$420.27	21.5%

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Exhibit 12
Comparison of Key Pricing Factors to LY (2021) Pricing

Category	2021	2022	% Impact to Premium	Description
Base Experience PMPM*	\$450.35	\$460.65	1.8%	Using all SG experience (HMO/PPO) from DC (20%) and IH (80%)
Pricing Trend (annual)	11.2%	11.1%	9.7%	Using previously approved trend
Morbidity	1.06	1.00	-5.1%	Expecting market risk pool to improve
Benefit	1.004	0.994	-1.0%	Richer portfolio in 2022 compared to 2021
Demographic	1.025	1.054	3.0%	Expecting shift upward in age/gender mix
Area Factor	1.000	1.000	0.0%	No Change
Other	1.007	1.071	6.5%	Ben Chg, Ded Supp, etc.
Network Change	1.044	1.046	0.8%	Adj to normalize experience for manual pricing
Risk Adjustment	\$79.87	\$58.86	3.6%	2022 Projection based on Wakely 2020 Accruals
Projected Claim Cost	\$556.75	\$605.61	19.2%	
% of Premium Items				
Admin	8.7%	7.0%	0.1%	
Profit	-9.9%	6.0%	17.5%	
FIT	-2.08%	1.26%	3.7%	
AFIT	-7.84%	4.74%	13.8%	Priced back at full profit for 2022
Taxes & Fees	5.5%	5.3%	1.2%	
Commissions	1.1%	1.0%	0.1%	
Prem Tax	3.4%	3.4%	0.8%	
HIF	0.0%	0.0%	0.0%	
Federal EUF	0.9%	0.9%	0.2%	
State EUF	0.0%	0.0%	0.0%	N/A
Risk Adjustment User Fee	0.08%	0.06%	0.0%	No material change
Total % of Prem	4.31%	18.29%		
Single Risk Pool Premium	\$587.30	\$741.09	26.2%	Plan Adjusted Market Index Rate - Wksht II Field # 3.10
SG Trend Factor	1.019	1.010	-0.9%	
Index Rate	\$598.56	\$748.83		
Calibration Factors				
Trend	1.019	1.010		
Age	1.082	1.111		
Area	1.000	1.000		
Tobacco	1.000	1.000		
Avg 1.0 Premium	\$542.84	\$666.63		Calibrated Plan Adjusted Index Rate - Wksht II Field # 3.14
Remove trend factor	\$532.63	\$659.75		
Consumer Premium Relativity	0.856	0.844		
Avg Prem	\$456.04	\$557.01	22.1%	
Premium Mix	1.067	1.078	1.0%	
Avg Projection Period Premium	\$486.70	\$600.59	23.4%	Ties back to Wksht II Field # 1.13
		0.234		

Footnotes

*Base Experience PMPM for 2021 is 2019 Claims experience used for pricing LY with 1 year of trend to bring the claim level to 2020

*Base Experience PMPM for 2022 is 2020 Claims experience

Aetna Life Insurance Company
HIOS ISSUER ID: 77422
Rate Change by Plan - Annual

2021 HIOS Plan ID	2021 Plan Name	2022 HIOS Plan ID	2022 Plan Name	(a)	(b)	(c)	(b) / (a) - 1		Rate Change without Benefit Change
				2021 Avg Premium (incl renewal dist and avg age Fx)	2022 Avg Premium (incl renewal dist and avg age Fx)	2021 Assumed Member Distribution	Avg Plan Increase	Benefit Change	
77422DC0110001	DC Bronze OAEPO 6000 80% \$15/50 E	77422DC0110001	DC Bronze OAEPO 6000 80% \$15/50 E	\$321.70	\$356.52	28	10.82%	-0.7%	11.6%
77422DC0110002	DC Gold OAEPO 1500 90% E	77422DC0110002	DC Gold OAEPO 1500 90% E	\$448.90	\$544.54	220	21.31%	0.2%	21.1%
77422DC0110003	DC Gold OAEPO 1650 100% HSA T	77422DC0110003	DC Gold OAEPO 1650 100% HSA T	\$442.82	\$524.21	220	18.38%	-0.4%	18.8%
77422DC0110004	DC Gold OAEPO 500 90% \$25/40 E	77422DC0110004	DC Gold OAEPO 500 90% \$25/40 E	\$473.71	\$577.64	220	21.94%	0.2%	21.7%
77422DC0110005	DC Gold OAEPO 70% \$25/40 E	77422DC0110005	DC Gold OAEPO 70% \$25/40 E	\$452.16	\$587.63	220	29.96%	0.0%	30.0%
77422DC0110006	DC Silver OAEPO 3000 100% HSA E	77422DC0110006	DC Silver OAEPO 3000 100% HSA E	\$412.93	\$471.91	35	14.28%	-0.4%	14.7%
77422DC0110007	DC Silver OAEPO 4800 80% \$25/45 E	77422DC0110007	DC Silver OAEPO 4800 80% \$25/45 E	\$361.21	\$412.93	35	14.32%	-0.9%	15.4%
77422DC0110008	DC Silver OAEPO 2800 90% HSA E	77422DC0110006	DC Silver OAEPO 3000 100% HSA E	\$388.33	\$471.91	0	21.52%	5.3%	15.4%