

State: District of Columbia
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: 2024 DC AHI SG HMO
Project Name/Number: 2024 Exchange - Aetna/HMO

Filing at a Glance

Company: Aetna Health Inc. (a PA corp.)
Product Name: 2024 DC AHI SG HMO
State: District of Columbia
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.004F Small Group Only - HMO
Filing Type: Rate
Date Submitted: 05/01/2023
SERFF Tr Num: AETN-133624175
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: DCAHISG2024
Effective: 01/01/2024
Date Requested:
Author(s): Joanna Kluza, Michelle Wanner, Jackey Chui, Trevor Schuetz
Reviewer(s):
Disposition Date:
Disposition Status:
Effective Date:

State Filing Description:

State: District of Columbia
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: 2024 DC AHI SG HMO
Project Name/Number: 2024 Exchange - Aetna/HMO

Filing Company: Aetna Health Inc. (a PA corp.)

General Information

Project Name: 2024 Exchange - Aetna
Project Number: HMO
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 05/01/2023
State Status Changed:
Created By: Trevor Schuetz
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact:

Deemer Date:
Submitted By: Trevor Schuetz

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 Health, Inc. 1Q24 Small Group HMO rate filing for DC.

The corresponding forms filing was submitted separately. The SERFF ID Number is:AETN-133539855

Company and Contact

Filing Contact Information

Joanna Kluza, Actuarial Analyst
151 Farmington Ave
Hartford, CT 06156

KluzaJ@aetna.com
860-273-0099 [Phone]

Filing Company Information

Aetna Health Inc. (a PA corp.)
1425 Union Meeting Road
Blue Bell, PA 19422
(800) 872-3862 ext. [Phone]

CoCode: 95109
Group Code: 1
Group Name:
FEIN Number: 23-2169745

State of Domicile:
Pennsylvania
Company Type:
State ID Number:

State: District of Columbia **Filing Company:** Aetna Health Inc. (a PA corp.)
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: 2024 DC AHI SG HMO
Project Name/Number: 2024 Exchange - Aetna/HMO

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: District of Columbia

Filing Company: Aetna Health Inc. (a PA corp.)

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: 2024 DC AHI SG HMO

Project Name/Number: 2024 Exchange - Aetna/HMO

Rate Information

Rate data applies to filing.

Filing Method:

Review & Approval

Rate Change Type:

Decrease

Overall Percentage of Last Rate Revision:

-7.030%

Effective Date of Last Rate Revision:

01/01/2023

Filing Method of Last Filing:

Review & Approval

SERFF Tracking Number of Last Filing:

AETN-133232225

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 Health Inc. (a PA corp.)	Increase	11.360%	11.360%	\$71,813	107	\$761,501	19.920%	-10.350%

State: District of Columbia
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: 2024 DC AHI SG HMO
Project Name/Number: 2024 Exchange - Aetna/HMO

Rate Review Detail

COMPANY:

Company Name: Aetna Health Inc. (a PA corp.)
HHS Issuer Id: 73987

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
DC AHI SG HMO	73987DC004		107

Trend Factors:

FORMS:

New Policy Forms: HI SG SOB HMO 14052769 HIX 08, HI SG SOB HMO 14052767 HIX 08, HI SG SOB HMO 14052775 HIX 08, HI SG SOB HMO 14052770 HIX 08, HI SG SOB HMO 14052776 HIX 08, HI SG SOB HMO 14052774 HIX 08, HI SG SOB HMO 14052768 HIX 08, HI SG SOB HMO 14052778 HIX 08, HI SG SOB HMO 14052780 HIX 08

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly
Member Months: 795
Benefit Change: None
Percent Change Requested: Min: -10.35 Max: 19.92 Avg: 11.36

PRIOR RATE:

Total Earned Premium: 689,688.00
Total Incurred Claims: 852,045.00
Annual \$: Min: 402.82 Max: 548.67 Avg: 532.17

REQUESTED RATE:

Projected Earned Premium: 761,501.00
Projected Incurred Claims: 423,131.00
Annual \$: Min: 361.13 Max: 657.96 Avg: 592.63

State:

District of Columbia

Filing Company:

Aetna Health Inc. (a PA corp.)

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

2024 DC AHI SG HMO

Project Name/Number:

2024 Exchange - Aetna/HMO

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		DC AHI SG HMO 2024	HI SG SOB HMO 14052769 HIX 08, HI SG SOB HMO 14052767 HIX 08, HI SG SOB HMO 14052775 HIX 08, HI SG SOB HMO 14052770 HIX 08, HI SG SOB HMO 14052776 HIX 08, HI SG SOB HMO 14052774 HIX 08, HI SG SOB HMO 14052768 HIX 08, HI SG SOB HMO 14052778 HIX 08, HI SG SOB HMO 14052780 HIX 08	Revised	Previous State Filing Number: AETN-133232225 Percent Rate Change Request: 11.36	DC_SG_73987_Rates_ON_1Q2024_v1.xlsm, DC_SG_73987_Rates_ON_1Q2024_v1.pdf, DC_SG_73987_Rates_ON_2Q2024_v1.pdf, DC_SG_73987_Rates_ON_3Q2024_v1.pdf, DC_SG_73987_Rates_ON_4Q2024_v1.pdf,

SERFF Tracking #:	AETN-133624175	State Tracking #:		Company Tracking #:	DCAHISG2024
<hr/>					
State:	District of Columbia	Filing Company:	Aetna Health Inc. (a PA corp.)		
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO				
Product Name:	2024 DC AHI SG HMO				
Project Name/Number:	2024 Exchange - Aetna/HMO				

Attachment DC_SG_73987_Rates_ON_1Q2024_v1.xlsm is not a PDF document and cannot be reproduced here.

2024 Rates Table Template v13.0		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* Rate Effective Date* Rate Expiration Date* Rating Method*	73987					
	1/1/2024					
	3/31/2024					
	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	
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	355.77	355.77
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	15	355.77	355.77
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	16	355.77	355.77
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	17	355.77	355.77
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	18	355.77	355.77
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	19	355.77	355.77
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	20	355.77	355.77
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	21	395.48	395.48
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	22	395.48	395.48
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	23	395.48	395.48
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	24	395.48	395.48
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	25	395.48	395.48
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	26	395.48	395.48
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	27	395.48	395.48
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	28	404.72	404.72
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	29	413.43	413.43
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	30	423.76	423.76
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	31	434.64	434.64
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	32	444.44	444.44
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	33	454.77	454.77
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	34	465.65	465.65
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	35	476.53	476.53
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	36	487.41	487.41
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	37	498.29	498.29
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	38	504.27	504.27
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	39	510.26	510.26
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	40	530.38	530.38
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	41	551.06	551.06
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	42	572.82	572.82
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	43	595.12	595.12
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	44	618.51	618.51
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	45	642.45	642.45
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	46	667.47	667.47
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	47	693.58	693.58
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	48	720.78	720.78
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	49	749.07	749.07
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	50	778.44	778.44
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	51	808.91	808.91
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	52	840.46	840.46
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	53	873.10	873.10
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	54	907.37	907.37
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	55	942.73	942.73
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	56	979.72	979.72
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	57	1017.80	1017.80
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	58	1057.51	1057.51
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	59	1098.85	1098.85
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	60	1141.82	1141.82
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	61	1186.38	1186.38
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	62	1186.38	1186.38
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	63	1186.38	1186.38
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1185.83	1185.83
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	285.10	285.10
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	15	285.10	285.10
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	16	285.10	285.10
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	17	285.10	285.10
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	18	285.10	285.10
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	19	285.10	285.10
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	20	285.10	285.10
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	21	316.92	316.92
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	22	316.92	316.92
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	23	316.92	316.92
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	24	316.92	316.92
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	25	316.92	316.92
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	26	316.92	316.92
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	27	316.92	316.92
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	28	324.33	324.33
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	29	331.31	331.31
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	30	339.59	339.59
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	31	348.31	348.31
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	32	356.16	356.16
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	33	364.44	364.44
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	34	373.16	373.16
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	35	381.88	381.88
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	36	390.60	390.60
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	37	399.32	399.32
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	38	404.11	404.11
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	39	408.91	408.91
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	40	425.04	425.04
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	41	441.60	441.60
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	42	459.04	459.04
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	43	476.91	476.91
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	44	495.66	495.66
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	45	514.84	514.84
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	46	534.89	534.89
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	47	555.82	555.82
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	48	577.61	577.61
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	49	600.28	600.28
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	50	623.82	623.82
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	51	648.23	648.23
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	52	673.52	673.52
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	53	699.67	699.67
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	54	727.14	727.14
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	55	755.47	755.47
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	56	785.12	785.12
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	57	815.63	815.63
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	58	847.46	847.46
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	59	880.59	880.59
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	60	915.03	915.03
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	61	950.73	950.73
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	62	950.73	950.73
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	63	950.73	950.73
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	950.29	950.29
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	268.72	268.72
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	15	268.72	268.72
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	16	268.72	268.72
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	17	268.72	268.72
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	18	268.72	268.72
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	19	268.72	268.72
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	20	268.72	268.72
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	21	298.71	298.71
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	22	298.71	298.71
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	23	298.71	298.71
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	24	298.71	298.71

	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	25	298.71	298.71
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	26	298.71	298.71
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	27	298.71	298.71
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	28	305.70	305.70
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	29	312.27	312.27
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	30	320.08	320.08
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	31	328.30	328.30
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	32	335.69	335.69
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	33	343.50	343.50
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	34	351.72	351.72
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	35	359.94	359.94
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	36	368.15	368.15
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	37	376.37	376.37
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	38	380.89	380.89
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	39	385.41	385.41
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	40	400.61	400.61
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	41	416.23	416.23
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	42	432.66	432.66
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	43	449.51	449.51
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	44	467.18	467.18
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	45	485.26	485.26
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	46	504.16	504.16
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	47	523.88	523.88
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	48	544.42	544.42
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	49	565.79	565.79
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	50	587.98	587.98
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	51	610.99	610.99
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	52	634.82	634.82
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	53	659.47	659.47
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	54	685.36	685.36
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	55	712.07	712.07
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	56	740.01	740.01
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	57	768.77	768.77
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	58	798.76	798.76
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	59	829.99	829.99
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	60	862.45	862.45
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	61	896.10	896.10
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	62	896.10	896.10
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	63	896.10	896.10
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	895.69	895.69
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	334.96	334.96
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	15	334.96	334.96
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	16	334.96	334.96
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	17	334.96	334.96
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	18	334.96	334.96
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	19	334.96	334.96
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	20	334.96	334.96
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	21	372.35	372.35
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	22	372.35	372.35
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	23	372.35	372.35
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	24	372.35	372.35
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	25	372.35	372.35
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	26	372.35	372.35
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	27	372.35	372.35
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	28	381.06	381.06
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	29	389.25	389.25
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	30	398.98	398.98
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	31	409.23	409.23
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	32	418.44	418.44
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	33	428.18	428.18
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	34	438.42	438.42
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	35	448.66	448.66
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	36	458.91	458.91
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	37	469.15	469.15
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	38	474.78	474.78
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	39	480.42	480.42
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	40	499.37	499.37
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	41	518.83	518.83
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	42	539.32	539.32
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	43	560.32	560.32
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	44	582.34	582.34
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	45	604.88	604.88
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	46	628.44	628.44
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	47	653.02	653.02
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	48	678.63	678.63
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	49	705.26	705.26
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	50	732.92	732.92
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	51	761.60	761.60
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	52	791.31	791.31
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	53	822.04	822.04
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	54	854.30	854.30
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	55	887.59	887.59
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	56	922.42	922.42
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	57	958.27	958.27
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	58	995.66	995.66
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	59	1034.59	1034.59
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	60	1075.05	1075.05
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	61	1117.00	1117.00
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	62	1117.00	1117.00
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	63	1117.00	1117.00
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1116.48	1116.48
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	235.57	235.57
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	15	235.57	235.57
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	16	235.57	235.57
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	17	235.57	235.57
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	18	235.57	235.57
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	19	235.57	235.57
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	20	235.57	235.57
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	21	261.87	261.87
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	22	261.87	261.87
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	23	261.87	261.87
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	24	261.87	261.87
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	25	261.87	261.87
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	26	261.87	261.87
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	27	261.87	261.87
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	28	267.99	267.99
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	29	273.76	273.76
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	30	280.60	280.60
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	31	287.80	287.80
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	32	294.29	294.29
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	33	301.13	301.13

73987DC0040060	Rating Area 1		Tobacco User/Non-Tobacco User	34	308.34	308.34
	Rating Area 1		Tobacco User/Non-Tobacco User	35	315.54	315.54
	Rating Area 1		Tobacco User/Non-Tobacco User	36	322.74	322.74
	Rating Area 1		Tobacco User/Non-Tobacco User	37	329.95	329.95
	Rating Area 1		Tobacco User/Non-Tobacco User	38	333.91	333.91
	Rating Area 1		Tobacco User/Non-Tobacco User	39	337.87	337.87
	Rating Area 1		Tobacco User/Non-Tobacco User	40	351.20	351.20
	Rating Area 1		Tobacco User/Non-Tobacco User	41	364.89	364.89
	Rating Area 1		Tobacco User/Non-Tobacco User	42	379.30	379.30
	Rating Area 1		Tobacco User/Non-Tobacco User	43	394.06	394.06
	Rating Area 1		Tobacco User/Non-Tobacco User	44	409.55	409.55
	Rating Area 1		Tobacco User/Non-Tobacco User	45	425.40	425.40
	Rating Area 1		Tobacco User/Non-Tobacco User	46	441.97	441.97
	Rating Area 1		Tobacco User/Non-Tobacco User	47	459.26	459.26
	Rating Area 1		Tobacco User/Non-Tobacco User	48	477.27	477.27
	Rating Area 1		Tobacco User/Non-Tobacco User	49	496.00	496.00
	Rating Area 1		Tobacco User/Non-Tobacco User	50	515.45	515.45
	Rating Area 1		Tobacco User/Non-Tobacco User	51	535.62	535.62
	Rating Area 1		Tobacco User/Non-Tobacco User	52	556.52	556.52
	Rating Area 1		Tobacco User/Non-Tobacco User	53	578.13	578.13
	Rating Area 1		Tobacco User/Non-Tobacco User	54	600.82	600.82
	Rating Area 1		Tobacco User/Non-Tobacco User	55	624.24	624.24
	Rating Area 1		Tobacco User/Non-Tobacco User	56	648.73	648.73
	Rating Area 1		Tobacco User/Non-Tobacco User	57	673.94	673.94
	Rating Area 1		Tobacco User/Non-Tobacco User	58	700.24	700.24
	Rating Area 1		Tobacco User/Non-Tobacco User	59	727.61	727.61
	Rating Area 1		Tobacco User/Non-Tobacco User	60	756.07	756.07
	Rating Area 1		Tobacco User/Non-Tobacco User	61	785.57	785.57
	Rating Area 1		Tobacco User/Non-Tobacco User	62	785.57	785.57
	Rating Area 1		Tobacco User/Non-Tobacco User	63	785.57	785.57
	Rating Area 1		Tobacco User/Non-Tobacco User	64 and over	785.21	785.21
73987DC0040061	Rating Area 1		Tobacco User/Non-Tobacco User	0-14	409.18	409.18
73987DC0040061	Rating Area 1		Tobacco User/Non-Tobacco User	15	409.18	409.18
	Rating Area 1		Tobacco User/Non-Tobacco User	16	409.18	409.18
	Rating Area 1		Tobacco User/Non-Tobacco User	17	409.18	409.18
	Rating Area 1		Tobacco User/Non-Tobacco User	18	409.18	409.18
	Rating Area 1		Tobacco User/Non-Tobacco User	19	409.18	409.18
	Rating Area 1		Tobacco User/Non-Tobacco User	20	409.18	409.18
	Rating Area 1		Tobacco User/Non-Tobacco User	21	454.86	454.86
	Rating Area 1		Tobacco User/Non-Tobacco User	22	454.86	454.86
	Rating Area 1		Tobacco User/Non-Tobacco User	23	454.86	454.86
	Rating Area 1		Tobacco User/Non-Tobacco User	24	454.86	454.86
	Rating Area 1		Tobacco User/Non-Tobacco User	25	454.86	454.86
	Rating Area 1		Tobacco User/Non-Tobacco User	26	454.86	454.86
	Rating Area 1		Tobacco User/Non-Tobacco User	27	454.86	454.86
	Rating Area 1		Tobacco User/Non-Tobacco User	28	465.49	465.49
	Rating Area 1		Tobacco User/Non-Tobacco User	29	475.50	475.50
	Rating Area 1		Tobacco User/Non-Tobacco User	30	487.39	487.39
	Rating Area 1		Tobacco User/Non-Tobacco User	31	499.90	499.90
	Rating Area 1		Tobacco User/Non-Tobacco User	32	511.16	511.16
	Rating Area 1		Tobacco User/Non-Tobacco User	33	523.05	523.05
	Rating Area 1		Tobacco User/Non-Tobacco User	34	535.57	535.57
	Rating Area 1		Tobacco User/Non-Tobacco User	35	548.08	548.08
	Rating Area 1		Tobacco User/Non-Tobacco User	36	560.59	560.59
	Rating Area 1		Tobacco User/Non-Tobacco User	37	573.10	573.10
	Rating Area 1		Tobacco User/Non-Tobacco User	38	579.99	579.99
	Rating Area 1		Tobacco User/Non-Tobacco User	39	586.87	586.87
	Rating Area 1		Tobacco User/Non-Tobacco User	40	610.02	610.02
	Rating Area 1		Tobacco User/Non-Tobacco User	41	633.79	633.79
	Rating Area 1		Tobacco User/Non-Tobacco User	42	658.82	658.82
	Rating Area 1		Tobacco User/Non-Tobacco User	43	684.47	684.47
	Rating Area 1		Tobacco User/Non-Tobacco User	44	711.38	711.38
	Rating Area 1		Tobacco User/Non-Tobacco User	45	738.90	738.90
	Rating Area 1		Tobacco User/Non-Tobacco User	46	767.69	767.69
	Rating Area 1		Tobacco User/Non-Tobacco User	47	797.72	797.72
	Rating Area 1		Tobacco User/Non-Tobacco User	48	829.00	829.00

73987DC0040061	Rating Area 1	Tobacco User/Non-Tobacco User	49	861.53	861.53
	Rating Area 1	Tobacco User/Non-Tobacco User	50	895.32	895.32
	Rating Area 1	Tobacco User/Non-Tobacco User	51	930.36	930.36
	Rating Area 1	Tobacco User/Non-Tobacco User	52	966.65	966.65
	Rating Area 1	Tobacco User/Non-Tobacco User	53	1004.18	1004.18
	Rating Area 1	Tobacco User/Non-Tobacco User	54	1043.60	1043.60
	Rating Area 1	Tobacco User/Non-Tobacco User	55	1084.27	1084.27
	Rating Area 1	Tobacco User/Non-Tobacco User	56	1126.81	1126.81
	Rating Area 1	Tobacco User/Non-Tobacco User	57	1170.61	1170.61
	Rating Area 1	Tobacco User/Non-Tobacco User	58	1216.28	1216.28
	Rating Area 1	Tobacco User/Non-Tobacco User	59	1263.83	1263.83
	Rating Area 1	Tobacco User/Non-Tobacco User	60	1313.26	1313.26
	Rating Area 1	Tobacco User/Non-Tobacco User	61	1364.50	1364.50
	Rating Area 1	Tobacco User/Non-Tobacco User	62	1364.50	1364.50
	Rating Area 1	Tobacco User/Non-Tobacco User	63	1364.50	1364.50
	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1363.88	1363.88
73987DC0040062	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	277.51	277.51
73987DC0040062	Rating Area 1	Tobacco User/Non-Tobacco User	15	277.51	277.51
	Rating Area 1	Tobacco User/Non-Tobacco User	16	277.51	277.51
	Rating Area 1	Tobacco User/Non-Tobacco User	17	277.51	277.51
	Rating Area 1	Tobacco User/Non-Tobacco User	18	277.51	277.51
	Rating Area 1	Tobacco User/Non-Tobacco User	19	277.51	277.51
	Rating Area 1	Tobacco User/Non-Tobacco User	20	277.51	277.51
	Rating Area 1	Tobacco User/Non-Tobacco User	21	308.48	308.48
	Rating Area 1	Tobacco User/Non-Tobacco User	22	308.48	308.48
	Rating Area 1	Tobacco User/Non-Tobacco User	23	308.48	308.48
	Rating Area 1	Tobacco User/Non-Tobacco User	24	308.48	308.48
	Rating Area 1	Tobacco User/Non-Tobacco User	25	308.48	308.48
	Rating Area 1	Tobacco User/Non-Tobacco User	26	308.48	308.48
	Rating Area 1	Tobacco User/Non-Tobacco User	27	308.48	308.48
	Rating Area 1	Tobacco User/Non-Tobacco User	28	315.70	315.70
	Rating Area 1	Tobacco User/Non-Tobacco User	29	322.48	322.48
	Rating Area 1	Tobacco User/Non-Tobacco User	30	330.55	330.55
	Rating Area 1	Tobacco User/Non-Tobacco User	31	339.03	339.03
	Rating Area 1	Tobacco User/Non-Tobacco User	32	346.67	346.67
	Rating Area 1	Tobacco User/Non-Tobacco User	33	354.73	354.73
	Rating Area 1	Tobacco User/Non-Tobacco User	34	363.22	363.22
	Rating Area 1	Tobacco User/Non-Tobacco User	35	371.71	371.71
	Rating Area 1	Tobacco User/Non-Tobacco User	36	380.19	380.19
	Rating Area 1	Tobacco User/Non-Tobacco User	37	388.68	388.68
	Rating Area 1	Tobacco User/Non-Tobacco User	38	393.35	393.35
	Rating Area 1	Tobacco User/Non-Tobacco User	39	398.01	398.01
	Rating Area 1	Tobacco User/Non-Tobacco User	40	413.71	413.71
	Rating Area 1	Tobacco User/Non-Tobacco User	41	429.84	429.84
	Rating Area 1	Tobacco User/Non-Tobacco User	42	446.81	446.81
	Rating Area 1	Tobacco User/Non-Tobacco User	43	464.21	464.21
	Rating Area 1	Tobacco User/Non-Tobacco User	44	482.45	482.45
	Rating Area 1	Tobacco User/Non-Tobacco User	45	501.12	501.12
	Rating Area 1	Tobacco User/Non-Tobacco User	46	520.64	520.64
	Rating Area 1	Tobacco User/Non-Tobacco User	47	541.01	541.01
	Rating Area 1	Tobacco User/Non-Tobacco User	48	562.23	562.23
	Rating Area 1	Tobacco User/Non-Tobacco User	49	584.29	584.29
	Rating Area 1	Tobacco User/Non-Tobacco User	50	607.21	607.21
	Rating Area 1	Tobacco User/Non-Tobacco User	51	630.97	630.97
	Rating Area 1	Tobacco User/Non-Tobacco User	52	655.58	655.58
	Rating Area 1	Tobacco User/Non-Tobacco User	53	681.04	681.04
	Rating Area 1	Tobacco User/Non-Tobacco User	54	707.77	707.77
	Rating Area 1	Tobacco User/Non-Tobacco User	55	735.35	735.35
	Rating Area 1	Tobacco User/Non-Tobacco User	56	764.20	764.20
	Rating Area 1	Tobacco User/Non-Tobacco User	57	793.91	793.91
	Rating Area 1	Tobacco User/Non-Tobacco User	58	824.88	824.88
	Rating Area 1	Tobacco User/Non-Tobacco User	59	857.13	857.13
	Rating Area 1	Tobacco User/Non-Tobacco User	60	890.65	890.65
	Rating Area 1	Tobacco User/Non-Tobacco User	61	925.40	925.40
	Rating Area 1	Tobacco User/Non-Tobacco User	62	925.40	925.40
	Rating Area 1	Tobacco User/Non-Tobacco User	63	925.40	925.40

73987DC0040062 Rating Area 1		Tobacco User/Non-Tobacco User	64 and over	924.98	924.98
73987DC0040063	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	224.61	224.61
73987DC0040063	Rating Area 1	Tobacco User/Non-Tobacco User	15	224.61	224.61
	Rating Area 1	Tobacco User/Non-Tobacco User	16	224.61	224.61
	Rating Area 1	Tobacco User/Non-Tobacco User	17	224.61	224.61
	Rating Area 1	Tobacco User/Non-Tobacco User	18	224.61	224.61
	Rating Area 1	Tobacco User/Non-Tobacco User	19	224.61	224.61
	Rating Area 1	Tobacco User/Non-Tobacco User	20	224.61	224.61
	Rating Area 1	Tobacco User/Non-Tobacco User	21	249.68	249.68
	Rating Area 1	Tobacco User/Non-Tobacco User	22	249.68	249.68
	Rating Area 1	Tobacco User/Non-Tobacco User	23	249.68	249.68
	Rating Area 1	Tobacco User/Non-Tobacco User	24	249.68	249.68
	Rating Area 1	Tobacco User/Non-Tobacco User	25	249.68	249.68
	Rating Area 1	Tobacco User/Non-Tobacco User	26	249.68	249.68
	Rating Area 1	Tobacco User/Non-Tobacco User	27	249.68	249.68
	Rating Area 1	Tobacco User/Non-Tobacco User	28	255.52	255.52
	Rating Area 1	Tobacco User/Non-Tobacco User	29	261.01	261.01
	Rating Area 1	Tobacco User/Non-Tobacco User	30	267.54	267.54
	Rating Area 1	Tobacco User/Non-Tobacco User	31	274.41	274.41
	Rating Area 1	Tobacco User/Non-Tobacco User	32	280.59	280.59
	Rating Area 1	Tobacco User/Non-Tobacco User	33	287.11	287.11
	Rating Area 1	Tobacco User/Non-Tobacco User	34	293.98	293.98
	Rating Area 1	Tobacco User/Non-Tobacco User	35	300.85	300.85
	Rating Area 1	Tobacco User/Non-Tobacco User	36	307.72	307.72
	Rating Area 1	Tobacco User/Non-Tobacco User	37	314.59	314.59
	Rating Area 1	Tobacco User/Non-Tobacco User	38	318.37	318.37
	Rating Area 1	Tobacco User/Non-Tobacco User	39	322.14	322.14
	Rating Area 1	Tobacco User/Non-Tobacco User	40	334.85	334.85
	Rating Area 1	Tobacco User/Non-Tobacco User	41	347.90	347.90
	Rating Area 1	Tobacco User/Non-Tobacco User	42	361.64	361.64
	Rating Area 1	Tobacco User/Non-Tobacco User	43	375.72	375.72
	Rating Area 1	Tobacco User/Non-Tobacco User	44	390.49	390.49
	Rating Area 1	Tobacco User/Non-Tobacco User	45	405.60	405.60
	Rating Area 1	Tobacco User/Non-Tobacco User	46	421.40	421.40
	Rating Area 1	Tobacco User/Non-Tobacco User	47	437.88	437.88
	Rating Area 1	Tobacco User/Non-Tobacco User	48	455.05	455.05
	Rating Area 1	Tobacco User/Non-Tobacco User	49	472.91	472.91
	Rating Area 1	Tobacco User/Non-Tobacco User	50	491.46	491.46
	Rating Area 1	Tobacco User/Non-Tobacco User	51	510.69	510.69
	Rating Area 1	Tobacco User/Non-Tobacco User	52	530.61	530.61
	Rating Area 1	Tobacco User/Non-Tobacco User	53	551.22	551.22
	Rating Area 1	Tobacco User/Non-Tobacco User	54	572.85	572.85
	Rating Area 1	Tobacco User/Non-Tobacco User	55	595.18	595.18
	Rating Area 1	Tobacco User/Non-Tobacco User	56	618.53	618.53
	Rating Area 1	Tobacco User/Non-Tobacco User	57	642.57	642.57
	Rating Area 1	Tobacco User/Non-Tobacco User	58	667.64	667.64
	Rating Area 1	Tobacco User/Non-Tobacco User	59	693.74	693.74
	Rating Area 1	Tobacco User/Non-Tobacco User	60	720.87	720.87
	Rating Area 1	Tobacco User/Non-Tobacco User	61	749.00	749.00
	Rating Area 1	Tobacco User/Non-Tobacco User	62	749.00	749.00
	Rating Area 1	Tobacco User/Non-Tobacco User	63	749.00	749.00
	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	748.66	748.66
73987DC0040064	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	257.14	257.14
73987DC0040064	Rating Area 1	Tobacco User/Non-Tobacco User	15	257.14	257.14
	Rating Area 1	Tobacco User/Non-Tobacco User	16	257.14	257.14
	Rating Area 1	Tobacco User/Non-Tobacco User	17	257.14	257.14
	Rating Area 1	Tobacco User/Non-Tobacco User	18	257.14	257.14
	Rating Area 1	Tobacco User/Non-Tobacco User	19	257.14	257.14
	Rating Area 1	Tobacco User/Non-Tobacco User	20	257.14	257.14
	Rating Area 1	Tobacco User/Non-Tobacco User	21	285.85	285.85
	Rating Area 1	Tobacco User/Non-Tobacco User	22	285.85	285.85
	Rating Area 1	Tobacco User/Non-Tobacco User	23	285.85	285.85
	Rating Area 1	Tobacco User/Non-Tobacco User	24	285.85	285.85
	Rating Area 1	Tobacco User/Non-Tobacco User	25	285.85	285.85
	Rating Area 1	Tobacco User/Non-Tobacco User	26	285.85	285.85
	Rating Area 1	Tobacco User/Non-Tobacco User	27	285.85	285.85
	Rating Area 1	Tobacco User/Non-Tobacco User	27	285.85	285.85

73987DC0040064	Rating Area 1	Tobacco User/Non-Tobacco User	28	292.53	292.53
			29	298.82	298.82
			30	306.29	306.29
			31	314.16	314.16
			32	321.23	321.23
			33	328.70	328.70
			34	336.57	336.57
			35	344.43	344.43
			36	352.30	352.30
			37	360.16	360.16
			38	364.48	364.48
			39	368.81	368.81
			40	383.36	383.36
			41	398.30	398.30
			42	414.03	414.03
			43	430.15	430.15
			44	447.05	447.05
			45	464.35	464.35
			46	482.44	482.44
			47	501.31	501.31
			48	520.97	520.97
			49	541.42	541.42
			50	562.65	562.65
			51	584.67	584.67
			52	607.47	607.47
			53	631.07	631.07
			54	655.84	655.84
			55	681.39	681.39
			56	708.13	708.13
			57	735.65	735.65
			58	764.36	764.36
			59	794.24	794.24
			60	825.30	825.30
			61	857.50	857.50
			62	857.50	857.50
			63	857.50	857.50
			64 and over	857.11	857.11

2024 Rates Table Template v13.0		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* Rate Effective Date* Rate Expiration Date* Rating Method*	73987					
	4/1/2024					
	6/30/2024					
	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	
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	363.03	363.03
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	15	363.03	363.03
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	16	363.03	363.03
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	17	363.03	363.03
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	18	363.03	363.03
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	19	363.03	363.03
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	20	363.03	363.03
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	21	403.55	403.55
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	22	403.55	403.55
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	23	403.55	403.55
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	24	403.55	403.55
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	25	403.55	403.55
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	26	403.55	403.55
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	27	403.55	403.55
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	28	412.98	412.98
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	29	421.86	421.86
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	30	432.41	432.41
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	31	443.51	443.51
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	32	453.50	453.50
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	33	464.05	464.05
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	34	475.15	475.15
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	35	486.25	486.25
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	36	497.36	497.36
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	37	508.46	508.46
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	38	514.56	514.56
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	39	520.67	520.67
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	40	541.21	541.21
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	41	562.30	562.30
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	42	584.50	584.50
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	43	607.26	607.26
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	44	631.13	631.13
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	45	655.55	655.55
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	46	681.09	681.09
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	47	707.73	707.73
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	48	735.49	735.49
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	49	764.35	764.35
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	50	794.33	794.33
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	51	825.41	825.41
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	52	857.61	857.61
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	53	890.91	890.91
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	54	925.88	925.88
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	55	961.96	961.96
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	56	999.71	999.71
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	57	1038.56	1038.56
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	58	1079.08	1079.08
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	59	1121.27	1121.27
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	60	1165.12	1165.12
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	61	1210.58	1210.58
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	62	1210.58	1210.58
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	63	1210.58	1210.58
	73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1210.03	1210.03
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	290.92	290.92
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	15	290.92	290.92
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	16	290.92	290.92
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	17	290.92	290.92
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	18	290.92	290.92
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	19	290.92	290.92
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	20	290.92	290.92
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	21	323.39	323.39
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	22	323.39	323.39
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	23	323.39	323.39
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	24	323.39	323.39
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	25	323.39	323.39
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	26	323.39	323.39
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	27	323.39	323.39
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	28	330.95	330.95
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	29	338.07	338.07
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	30	346.52	346.52
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	31	355.42	355.42
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	32	363.43	363.43
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	33	371.88	371.88
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	34	380.77	380.77
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	35	389.67	389.67
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	36	398.57	398.57
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	37	407.46	407.46
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	38	412.36	412.36
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	39	417.25	417.25
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	40	433.71	433.71
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	41	450.61	450.61
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	42	468.41	468.41
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	43	486.64	486.64
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	44	505.77	505.77
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	45	525.34	525.34
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	46	545.81	545.81
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	47	567.16	567.16
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	48	589.40	589.40
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	49	612.53	612.53
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	50	636.55	636.55
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	51	661.46	661.46
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	52	687.26	687.26
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	53	713.95	713.95
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	54	741.98	741.98
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	55	770.89	770.89
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	56	801.14	801.14
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	57	832.28	832.28
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	58	864.75	864.75
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	59	898.56	898.56
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	60	933.70	933.70
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	61	970.13	970.13
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	62	970.13	970.13
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	63	970.13	970.13
	73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	969.68	969.68
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	274.20	274.20
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	15	274.20	274.20
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	16	274.20	274.20
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	17	274.20	274.20
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	18	274.20	274.20
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	19	274.20	274.20
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	20	274.20	274.20
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	21	304.81	304.81
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	22	304.81	304.81
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	23	304.81	304.81
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	24	304.81	304.81

	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	25	304.81	304.81
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	26	304.81	304.81
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	27	304.81	304.81
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	28	311.94	311.94
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	29	318.65	318.65
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	30	326.61	326.61
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	31	335.00	335.00
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	32	342.54	342.54
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	33	350.51	350.51
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	34	358.90	358.90
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	35	367.28	367.28
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	36	375.67	375.67
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	37	384.05	384.05
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	38	388.66	388.66
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	39	393.28	393.28
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	40	408.79	408.79
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	41	424.72	424.72
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	42	441.49	441.49
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	43	458.68	458.68
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	44	476.71	476.71
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	45	495.16	495.16
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	46	514.45	514.45
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	47	534.57	534.57
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	48	555.53	555.53
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	49	577.34	577.34
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	50	599.98	599.98
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	51	623.46	623.46
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	52	647.77	647.77
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	53	672.93	672.93
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	54	699.34	699.34
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	55	726.60	726.60
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	56	755.11	755.11
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	57	784.46	784.46
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	58	815.06	815.06
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	59	846.93	846.93
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	60	880.05	880.05
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	61	914.39	914.39
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	62	914.39	914.39
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	63	914.39	914.39
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	913.97	913.97
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	341.80	341.80
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	15	341.80	341.80
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	16	341.80	341.80
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	17	341.80	341.80
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	18	341.80	341.80
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	19	341.80	341.80
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	20	341.80	341.80
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	21	379.95	379.95
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	22	379.95	379.95
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	23	379.95	379.95
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	24	379.95	379.95
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	25	379.95	379.95
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	26	379.95	379.95
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	27	379.95	379.95
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	28	388.83	388.83
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	29	397.19	397.19
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	30	407.12	407.12
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	31	417.58	417.58
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	32	426.98	426.98
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	33	436.91	436.91
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	34	447.37	447.37
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	35	457.82	457.82
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	36	468.27	468.27
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	37	478.72	478.72
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	38	484.47	484.47
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	39	490.22	490.22
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	40	509.56	509.56
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	41	529.42	529.42
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	42	550.32	550.32
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	43	571.75	571.75
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	44	594.22	594.22
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	45	617.22	617.22
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	46	641.26	641.26
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	47	666.34	666.34
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	48	692.48	692.48
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	49	719.65	719.65
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	50	747.87	747.87
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	51	777.14	777.14
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	52	807.45	807.45
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	53	838.81	838.81
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	54	871.74	871.74
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	55	905.71	905.71
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	56	941.24	941.24
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	57	977.83	977.83
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	58	1015.98	1015.98
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	59	1055.70	1055.70
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	60	1096.99	1096.99
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	61	1139.79	1139.79
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	62	1139.79	1139.79
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	63	1139.79	1139.79
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1139.27	1139.27
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	240.38	240.38
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	15	240.38	240.38
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	16	240.38	240.38
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	17	240.38	240.38
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	18	240.38	240.38
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	19	240.38	240.38
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	20	240.38	240.38
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	21	267.21	267.21
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	22	267.21	267.21
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	23	267.21	267.21
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	24	267.21	267.21
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	25	267.21	267.21
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	26	267.21	267.21
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	27	267.21	267.21
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	28	273.46	273.46
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	29	279.34	279.34
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	30	286.33	286.33
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	31	293.68	293.68
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	32	300.29	300.29
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	33	307.28	307.28

73987DC0040060	Rating Area 1		Tobacco User/Non-Tobacco User	34	314.63	314.63
	Rating Area 1		Tobacco User/Non-Tobacco User	35	321.98	321.98
	Rating Area 1		Tobacco User/Non-Tobacco User	36	329.33	329.33
	Rating Area 1		Tobacco User/Non-Tobacco User	37	336.68	336.68
	Rating Area 1		Tobacco User/Non-Tobacco User	38	340.72	340.72
	Rating Area 1		Tobacco User/Non-Tobacco User	39	344.77	344.77
	Rating Area 1		Tobacco User/Non-Tobacco User	40	358.37	358.37
	Rating Area 1		Tobacco User/Non-Tobacco User	41	372.33	372.33
	Rating Area 1		Tobacco User/Non-Tobacco User	42	387.04	387.04
	Rating Area 1		Tobacco User/Non-Tobacco User	43	402.11	402.11
	Rating Area 1		Tobacco User/Non-Tobacco User	44	417.91	417.91
	Rating Area 1		Tobacco User/Non-Tobacco User	45	434.08	434.08
	Rating Area 1		Tobacco User/Non-Tobacco User	46	450.99	450.99
	Rating Area 1		Tobacco User/Non-Tobacco User	47	468.63	468.63
	Rating Area 1		Tobacco User/Non-Tobacco User	48	487.01	487.01
	Rating Area 1		Tobacco User/Non-Tobacco User	49	506.12	506.12
	Rating Area 1		Tobacco User/Non-Tobacco User	50	525.97	525.97
	Rating Area 1		Tobacco User/Non-Tobacco User	51	546.55	546.55
	Rating Area 1		Tobacco User/Non-Tobacco User	52	567.87	567.87
	Rating Area 1		Tobacco User/Non-Tobacco User	53	589.93	589.93
	Rating Area 1		Tobacco User/Non-Tobacco User	54	613.08	613.08
	Rating Area 1		Tobacco User/Non-Tobacco User	55	636.97	636.97
	Rating Area 1		Tobacco User/Non-Tobacco User	56	661.97	661.97
	Rating Area 1		Tobacco User/Non-Tobacco User	57	687.70	687.70
	Rating Area 1		Tobacco User/Non-Tobacco User	58	714.53	714.53
	Rating Area 1		Tobacco User/Non-Tobacco User	59	742.46	742.46
	Rating Area 1		Tobacco User/Non-Tobacco User	60	771.50	771.50
	Rating Area 1		Tobacco User/Non-Tobacco User	61	801.60	801.60
	Rating Area 1		Tobacco User/Non-Tobacco User	62	801.60	801.60
	Rating Area 1		Tobacco User/Non-Tobacco User	63	801.60	801.60
	Rating Area 1		Tobacco User/Non-Tobacco User	64 and over	801.23	801.23
73987DC0040061	Rating Area 1		Tobacco User/Non-Tobacco User	0-14	417.53	417.53
73987DC0040061	Rating Area 1		Tobacco User/Non-Tobacco User	15	417.53	417.53
	Rating Area 1		Tobacco User/Non-Tobacco User	16	417.53	417.53
	Rating Area 1		Tobacco User/Non-Tobacco User	17	417.53	417.53
	Rating Area 1		Tobacco User/Non-Tobacco User	18	417.53	417.53
	Rating Area 1		Tobacco User/Non-Tobacco User	19	417.53	417.53
	Rating Area 1		Tobacco User/Non-Tobacco User	20	417.53	417.53
	Rating Area 1		Tobacco User/Non-Tobacco User	21	464.14	464.14
	Rating Area 1		Tobacco User/Non-Tobacco User	22	464.14	464.14
	Rating Area 1		Tobacco User/Non-Tobacco User	23	464.14	464.14
	Rating Area 1		Tobacco User/Non-Tobacco User	24	464.14	464.14
	Rating Area 1		Tobacco User/Non-Tobacco User	25	464.14	464.14
	Rating Area 1		Tobacco User/Non-Tobacco User	26	464.14	464.14
	Rating Area 1		Tobacco User/Non-Tobacco User	27	464.14	464.14
	Rating Area 1		Tobacco User/Non-Tobacco User	28	474.99	474.99
	Rating Area 1		Tobacco User/Non-Tobacco User	29	485.20	485.20
	Rating Area 1		Tobacco User/Non-Tobacco User	30	497.33	497.33
	Rating Area 1		Tobacco User/Non-Tobacco User	31	510.10	510.10
	Rating Area 1		Tobacco User/Non-Tobacco User	32	521.59	521.59
	Rating Area 1		Tobacco User/Non-Tobacco User	33	533.72	533.72
	Rating Area 1		Tobacco User/Non-Tobacco User	34	546.49	546.49
	Rating Area 1		Tobacco User/Non-Tobacco User	35	559.26	559.26
	Rating Area 1		Tobacco User/Non-Tobacco User	36	572.03	572.03
	Rating Area 1		Tobacco User/Non-Tobacco User	37	584.80	584.80
	Rating Area 1		Tobacco User/Non-Tobacco User	38	591.82	591.82
	Rating Area 1		Tobacco User/Non-Tobacco User	39	598.84	598.84
	Rating Area 1		Tobacco User/Non-Tobacco User	40	622.47	622.47
	Rating Area 1		Tobacco User/Non-Tobacco User	41	646.73	646.73
	Rating Area 1		Tobacco User/Non-Tobacco User	42	672.26	672.26
	Rating Area 1		Tobacco User/Non-Tobacco User	43	698.44	698.44
	Rating Area 1		Tobacco User/Non-Tobacco User	44	725.89	725.89
	Rating Area 1		Tobacco User/Non-Tobacco User	45	753.98	753.98
	Rating Area 1		Tobacco User/Non-Tobacco User	46	783.35	783.35
	Rating Area 1		Tobacco User/Non-Tobacco User	47	813.99	813.99
	Rating Area 1		Tobacco User/Non-Tobacco User	48	845.92	845.92

73987DC0040061	Rating Area 1	Tobacco User/Non-Tobacco User	49	879.11	879.11
			50	913.59	913.59
			51	949.34	949.34
			52	986.37	986.37
			53	1024.68	1024.68
			54	1064.90	1064.90
			55	1106.39	1106.39
			56	1149.81	1149.81
			57	1194.50	1194.50
			58	1241.10	1241.10
			59	1289.62	1289.62
			60	1340.06	1340.06
			61	1392.35	1392.35
			62	1392.35	1392.35
			63	1392.35	1392.35
			64 and over	1391.71	1391.71
73987DC0040062	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	283.17	283.17
73987DC0040062	Rating Area 1	Tobacco User/Non-Tobacco User	15	283.17	283.17
			16	283.17	283.17
			17	283.17	283.17
			18	283.17	283.17
			19	283.17	283.17
			20	283.17	283.17
			21	314.78	314.78
			22	314.78	314.78
			23	314.78	314.78
			24	314.78	314.78
			25	314.78	314.78
			26	314.78	314.78
			27	314.78	314.78
			28	322.14	322.14
			29	329.07	329.07
			30	337.29	337.29
			31	345.95	345.95
			32	353.75	353.75
			33	361.97	361.97
			34	370.63	370.63
			35	379.29	379.29
			36	387.95	387.95
			37	396.61	396.61
			38	401.37	401.37
			39	406.14	406.14
			40	422.16	422.16
			41	438.61	438.61
			42	455.93	455.93
			43	473.68	473.68
			44	492.30	492.30
			45	511.35	511.35
			46	531.27	531.27
			47	552.05	552.05
			48	573.70	573.70
			49	596.21	596.21
			50	619.60	619.60
			51	643.84	643.84
			52	668.96	668.96
			53	694.93	694.93
			54	722.21	722.21
			55	750.36	750.36
			56	779.80	779.80
			57	810.11	810.11
			58	841.71	841.71
			59	874.62	874.62
			60	908.83	908.83
			61	944.29	944.29
			62	944.29	944.29
			63	944.29	944.29

73987DC0040062 Rating Area 1		Tobacco User/Non-Tobacco User	64 and over	943.85	943.85
73987DC0040063	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	229.19	229.19
73987DC0040063 Rating Area 1	Rating Area 1	Tobacco User/Non-Tobacco User	15	229.19	229.19
			16	229.19	229.19
			17	229.19	229.19
			18	229.19	229.19
			19	229.19	229.19
			20	229.19	229.19
			21	254.77	254.77
			22	254.77	254.77
			23	254.77	254.77
			24	254.77	254.77
			25	254.77	254.77
			26	254.77	254.77
			27	254.77	254.77
			28	260.73	260.73
			29	266.34	266.34
			30	273.00	273.00
			31	280.01	280.01
			32	286.31	286.31
			33	292.97	292.97
			34	299.98	299.98
			35	306.99	306.99
			36	314.00	314.00
			37	321.01	321.01
			38	324.86	324.86
			39	328.72	328.72
			40	341.68	341.68
			41	355.00	355.00
			42	369.02	369.02
			43	383.39	383.39
			44	398.46	398.46
			45	413.88	413.88
			46	430.00	430.00
			47	446.82	446.82
			48	464.34	464.34
			49	482.56	482.56
			50	501.49	501.49
			51	521.11	521.11
			52	541.44	541.44
			53	562.46	562.46
			54	584.54	584.54
			55	607.32	607.32
			56	631.15	631.15
			57	655.68	655.68
			58	681.26	681.26
			59	707.90	707.90
			60	735.58	735.58
			61	764.28	764.28
			62	764.28	764.28
			63	764.28	764.28
			64 and over	763.93	763.93
73987DC0040064	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	262.39	262.39
73987DC0040064 Rating Area 1	Rating Area 1	Tobacco User/Non-Tobacco User	15	262.39	262.39
			16	262.39	262.39
			17	262.39	262.39
			18	262.39	262.39
			19	262.39	262.39
			20	262.39	262.39
			21	291.68	291.68
			22	291.68	291.68
			23	291.68	291.68
			24	291.68	291.68
			25	291.68	291.68
			26	291.68	291.68
			27	291.68	291.68

73987DC0040064	Rating Area 1	Tobacco User/Non-Tobacco User	28	298.50	298.50
			29	304.92	304.92
			30	312.54	312.54
			31	320.57	320.57
			32	327.79	327.79
			33	335.41	335.41
			34	343.44	343.44
			35	351.46	351.46
			36	359.48	359.48
			37	367.51	367.51
			38	371.92	371.92
			39	376.34	376.34
			40	391.18	391.18
			41	406.43	406.43
			42	422.47	422.47
			43	438.92	438.92
			44	456.18	456.18
			45	473.83	473.83
			46	492.28	492.28
			47	511.54	511.54
			48	531.60	531.60
			49	552.47	552.47
			50	574.13	574.13
			51	596.60	596.60
			52	619.87	619.87
			53	643.94	643.94
			54	669.22	669.22
			55	695.30	695.30
			56	722.58	722.58
			57	750.66	750.66
			58	779.95	779.95
			59	810.44	810.44
			60	842.14	842.14
			61	875.00	875.00
			62	875.00	875.00
			63	875.00	875.00
			64 and over	874.60	874.60

2024 Rates Table Template v13.0		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* Rate Effective Date* Rate Expiration Date* Rating Method*	73987				
	7/1/2024				
	9/30/2024				
	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
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	370.43	370.43
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	15	370.43	370.43
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	16	370.43	370.43
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	17	370.43	370.43
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	18	370.43	370.43
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	19	370.43	370.43
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	20	370.43	370.43
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	21	411.78	411.78
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	22	411.78	411.78
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	23	411.78	411.78
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	24	411.78	411.78
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	25	411.78	411.78
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	26	411.78	411.78
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	27	411.78	411.78
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	28	421.41	421.41
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	29	430.47	430.47
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	30	441.23	441.23
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	31	452.56	452.56
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	32	462.76	462.76
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	33	473.52	473.52
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	34	484.85	484.85
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	35	496.18	496.18
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	36	507.50	507.50
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	37	518.83	518.83
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	38	525.06	525.06
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	39	531.29	531.29
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	40	552.25	552.25
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	41	573.77	573.77
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	42	596.43	596.43
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	43	619.65	619.65
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	44	644.01	644.01
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	45	668.93	668.93
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	46	694.99	694.99
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	47	722.17	722.17
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	48	750.50	750.50
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	49	779.95	779.95
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	50	810.53	810.53
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	51	842.25	842.25
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	52	875.11	875.11
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	53	909.09	909.09
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	54	944.77	944.77
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	55	981.59	981.59
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	56	1020.11	1020.11
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	57	1059.76	1059.76
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	58	1101.10	1101.10
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	59	1144.15	1144.15
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	60	1188.90	1188.90
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	61	1235.29	1235.29
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	62	1235.29	1235.29
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	63	1235.29	1235.29
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1234.72	1234.72
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	296.85	296.85
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	15	296.85	296.85
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	16	296.85	296.85
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	17	296.85	296.85
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	18	296.85	296.85
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	19	296.85	296.85
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	20	296.85	296.85
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	21	329.99	329.99
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	22	329.99	329.99
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	23	329.99	329.99
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	24	329.99	329.99
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	25	329.99	329.99
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	26	329.99	329.99
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	27	329.99	329.99
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	28	337.71	337.71
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	29	344.97	344.97
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	30	353.59	353.59
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	31	362.67	362.67
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	32	370.84	370.84
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	33	379.47	379.47
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	34	388.54	388.54
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	35	397.62	397.62
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	36	406.70	406.70
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	37	415.78	415.78
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	38	420.77	420.77
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	39	425.76	425.76
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	40	442.56	442.56
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	41	459.81	459.81
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	42	477.96	477.96
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	43	496.57	496.57
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	44	516.09	516.09
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	45	536.06	536.06
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	46	556.94	556.94
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	47	578.73	578.73
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	48	601.43	601.43
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	49	625.03	625.03
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	50	649.54	649.54
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	51	674.96	674.96
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	52	701.29	701.29
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	53	728.52	728.52
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	54	757.12	757.12
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	55	786.62	786.62
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	56	817.49	817.49
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	57	849.26	849.26
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	58	882.39	882.39
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	59	916.89	916.89
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	60	952.75	952.75
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	61	989.92	989.92
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	62	989.92	989.92
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	63	989.92	989.92
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	989.47	989.47
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	279.80	279.80
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	15	279.80	279.80
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	16	279.80	279.80
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	17	279.80	279.80
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	18	279.80	279.80
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	19	279.80	279.80
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	20	279.80	279.80
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	21	311.03	311.03
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	22	311.03	311.03
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	23	311.03	311.03
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	24	311.03	311.03

	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	25	311.03	311.03
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	26	311.03	311.03
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	27	311.03	311.03
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	28	318.30	318.30
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	29	325.15	325.15
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	30	333.28	333.28
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	31	341.83	341.83
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	32	349.53	349.53
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	33	357.66	357.66
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	34	366.22	366.22
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	35	374.78	374.78
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	36	383.33	383.33
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	37	391.89	391.89
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	38	396.59	396.59
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	39	401.30	401.30
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	40	417.13	417.13
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	41	433.39	433.39
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	42	450.50	450.50
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	43	468.04	468.04
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	44	486.44	486.44
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	45	505.26	505.26
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	46	524.94	524.94
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	47	545.48	545.48
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	48	566.87	566.87
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	49	589.12	589.12
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	50	612.22	612.22
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	51	636.18	636.18
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	52	660.99	660.99
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	53	686.66	686.66
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	54	713.61	713.61
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	55	741.42	741.42
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	56	770.52	770.52
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	57	800.46	800.46
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	58	831.69	831.69
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	59	864.21	864.21
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	60	898.01	898.01
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	61	933.05	933.05
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	62	933.05	933.05
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	63	933.05	933.05
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	932.62	932.62
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	348.77	348.77
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	15	348.77	348.77
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	16	348.77	348.77
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	17	348.77	348.77
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	18	348.77	348.77
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	19	348.77	348.77
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	20	348.77	348.77
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	21	387.70	387.70
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	22	387.70	387.70
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	23	387.70	387.70
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	24	387.70	387.70
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	25	387.70	387.70
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	26	387.70	387.70
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	27	387.70	387.70
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	28	396.77	396.77
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	29	405.30	405.30
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	30	415.43	415.43
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	31	426.10	426.10
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	32	435.70	435.70
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	33	445.83	445.83
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	34	456.49	456.49
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	35	467.16	467.16
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	36	477.83	477.83
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	37	488.49	488.49
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	38	494.36	494.36
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	39	500.22	500.22
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	40	519.96	519.96
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	41	540.22	540.22
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	42	561.55	561.55
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	43	583.42	583.42
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	44	606.35	606.35
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	45	629.81	629.81
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	46	654.34	654.34
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	47	679.94	679.94
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	48	706.61	706.61
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	49	734.34	734.34
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	50	763.13	763.13
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	51	793.00	793.00
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	52	823.93	823.93
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	53	855.93	855.93
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	54	889.52	889.52
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	55	924.19	924.19
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	56	960.45	960.45
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	57	997.78	997.78
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	58	1036.71	1036.71
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	59	1077.24	1077.24
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	60	1119.37	1119.37
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	61	1163.05	1163.05
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	62	1163.05	1163.05
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	63	1163.05	1163.05
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1162.51	1162.51
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	245.29	245.29
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	15	245.29	245.29
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	16	245.29	245.29
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	17	245.29	245.29
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	18	245.29	245.29
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	19	245.29	245.29
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	20	245.29	245.29
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	21	272.67	272.67
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	22	272.67	272.67
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	23	272.67	272.67
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	24	272.67	272.67
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	25	272.67	272.67
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	26	272.67	272.67
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	27	272.67	272.67
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	28	279.04	279.04
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	29	285.04	285.04
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	30	292.17	292.17
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	31	299.67	299.67
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	32	306.42	306.42
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	33	313.55	313.55

73987DC0040060	Rating Area 1		Tobacco User/Non-Tobacco User	34	321.05	321.05
	Rating Area 1		Tobacco User/Non-Tobacco User	35	328.55	328.55
	Rating Area 1		Tobacco User/Non-Tobacco User	36	336.05	336.05
	Rating Area 1		Tobacco User/Non-Tobacco User	37	343.55	343.55
	Rating Area 1		Tobacco User/Non-Tobacco User	38	347.68	347.68
	Rating Area 1		Tobacco User/Non-Tobacco User	39	351.80	351.80
	Rating Area 1		Tobacco User/Non-Tobacco User	40	365.68	365.68
	Rating Area 1		Tobacco User/Non-Tobacco User	41	379.93	379.93
	Rating Area 1		Tobacco User/Non-Tobacco User	42	394.93	394.93
	Rating Area 1		Tobacco User/Non-Tobacco User	43	410.31	410.31
	Rating Area 1		Tobacco User/Non-Tobacco User	44	426.44	426.44
	Rating Area 1		Tobacco User/Non-Tobacco User	45	442.94	442.94
	Rating Area 1		Tobacco User/Non-Tobacco User	46	460.19	460.19
	Rating Area 1		Tobacco User/Non-Tobacco User	47	478.20	478.20
	Rating Area 1		Tobacco User/Non-Tobacco User	48	496.95	496.95
	Rating Area 1		Tobacco User/Non-Tobacco User	49	516.45	516.45
	Rating Area 1		Tobacco User/Non-Tobacco User	50	536.70	536.70
	Rating Area 1		Tobacco User/Non-Tobacco User	51	557.71	557.71
	Rating Area 1		Tobacco User/Non-Tobacco User	52	579.46	579.46
	Rating Area 1		Tobacco User/Non-Tobacco User	53	601.96	601.96
	Rating Area 1		Tobacco User/Non-Tobacco User	54	625.59	625.59
	Rating Area 1		Tobacco User/Non-Tobacco User	55	649.97	649.97
	Rating Area 1		Tobacco User/Non-Tobacco User	56	675.47	675.47
	Rating Area 1		Tobacco User/Non-Tobacco User	57	701.73	701.73
	Rating Area 1		Tobacco User/Non-Tobacco User	58	729.11	729.11
	Rating Area 1		Tobacco User/Non-Tobacco User	59	757.61	757.61
	Rating Area 1		Tobacco User/Non-Tobacco User	60	787.24	787.24
	Rating Area 1		Tobacco User/Non-Tobacco User	61	817.96	817.96
	Rating Area 1		Tobacco User/Non-Tobacco User	62	817.96	817.96
	Rating Area 1		Tobacco User/Non-Tobacco User	63	817.96	817.96
	Rating Area 1		Tobacco User/Non-Tobacco User	64 and over	817.58	817.58
73987DC0040061	Rating Area 1		Tobacco User/Non-Tobacco User	0-14	426.05	426.05
73987DC0040061	Rating Area 1		Tobacco User/Non-Tobacco User	15	426.05	426.05
	Rating Area 1		Tobacco User/Non-Tobacco User	16	426.05	426.05
	Rating Area 1		Tobacco User/Non-Tobacco User	17	426.05	426.05
	Rating Area 1		Tobacco User/Non-Tobacco User	18	426.05	426.05
	Rating Area 1		Tobacco User/Non-Tobacco User	19	426.05	426.05
	Rating Area 1		Tobacco User/Non-Tobacco User	20	426.05	426.05
	Rating Area 1		Tobacco User/Non-Tobacco User	21	473.61	473.61
	Rating Area 1		Tobacco User/Non-Tobacco User	22	473.61	473.61
	Rating Area 1		Tobacco User/Non-Tobacco User	23	473.61	473.61
	Rating Area 1		Tobacco User/Non-Tobacco User	24	473.61	473.61
	Rating Area 1		Tobacco User/Non-Tobacco User	25	473.61	473.61
	Rating Area 1		Tobacco User/Non-Tobacco User	26	473.61	473.61
	Rating Area 1		Tobacco User/Non-Tobacco User	27	473.61	473.61
	Rating Area 1		Tobacco User/Non-Tobacco User	28	484.68	484.68
	Rating Area 1		Tobacco User/Non-Tobacco User	29	495.11	495.11
	Rating Area 1		Tobacco User/Non-Tobacco User	30	507.48	507.48
	Rating Area 1		Tobacco User/Non-Tobacco User	31	520.51	520.51
	Rating Area 1		Tobacco User/Non-Tobacco User	32	532.24	532.24
	Rating Area 1		Tobacco User/Non-Tobacco User	33	544.62	544.62
	Rating Area 1		Tobacco User/Non-Tobacco User	34	557.64	557.64
	Rating Area 1		Tobacco User/Non-Tobacco User	35	570.67	570.67
	Rating Area 1		Tobacco User/Non-Tobacco User	36	583.70	583.70
	Rating Area 1		Tobacco User/Non-Tobacco User	37	596.73	596.73
	Rating Area 1		Tobacco User/Non-Tobacco User	38	603.90	603.90
	Rating Area 1		Tobacco User/Non-Tobacco User	39	611.06	611.06
	Rating Area 1		Tobacco User/Non-Tobacco User	40	635.17	635.17
	Rating Area 1		Tobacco User/Non-Tobacco User	41	659.92	659.92
	Rating Area 1		Tobacco User/Non-Tobacco User	42	685.98	685.98
	Rating Area 1		Tobacco User/Non-Tobacco User	43	712.69	712.69
	Rating Area 1		Tobacco User/Non-Tobacco User	44	740.70	740.70
	Rating Area 1		Tobacco User/Non-Tobacco User	45	769.37	769.37
	Rating Area 1		Tobacco User/Non-Tobacco User	46	799.33	799.33
	Rating Area 1		Tobacco User/Non-Tobacco User	47	830.60	830.60
	Rating Area 1		Tobacco User/Non-Tobacco User	48	863.18	863.18

73987DC0040061	Rating Area 1	Tobacco User/Non-Tobacco User	49	897.05	897.05
	Rating Area 1	Tobacco User/Non-Tobacco User	50	932.23	932.23
	Rating Area 1	Tobacco User/Non-Tobacco User	51	968.71	968.71
	Rating Area 1	Tobacco User/Non-Tobacco User	52	1006.50	1006.50
	Rating Area 1	Tobacco User/Non-Tobacco User	53	1045.58	1045.58
	Rating Area 1	Tobacco User/Non-Tobacco User	54	1086.63	1086.63
	Rating Area 1	Tobacco User/Non-Tobacco User	55	1128.97	1128.97
	Rating Area 1	Tobacco User/Non-Tobacco User	56	1173.27	1173.27
	Rating Area 1	Tobacco User/Non-Tobacco User	57	1218.87	1218.87
	Rating Area 1	Tobacco User/Non-Tobacco User	58	1266.43	1266.43
	Rating Area 1	Tobacco User/Non-Tobacco User	59	1315.94	1315.94
	Rating Area 1	Tobacco User/Non-Tobacco User	60	1367.40	1367.40
	Rating Area 1	Tobacco User/Non-Tobacco User	61	1420.76	1420.76
	Rating Area 1	Tobacco User/Non-Tobacco User	62	1420.76	1420.76
	Rating Area 1	Tobacco User/Non-Tobacco User	63	1420.76	1420.76
	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1420.11	1420.11
73987DC0040062	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	288.95	288.95
73987DC0040062	Rating Area 1	Tobacco User/Non-Tobacco User	15	288.95	288.95
	Rating Area 1	Tobacco User/Non-Tobacco User	16	288.95	288.95
	Rating Area 1	Tobacco User/Non-Tobacco User	17	288.95	288.95
	Rating Area 1	Tobacco User/Non-Tobacco User	18	288.95	288.95
	Rating Area 1	Tobacco User/Non-Tobacco User	19	288.95	288.95
	Rating Area 1	Tobacco User/Non-Tobacco User	20	288.95	288.95
	Rating Area 1	Tobacco User/Non-Tobacco User	21	321.20	321.20
	Rating Area 1	Tobacco User/Non-Tobacco User	22	321.20	321.20
	Rating Area 1	Tobacco User/Non-Tobacco User	23	321.20	321.20
	Rating Area 1	Tobacco User/Non-Tobacco User	24	321.20	321.20
	Rating Area 1	Tobacco User/Non-Tobacco User	25	321.20	321.20
	Rating Area 1	Tobacco User/Non-Tobacco User	26	321.20	321.20
	Rating Area 1	Tobacco User/Non-Tobacco User	27	321.20	321.20
	Rating Area 1	Tobacco User/Non-Tobacco User	28	328.71	328.71
	Rating Area 1	Tobacco User/Non-Tobacco User	29	335.78	335.78
	Rating Area 1	Tobacco User/Non-Tobacco User	30	344.17	344.17
	Rating Area 1	Tobacco User/Non-Tobacco User	31	353.01	353.01
	Rating Area 1	Tobacco User/Non-Tobacco User	32	360.96	360.96
	Rating Area 1	Tobacco User/Non-Tobacco User	33	369.36	369.36
	Rating Area 1	Tobacco User/Non-Tobacco User	34	378.19	378.19
	Rating Area 1	Tobacco User/Non-Tobacco User	35	387.03	387.03
	Rating Area 1	Tobacco User/Non-Tobacco User	36	395.87	395.87
	Rating Area 1	Tobacco User/Non-Tobacco User	37	404.70	404.70
	Rating Area 1	Tobacco User/Non-Tobacco User	38	409.56	409.56
	Rating Area 1	Tobacco User/Non-Tobacco User	39	414.42	414.42
	Rating Area 1	Tobacco User/Non-Tobacco User	40	430.77	430.77
	Rating Area 1	Tobacco User/Non-Tobacco User	41	447.56	447.56
	Rating Area 1	Tobacco User/Non-Tobacco User	42	465.23	465.23
	Rating Area 1	Tobacco User/Non-Tobacco User	43	483.35	483.35
	Rating Area 1	Tobacco User/Non-Tobacco User	44	502.34	502.34
	Rating Area 1	Tobacco User/Non-Tobacco User	45	521.78	521.78
	Rating Area 1	Tobacco User/Non-Tobacco User	46	542.11	542.11
	Rating Area 1	Tobacco User/Non-Tobacco User	47	563.32	563.32
	Rating Area 1	Tobacco User/Non-Tobacco User	48	585.41	585.41
	Rating Area 1	Tobacco User/Non-Tobacco User	49	608.38	608.38
	Rating Area 1	Tobacco User/Non-Tobacco User	50	632.24	632.24
	Rating Area 1	Tobacco User/Non-Tobacco User	51	656.98	656.98
	Rating Area 1	Tobacco User/Non-Tobacco User	52	682.61	682.61
	Rating Area 1	Tobacco User/Non-Tobacco User	53	709.11	709.11
	Rating Area 1	Tobacco User/Non-Tobacco User	54	736.95	736.95
	Rating Area 1	Tobacco User/Non-Tobacco User	55	765.67	765.67
	Rating Area 1	Tobacco User/Non-Tobacco User	56	795.71	795.71
	Rating Area 1	Tobacco User/Non-Tobacco User	57	826.64	826.64
	Rating Area 1	Tobacco User/Non-Tobacco User	58	858.89	858.89
	Rating Area 1	Tobacco User/Non-Tobacco User	59	892.47	892.47
	Rating Area 1	Tobacco User/Non-Tobacco User	60	927.37	927.37
	Rating Area 1	Tobacco User/Non-Tobacco User	61	963.56	963.56
	Rating Area 1	Tobacco User/Non-Tobacco User	62	963.56	963.56
	Rating Area 1	Tobacco User/Non-Tobacco User	63	963.56	963.56

73987DC0040062 Rating Area 1		Tobacco User/Non-Tobacco User	64 and over	963.11	963.11
73987DC0040063	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	233.87	233.87
73987DC0040063	Rating Area 1	Tobacco User/Non-Tobacco User	15	233.87	233.87
	Rating Area 1	Tobacco User/Non-Tobacco User	16	233.87	233.87
	Rating Area 1	Tobacco User/Non-Tobacco User	17	233.87	233.87
	Rating Area 1	Tobacco User/Non-Tobacco User	18	233.87	233.87
	Rating Area 1	Tobacco User/Non-Tobacco User	19	233.87	233.87
	Rating Area 1	Tobacco User/Non-Tobacco User	20	233.87	233.87
	Rating Area 1	Tobacco User/Non-Tobacco User	21	259.97	259.97
	Rating Area 1	Tobacco User/Non-Tobacco User	22	259.97	259.97
	Rating Area 1	Tobacco User/Non-Tobacco User	23	259.97	259.97
	Rating Area 1	Tobacco User/Non-Tobacco User	24	259.97	259.97
	Rating Area 1	Tobacco User/Non-Tobacco User	25	259.97	259.97
	Rating Area 1	Tobacco User/Non-Tobacco User	26	259.97	259.97
	Rating Area 1	Tobacco User/Non-Tobacco User	27	259.97	259.97
	Rating Area 1	Tobacco User/Non-Tobacco User	28	266.05	266.05
	Rating Area 1	Tobacco User/Non-Tobacco User	29	271.77	271.77
	Rating Area 1	Tobacco User/Non-Tobacco User	30	278.57	278.57
	Rating Area 1	Tobacco User/Non-Tobacco User	31	285.72	285.72
	Rating Area 1	Tobacco User/Non-Tobacco User	32	292.16	292.16
	Rating Area 1	Tobacco User/Non-Tobacco User	33	298.95	298.95
	Rating Area 1	Tobacco User/Non-Tobacco User	34	306.10	306.10
	Rating Area 1	Tobacco User/Non-Tobacco User	35	313.25	313.25
	Rating Area 1	Tobacco User/Non-Tobacco User	36	320.41	320.41
	Rating Area 1	Tobacco User/Non-Tobacco User	37	327.56	327.56
	Rating Area 1	Tobacco User/Non-Tobacco User	38	331.49	331.49
	Rating Area 1	Tobacco User/Non-Tobacco User	39	335.42	335.42
	Rating Area 1	Tobacco User/Non-Tobacco User	40	348.66	348.66
	Rating Area 1	Tobacco User/Non-Tobacco User	41	362.24	362.24
	Rating Area 1	Tobacco User/Non-Tobacco User	42	376.55	376.55
	Rating Area 1	Tobacco User/Non-Tobacco User	43	391.21	391.21
	Rating Area 1	Tobacco User/Non-Tobacco User	44	406.59	406.59
	Rating Area 1	Tobacco User/Non-Tobacco User	45	422.32	422.32
	Rating Area 1	Tobacco User/Non-Tobacco User	46	438.77	438.77
	Rating Area 1	Tobacco User/Non-Tobacco User	47	455.93	455.93
	Rating Area 1	Tobacco User/Non-Tobacco User	48	473.81	473.81
	Rating Area 1	Tobacco User/Non-Tobacco User	49	492.41	492.41
	Rating Area 1	Tobacco User/Non-Tobacco User	50	511.72	511.72
	Rating Area 1	Tobacco User/Non-Tobacco User	51	531.74	531.74
	Rating Area 1	Tobacco User/Non-Tobacco User	52	552.49	552.49
	Rating Area 1	Tobacco User/Non-Tobacco User	53	573.94	573.94
	Rating Area 1	Tobacco User/Non-Tobacco User	54	596.47	596.47
	Rating Area 1	Tobacco User/Non-Tobacco User	55	619.71	619.71
	Rating Area 1	Tobacco User/Non-Tobacco User	56	644.03	644.03
	Rating Area 1	Tobacco User/Non-Tobacco User	57	669.06	669.06
	Rating Area 1	Tobacco User/Non-Tobacco User	58	695.17	695.17
	Rating Area 1	Tobacco User/Non-Tobacco User	59	722.34	722.34
	Rating Area 1	Tobacco User/Non-Tobacco User	60	750.59	750.59
	Rating Area 1	Tobacco User/Non-Tobacco User	61	779.88	779.88
	Rating Area 1	Tobacco User/Non-Tobacco User	62	779.88	779.88
	Rating Area 1	Tobacco User/Non-Tobacco User	63	779.88	779.88
	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	779.52	779.52
73987DC0040064	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	267.75	267.75
73987DC0040064	Rating Area 1	Tobacco User/Non-Tobacco User	15	267.75	267.75
	Rating Area 1	Tobacco User/Non-Tobacco User	16	267.75	267.75
	Rating Area 1	Tobacco User/Non-Tobacco User	17	267.75	267.75
	Rating Area 1	Tobacco User/Non-Tobacco User	18	267.75	267.75
	Rating Area 1	Tobacco User/Non-Tobacco User	19	267.75	267.75
	Rating Area 1	Tobacco User/Non-Tobacco User	20	267.75	267.75
	Rating Area 1	Tobacco User/Non-Tobacco User	21	297.63	297.63
	Rating Area 1	Tobacco User/Non-Tobacco User	22	297.63	297.63
	Rating Area 1	Tobacco User/Non-Tobacco User	23	297.63	297.63
	Rating Area 1	Tobacco User/Non-Tobacco User	24	297.63	297.63
	Rating Area 1	Tobacco User/Non-Tobacco User	25	297.63	297.63
	Rating Area 1	Tobacco User/Non-Tobacco User	26	297.63	297.63
	Rating Area 1	Tobacco User/Non-Tobacco User	27	297.63	297.63
	Rating Area 1	Tobacco User/Non-Tobacco User	27	297.63	297.63

73987DC0040064 Rating Area 1	Tobacco User/Non-Tobacco User	28	304.59	304.59
		29	311.14	311.14
		30	318.92	318.92
		31	327.11	327.11
		32	334.48	334.48
		33	342.26	342.26
		34	350.44	350.44
		35	358.63	358.63
		36	366.82	366.82
		37	375.01	375.01
		38	379.51	379.51
		39	384.01	384.01
		40	399.16	399.16
		41	414.72	414.72
		42	431.10	431.10
		43	447.88	447.88
		44	465.48	465.48
		45	483.50	483.50
		46	502.33	502.33
		47	521.98	521.98
		48	542.45	542.45
		49	563.74	563.74
		50	585.85	585.85
		51	608.77	608.77
		52	632.52	632.52
		53	657.08	657.08
		54	682.87	682.87
		55	709.48	709.48
		56	737.32	737.32
		57	765.98	765.98
		58	795.87	795.87
		59	826.98	826.98
		60	859.32	859.32
		61	892.85	892.85
		62	892.85	892.85
		63	892.85	892.85
		64 and over	892.44	892.44

2024 Rates Table Template v13.0		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* Rate Effective Date* Rate Expiration Date* Rating Method*	73987				
	10/1/2024				
	12/31/2024				
	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
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	377.99	377.99
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	15	377.99	377.99
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	16	377.99	377.99
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	17	377.99	377.99
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	18	377.99	377.99
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	19	377.99	377.99
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	20	377.99	377.99
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	21	420.18	420.18
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	22	420.18	420.18
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	23	420.18	420.18
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	24	420.18	420.18
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	25	420.18	420.18
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	26	420.18	420.18
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	27	420.18	420.18
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	28	430.01	430.01
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	29	439.26	439.26
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	30	450.24	450.24
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	31	461.80	461.80
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	32	472.20	472.20
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	33	483.18	483.18
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	34	494.74	494.74
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	35	506.30	506.30
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	36	517.86	517.86
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	37	529.42	529.42
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	38	535.78	535.78
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	39	542.13	542.13
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	40	563.52	563.52
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	41	585.48	585.48
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	42	608.60	608.60
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	43	632.30	632.30
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	44	657.15	657.15
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	45	682.58	682.58
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	46	709.17	709.17
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	47	736.91	736.91
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	48	765.81	765.81
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	49	795.86	795.86
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	50	827.07	827.07
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	51	859.44	859.44
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	52	892.96	892.96
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	53	927.64	927.64
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	54	964.05	964.05
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	55	1001.62	1001.62
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	56	1040.92	1040.92
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	57	1081.38	1081.38
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	58	1123.57	1123.57
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	59	1167.50	1167.50
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	60	1213.16	1213.16
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	61	1260.49	1260.49
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	62	1260.49	1260.49
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	63	1260.49	1260.49
73987DC0040017	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1259.91	1259.91
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	302.91	302.91
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	15	302.91	302.91
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	16	302.91	302.91
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	17	302.91	302.91
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	18	302.91	302.91
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	19	302.91	302.91
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	20	302.91	302.91
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	21	336.72	336.72
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	22	336.72	336.72
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	23	336.72	336.72
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	24	336.72	336.72
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	25	336.72	336.72
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	26	336.72	336.72
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	27	336.72	336.72
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	28	344.60	344.60
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	29	352.01	352.01
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	30	360.81	360.81
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	31	370.07	370.07
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	32	378.41	378.41
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	33	387.21	387.21
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	34	396.47	396.47
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	35	405.74	405.74
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	36	415.00	415.00
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	37	424.26	424.26
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	38	429.36	429.36
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	39	434.45	434.45
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	40	451.59	451.59
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	41	469.19	469.19
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	42	487.72	487.72
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	43	506.71	506.71
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	44	526.62	526.62
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	45	547.00	547.00
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	46	568.31	568.31
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	47	590.54	590.54
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	48	613.70	613.70
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	49	637.78	637.78
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	50	662.79	662.79
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	51	688.73	688.73
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	52	715.59	715.59
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	53	743.38	743.38
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	54	772.56	772.56
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	55	802.67	802.67
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	56	834.17	834.17
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	57	866.59	866.59
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	58	900.40	900.40
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	59	935.60	935.60
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	60	972.19	972.19
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	61	1010.12	1010.12
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	62	1010.12	1010.12
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	63	1010.12	1010.12
73987DC0040046	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1009.66	1009.66
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	285.51	285.51
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	15	285.51	285.51
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	16	285.51	285.51
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	17	285.51	285.51
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	18	285.51	285.51
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	19	285.51	285.51
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	20	285.51	285.51
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	21	317.38	317.38
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	22	317.38	317.38
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	23	317.38	317.38
73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	24	317.38	317.38

	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	25	317.38	317.38
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	26	317.38	317.38
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	27	317.38	317.38
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	28	324.80	324.80
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	29	331.78	331.78
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	30	340.08	340.08
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	31	348.81	348.81
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	32	356.67	356.67
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	33	364.96	364.96
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	34	373.69	373.69
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	35	382.42	382.42
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	36	391.15	391.15
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	37	399.89	399.89
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	38	404.69	404.69
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	39	409.49	409.49
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	40	425.64	425.64
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	41	442.23	442.23
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	42	459.69	459.69
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	43	477.59	477.59
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	44	496.36	496.36
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	45	515.57	515.57
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	46	535.65	535.65
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	47	556.61	556.61
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	48	578.44	578.44
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	49	601.14	601.14
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	50	624.71	624.71
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	51	649.16	649.16
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	52	674.48	674.48
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	53	700.67	700.67
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	54	728.18	728.18
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	55	756.55	756.55
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	56	786.24	786.24
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	57	816.80	816.80
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	58	848.66	848.66
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	59	881.84	881.84
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	60	916.33	916.33
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	61	952.08	952.08
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	62	952.08	952.08
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	63	952.08	952.08
	73987DC0040057	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	951.65	951.65
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	355.89	355.89
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	15	355.89	355.89
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	16	355.89	355.89
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	17	355.89	355.89
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	18	355.89	355.89
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	19	355.89	355.89
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	20	355.89	355.89
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	21	395.61	395.61
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	22	395.61	395.61
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	23	395.61	395.61
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	24	395.61	395.61
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	25	395.61	395.61
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	26	395.61	395.61
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	27	395.61	395.61
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	28	404.86	404.86
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	29	413.57	413.57
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	30	423.91	423.91
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	31	434.79	434.79
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	32	444.59	444.59
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	33	454.93	454.93
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	34	465.81	465.81
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	35	476.69	476.69
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	36	487.58	487.58
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	37	498.46	498.46
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	38	504.45	504.45
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	39	510.43	510.43
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	40	530.57	530.57
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	41	551.24	551.24
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	42	573.01	573.01
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	43	595.32	595.32
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	44	618.72	618.72
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	45	642.66	642.66
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	46	667.70	667.70
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	47	693.82	693.82
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	48	721.02	721.02
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	49	749.32	749.32
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	50	778.71	778.71
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	51	809.18	809.18
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	52	840.74	840.74
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	53	873.39	873.39
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	54	907.67	907.67
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	55	943.05	943.05
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	56	980.05	980.05
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	57	1018.14	1018.14
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	58	1057.87	1057.87
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	59	1099.22	1099.22
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	60	1142.21	1142.21
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	61	1186.78	1186.78
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	62	1186.78	1186.78
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	63	1186.78	1186.78
	73987DC0040058	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1186.23	1186.23
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	250.29	250.29
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	15	250.29	250.29
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	16	250.29	250.29
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	17	250.29	250.29
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	18	250.29	250.29
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	19	250.29	250.29
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	20	250.29	250.29
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	21	278.23	278.23
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	22	278.23	278.23
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	23	278.23	278.23
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	24	278.23	278.23
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	25	278.23	278.23
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	26	278.23	278.23
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	27	278.23	278.23
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	28	284.73	284.73
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	29	290.86	290.86
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	30	298.13	298.13
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	31	305.78	305.78
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	32	312.67	312.67
	73987DC0040060	Rating Area 1	Tobacco User/Non-Tobacco User	33	319.94	319.94

73987DC0040060	Rating Area 1		Tobacco User/Non-Tobacco User	34	327.60	327.60
	Rating Area 1		Tobacco User/Non-Tobacco User	35	335.25	335.25
	Rating Area 1		Tobacco User/Non-Tobacco User	36	342.91	342.91
	Rating Area 1		Tobacco User/Non-Tobacco User	37	350.56	350.56
	Rating Area 1		Tobacco User/Non-Tobacco User	38	354.77	354.77
	Rating Area 1		Tobacco User/Non-Tobacco User	39	358.98	358.98
	Rating Area 1		Tobacco User/Non-Tobacco User	40	373.14	373.14
	Rating Area 1		Tobacco User/Non-Tobacco User	41	387.68	387.68
	Rating Area 1		Tobacco User/Non-Tobacco User	42	402.99	402.99
	Rating Area 1		Tobacco User/Non-Tobacco User	43	418.68	418.68
	Rating Area 1		Tobacco User/Non-Tobacco User	44	435.14	435.14
	Rating Area 1		Tobacco User/Non-Tobacco User	45	451.98	451.98
	Rating Area 1		Tobacco User/Non-Tobacco User	46	469.58	469.58
	Rating Area 1		Tobacco User/Non-Tobacco User	47	487.95	487.95
	Rating Area 1		Tobacco User/Non-Tobacco User	48	507.09	507.09
	Rating Area 1		Tobacco User/Non-Tobacco User	49	526.99	526.99
	Rating Area 1		Tobacco User/Non-Tobacco User	50	547.66	547.66
	Rating Area 1		Tobacco User/Non-Tobacco User	51	569.09	569.09
	Rating Area 1		Tobacco User/Non-Tobacco User	52	591.28	591.28
	Rating Area 1		Tobacco User/Non-Tobacco User	53	614.25	614.25
	Rating Area 1		Tobacco User/Non-Tobacco User	54	638.36	638.36
	Rating Area 1		Tobacco User/Non-Tobacco User	55	663.23	663.23
	Rating Area 1		Tobacco User/Non-Tobacco User	56	689.26	689.26
	Rating Area 1		Tobacco User/Non-Tobacco User	57	716.05	716.05
	Rating Area 1		Tobacco User/Non-Tobacco User	58	743.98	743.98
	Rating Area 1		Tobacco User/Non-Tobacco User	59	773.07	773.07
	Rating Area 1		Tobacco User/Non-Tobacco User	60	803.30	803.30
	Rating Area 1		Tobacco User/Non-Tobacco User	61	834.65	834.65
	Rating Area 1		Tobacco User/Non-Tobacco User	62	834.65	834.65
	Rating Area 1		Tobacco User/Non-Tobacco User	63	834.65	834.65
	Rating Area 1		Tobacco User/Non-Tobacco User	64 and over	834.27	834.27
73987DC0040061	Rating Area 1		Tobacco User/Non-Tobacco User	0-14	434.74	434.74
73987DC0040061	Rating Area 1		Tobacco User/Non-Tobacco User	15	434.74	434.74
	Rating Area 1		Tobacco User/Non-Tobacco User	16	434.74	434.74
	Rating Area 1		Tobacco User/Non-Tobacco User	17	434.74	434.74
	Rating Area 1		Tobacco User/Non-Tobacco User	18	434.74	434.74
	Rating Area 1		Tobacco User/Non-Tobacco User	19	434.74	434.74
	Rating Area 1		Tobacco User/Non-Tobacco User	20	434.74	434.74
	Rating Area 1		Tobacco User/Non-Tobacco User	21	483.27	483.27
	Rating Area 1		Tobacco User/Non-Tobacco User	22	483.27	483.27
	Rating Area 1		Tobacco User/Non-Tobacco User	23	483.27	483.27
	Rating Area 1		Tobacco User/Non-Tobacco User	24	483.27	483.27
	Rating Area 1		Tobacco User/Non-Tobacco User	25	483.27	483.27
	Rating Area 1		Tobacco User/Non-Tobacco User	26	483.27	483.27
	Rating Area 1		Tobacco User/Non-Tobacco User	27	483.27	483.27
	Rating Area 1		Tobacco User/Non-Tobacco User	28	494.57	494.57
	Rating Area 1		Tobacco User/Non-Tobacco User	29	505.21	505.21
	Rating Area 1		Tobacco User/Non-Tobacco User	30	517.84	517.84
	Rating Area 1		Tobacco User/Non-Tobacco User	31	531.13	531.13
	Rating Area 1		Tobacco User/Non-Tobacco User	32	543.10	543.10
	Rating Area 1		Tobacco User/Non-Tobacco User	33	555.73	555.73
	Rating Area 1		Tobacco User/Non-Tobacco User	34	569.02	569.02
	Rating Area 1		Tobacco User/Non-Tobacco User	35	582.32	582.32
	Rating Area 1		Tobacco User/Non-Tobacco User	36	595.61	595.61
	Rating Area 1		Tobacco User/Non-Tobacco User	37	608.91	608.91
	Rating Area 1		Tobacco User/Non-Tobacco User	38	616.22	616.22
	Rating Area 1		Tobacco User/Non-Tobacco User	39	623.53	623.53
	Rating Area 1		Tobacco User/Non-Tobacco User	40	648.13	648.13
	Rating Area 1		Tobacco User/Non-Tobacco User	41	673.39	673.39
	Rating Area 1		Tobacco User/Non-Tobacco User	42	699.98	699.98
	Rating Area 1		Tobacco User/Non-Tobacco User	43	727.23	727.23
	Rating Area 1		Tobacco User/Non-Tobacco User	44	755.82	755.82
	Rating Area 1		Tobacco User/Non-Tobacco User	45	785.07	785.07
	Rating Area 1		Tobacco User/Non-Tobacco User	46	815.64	815.64
	Rating Area 1		Tobacco User/Non-Tobacco User	47	847.55	847.55
	Rating Area 1		Tobacco User/Non-Tobacco User	48	880.79	880.79

73987DC0040061	Rating Area 1	Tobacco User/Non-Tobacco User	49	915.36	915.36
	Rating Area 1	Tobacco User/Non-Tobacco User	50	951.25	951.25
	Rating Area 1	Tobacco User/Non-Tobacco User	51	988.48	988.48
	Rating Area 1	Tobacco User/Non-Tobacco User	52	1027.03	1027.03
	Rating Area 1	Tobacco User/Non-Tobacco User	53	1066.92	1066.92
	Rating Area 1	Tobacco User/Non-Tobacco User	54	1108.80	1108.80
	Rating Area 1	Tobacco User/Non-Tobacco User	55	1152.01	1152.01
	Rating Area 1	Tobacco User/Non-Tobacco User	56	1197.21	1197.21
	Rating Area 1	Tobacco User/Non-Tobacco User	57	1243.74	1243.74
	Rating Area 1	Tobacco User/Non-Tobacco User	58	1292.27	1292.27
	Rating Area 1	Tobacco User/Non-Tobacco User	59	1342.79	1342.79
	Rating Area 1	Tobacco User/Non-Tobacco User	60	1395.30	1395.30
	Rating Area 1	Tobacco User/Non-Tobacco User	61	1449.75	1449.75
	Rating Area 1	Tobacco User/Non-Tobacco User	62	1449.75	1449.75
	Rating Area 1	Tobacco User/Non-Tobacco User	63	1449.75	1449.75
	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1449.08	1449.08
73987DC0040062	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	294.84	294.84
73987DC0040062	Rating Area 1	Tobacco User/Non-Tobacco User	15	294.84	294.84
	Rating Area 1	Tobacco User/Non-Tobacco User	16	294.84	294.84
	Rating Area 1	Tobacco User/Non-Tobacco User	17	294.84	294.84
	Rating Area 1	Tobacco User/Non-Tobacco User	18	294.84	294.84
	Rating Area 1	Tobacco User/Non-Tobacco User	19	294.84	294.84
	Rating Area 1	Tobacco User/Non-Tobacco User	20	294.84	294.84
	Rating Area 1	Tobacco User/Non-Tobacco User	21	327.75	327.75
	Rating Area 1	Tobacco User/Non-Tobacco User	22	327.75	327.75
	Rating Area 1	Tobacco User/Non-Tobacco User	23	327.75	327.75
	Rating Area 1	Tobacco User/Non-Tobacco User	24	327.75	327.75
	Rating Area 1	Tobacco User/Non-Tobacco User	25	327.75	327.75
	Rating Area 1	Tobacco User/Non-Tobacco User	26	327.75	327.75
	Rating Area 1	Tobacco User/Non-Tobacco User	27	327.75	327.75
	Rating Area 1	Tobacco User/Non-Tobacco User	28	335.42	335.42
	Rating Area 1	Tobacco User/Non-Tobacco User	29	342.63	342.63
	Rating Area 1	Tobacco User/Non-Tobacco User	30	351.20	351.20
	Rating Area 1	Tobacco User/Non-Tobacco User	31	360.21	360.21
	Rating Area 1	Tobacco User/Non-Tobacco User	32	368.33	368.33
	Rating Area 1	Tobacco User/Non-Tobacco User	33	376.89	376.89
	Rating Area 1	Tobacco User/Non-Tobacco User	34	385.91	385.91
	Rating Area 1	Tobacco User/Non-Tobacco User	35	394.93	394.93
	Rating Area 1	Tobacco User/Non-Tobacco User	36	403.94	403.94
	Rating Area 1	Tobacco User/Non-Tobacco User	37	412.96	412.96
	Rating Area 1	Tobacco User/Non-Tobacco User	38	417.92	417.92
	Rating Area 1	Tobacco User/Non-Tobacco User	39	422.88	422.88
	Rating Area 1	Tobacco User/Non-Tobacco User	40	439.56	439.56
	Rating Area 1	Tobacco User/Non-Tobacco User	41	456.69	456.69
	Rating Area 1	Tobacco User/Non-Tobacco User	42	474.73	474.73
	Rating Area 1	Tobacco User/Non-Tobacco User	43	493.21	493.21
	Rating Area 1	Tobacco User/Non-Tobacco User	44	512.59	512.59
	Rating Area 1	Tobacco User/Non-Tobacco User	45	532.43	532.43
	Rating Area 1	Tobacco User/Non-Tobacco User	46	553.17	553.17
	Rating Area 1	Tobacco User/Non-Tobacco User	47	574.81	574.81
	Rating Area 1	Tobacco User/Non-Tobacco User	48	597.35	597.35
	Rating Area 1	Tobacco User/Non-Tobacco User	49	620.79	620.79
	Rating Area 1	Tobacco User/Non-Tobacco User	50	645.14	645.14
	Rating Area 1	Tobacco User/Non-Tobacco User	51	670.39	670.39
	Rating Area 1	Tobacco User/Non-Tobacco User	52	696.53	696.53
	Rating Area 1	Tobacco User/Non-Tobacco User	53	723.58	723.58
	Rating Area 1	Tobacco User/Non-Tobacco User	54	751.99	751.99
	Rating Area 1	Tobacco User/Non-Tobacco User	55	781.29	781.29
	Rating Area 1	Tobacco User/Non-Tobacco User	56	811.95	811.95
	Rating Area 1	Tobacco User/Non-Tobacco User	57	843.50	843.50
	Rating Area 1	Tobacco User/Non-Tobacco User	58	876.42	876.42
	Rating Area 1	Tobacco User/Non-Tobacco User	59	910.68	910.68
	Rating Area 1	Tobacco User/Non-Tobacco User	60	946.29	946.29
	Rating Area 1	Tobacco User/Non-Tobacco User	61	983.22	983.22
	Rating Area 1	Tobacco User/Non-Tobacco User	62	983.22	983.22
	Rating Area 1	Tobacco User/Non-Tobacco User	63	983.22	983.22

73987DC0040062 Rating Area 1		Tobacco User/Non-Tobacco User	64 and over	982.77	982.77
73987DC0040063	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	238.64	238.64
73987DC0040063 Rating Area 1	Rating Area 1	Tobacco User/Non-Tobacco User	15	238.64	238.64
			16	238.64	238.64
			17	238.64	238.64
			18	238.64	238.64
			19	238.64	238.64
			20	238.64	238.64
			21	265.28	265.28
			22	265.28	265.28
			23	265.28	265.28
			24	265.28	265.28
			25	265.28	265.28
			26	265.28	265.28
			27	265.28	265.28
			28	271.48	271.48
			29	277.32	277.32
			30	284.25	284.25
			31	291.55	291.55
			32	298.12	298.12
			33	305.05	305.05
			34	312.35	312.35
			35	319.65	319.65
			36	326.94	326.94
			37	334.24	334.24
			38	338.26	338.26
			39	342.27	342.27
			40	355.77	355.77
			41	369.64	369.64
			42	384.23	384.23
			43	399.19	399.19
			44	414.88	414.88
			45	430.94	430.94
			46	447.72	447.72
			47	465.24	465.24
			48	483.48	483.48
			49	502.46	502.46
			50	522.16	522.16
			51	542.59	542.59
			52	563.76	563.76
			53	585.65	585.65
			54	608.64	608.64
			55	632.36	632.36
			56	657.17	657.17
			57	682.71	682.71
			58	709.35	709.35
			59	737.08	737.08
			60	765.91	765.91
			61	795.79	795.79
			62	795.79	795.79
			63	795.79	795.79
			64 and over	795.43	795.43
73987DC0040064	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	273.21	273.21
73987DC0040064 Rating Area 1	Rating Area 1	Tobacco User/Non-Tobacco User	15	273.21	273.21
			16	273.21	273.21
			17	273.21	273.21
			18	273.21	273.21
			19	273.21	273.21
			20	273.21	273.21
			21	303.70	303.70
			22	303.70	303.70
			23	303.70	303.70
			24	303.70	303.70
			25	303.70	303.70
			26	303.70	303.70
			27	303.70	303.70

73987DC0040064 Rating Area 1	Tobacco User/Non-Tobacco User	28	310.81	310.81
		29	317.49	317.49
		30	325.43	325.43
		31	333.78	333.78
		32	341.30	341.30
		33	349.24	349.24
		34	357.59	357.59
		35	365.95	365.95
		36	374.30	374.30
		37	382.66	382.66
		38	387.25	387.25
		39	391.85	391.85
		40	407.31	407.31
		41	423.18	423.18
		42	439.89	439.89
		43	457.02	457.02
		44	474.98	474.98
		45	493.36	493.36
		46	512.58	512.58
		47	532.63	532.63
		48	553.52	553.52
		49	575.24	575.24
		50	597.80	597.80
		51	621.20	621.20
		52	645.42	645.42
		53	670.49	670.49
		54	696.81	696.81
		55	723.96	723.96
		56	752.37	752.37
		57	781.61	781.61
		58	812.11	812.11
		59	843.86	843.86
		60	876.86	876.86
		61	911.07	911.07
		62	911.07	911.07
		63	911.07	911.07
		64 and over	910.65	910.65

SERFF Tracking #:	AETN-133624175	State Tracking #:		Company Tracking #:	DCAHISG2024
State:	District of Columbia	Filing Company:	Aetna Health Inc. (a PA corp.)		
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO				
Product Name:	2024 DC AHI SG HMO				
Project Name/Number:	2024 Exchange - Aetna/HMO				

URRT

State Determination

Review Status:	Incomplete
-----------------------	------------

SERFF Tracking #:	AETN-133624175	State Tracking #:	Company Tracking #:	DCAHISG2024
State:	District of Columbia	Filing Company:	Aetna Health Inc. (a PA corp.)	
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO			
Product Name:	2024 DC AHI SG HMO			
Project Name/Number:	2024 Exchange - Aetna/HMO			

URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	UnifiedRateReviewSubmission_20230428112849.xml
Actuarial Memorandum	DC_SG_73987_URRT_Part_III_Memo_and_Cert_AHI_2024.pdf
Actuarial Memorandum - Redacted	DC_SG_73987_URRT_Part_III_Memo_and_Cert_AHI_2024_Redacted.pdf
Consumer Justification Narrative	DC_SG_73987_Part_II_Consumer_Disclosure_1Q24_AHI.pdf

SERFF Tracking #:	AETN-133624175	State Tracking #:		Company Tracking #:	DCAHISG2024
State:	District of Columbia			Filing Company:	Aetna Health Inc. (a PA corp.)
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO				
Product Name:	2024 DC AHI SG HMO				
Project Name/Number:	2024 Exchange - Aetna/HMO				

Attachment UnifiedRateReviewSubmission_20230428112849.xml is not a PDF document and cannot be reproduced here.

Actuarial Memorandum and Certification

General Information

Company Identifying Information:

Company Legal Name: Aetna Health Inc.
State: District of Columbia
HIOS Issuer ID: 73987
Market: Small Group
Effective Date: 01/01/2024
Rate Filing Tracking Number: AETN-133624175
Policy Form(s):
Form Filing Tracking Number: AETN-133539855

Company Contact Information:

Name: Joanna Kluza
Telephone Number: 860-273-0099
Email Address: KluzaJ@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, 2024. 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, 2024 through December 31, 2024.

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.

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, 2022 through December 31, 2022 and paid through February 28, 2023.

B. Current Date: The current enrollment and premium is reported as of February 28, 2023.

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 2023 (for 2022 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 two months of paid claim run-off. The IBNR reserves account for approximately 3.8% 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.

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 2023. 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 2022.

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 2024 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 2024 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, 2022 to December 31, 2022 and paid through February 2023 for issuers 93187, 38234, 86443, and 12028 in the Virginia Large Group HMO and PPO market.

B. Adjustments Made to the Data:

The Large 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 2024 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 and we are using a credibility standard of 50,000 member months consistent with prior rate filings. Using actuarial judgement, we have assigned 12.6% credibility to the base experience data and 87.4% to the manual experience.

8. Risk Adjustment

A. Risk Adjustment – Experience Period

Risk Adjustment transfer is accrued at the issuer and market level based on 2022 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 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

Due to the small size of the block, the volatility in the risk adjuster has increased. After reviewing the historic relationship between the entity-specific risk to the market as well the latest view in the 2022 Wakely accrual report, the 2024 risk adjuster was developed. The risk profile was inputted into the transfer formula to develop our prospective risk adjustment transfer amount.

We projected the 2022 Wakely PLRS forward to 2024, taking into consideration the risk profile of the Aetna entity-specific membership. The 2024 projected risk adjustment transfer amount was calculated using the resulting assumed PLRS.

In addition, the projected risk adjustment transfer includes changes that were outlined in the 2024 Notice of Benefit and Payment Parameters. The 2024 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 payable, net of the 2024 user fee of \$0.21 PBMPM. The resulting PMPM adjustment, net of risk adjustment user fees, is \$143.89.

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, 2023 projections, and projected changes in expenses, inflation, and membership for 2024 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 2024, 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 pricing of our 2023 plans.

10. Projected Loss Ratio

The expected 2024 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 Health Inc. 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, 2024.

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 an allowed-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 2024 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 2024 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.

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 2024 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 Final 2024 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 February 2023, 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 2022 to 2024. The crosswalk includes the list of products that have experience in the single risk pool experience period, and products that were made available in 2023 and 2024.

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 two Expanded Bronze, three 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 2023 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, 2022, the capital and surplus held by Aetna Health Inc. was approximately \$684 million. This amount is disclosed in page 3, line 33 of the Company's statutory financial statement dated December 31, 2022. 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, Joanna Kluza, 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.



Joanna Kluza, ASA, MAAA
Aetna Health Inc.

May 1, 2023

Date

Actuarial Memorandum and Certification

General Information

Company Identifying Information:

Company Legal Name: Aetna Health Inc.
State: District of Columbia
HIOS Issuer ID: 73987
Market: Small Group
Effective Date: 01/01/2024
Rate Filing Tracking Number: AETN-133624175
Policy Form(s):
Form Filing Tracking Number: AETN-133539855

Company Contact Information:

Name: [REDACTED]
Telephone Number: [REDACTED]
Email Address: [REDACTED]

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, 2024. 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, 2024 through December 31, 2024.

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.

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, 2022 through December 31, 2022 and paid through February 28, 2023.

B. Current Date: The current enrollment and premium is reported as of February 28, 2023.

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]

[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 two months of paid claim run-off. The [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[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 2023. 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 2022.

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 2024 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 2024 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]

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]

[REDACTED] Actual general and administrative expenses are based on historical corporate Small Group market expense levels, 2023 projections, and projected changes in expenses, inflation, and membership for 2024 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 2024, 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 Health Inc. 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]
[REDACTED]
[REDACTED]
[REDACTED]

13. Market-Adjusted Index Rate

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

14. Plan-Adjusted Index Rates

[REDACTED]
[REDACTED]
[REDACTED]

A. Actuarial Value, Cost Sharing:

[REDACTED]
■ [REDACTED]
[REDACTED]
[REDACTED]
■ [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

B. Distribution and Administrative Costs:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

[REDACTED]
[REDACTED]
[REDACTED]

D. Benefits in addition to EHBs:

[REDACTED]

E. Catastrophic Plan Eligibility:

This filing does not include catastrophic plans.

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 Final 2024 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 2022 to 2024. The crosswalk includes the list of products that have experience in the single risk pool experience period, and products that were made available in 2023 and 2024.

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 two Expanded Bronze, three 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 2023 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]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

■ [REDACTED]
 ■ [REDACTED]
 ■ [REDACTED]
 ■ [REDACTED]
 ■ [REDACTED]
 ■ [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.

May 1, 2023

[REDACTED]

Aetna Health Inc.

Date

**Aetna Health Inc.
D.C. Small Group
HMO Products**

Summary

Aetna Health Inc. has filed 2024 premium rates for small group plans in the District of Columbia.

Who is affected?

Policies that renew in 2024 in the following products will be affected:

Product Name: Aetna Health Inc.

Current Members: 108

Range of Increases: -10.4% to 19.9%; Average 11.4%

2024 premium rates for members in the above products will increase by -10.4% to 19.9%, in plans listed for Aetna Health Maintenance Organization. Increases are determined by the member's plan and rating area in which they are located.

Why We Need to Increase Premiums

Medical costs are going up and we are changing our rates to reflect this increase. We expect medical costs to go up 7.5%. 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 5.2%
- The cost for pharmacy prescriptions have gone up 4.9%
- Use for physician service has increased 4.5%

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. These changes are affected by the movement of business between the ACA market and other options. These changes are expected to increase costs 20.7%

Will Premiums for All Individuals Increase 11.4%?

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.

State:	District of Columbia	Filing Company:	Aetna Health Inc. (a PA corp.)
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	2024 DC AHI SG HMO		
Project Name/Number:	2024 Exchange - Aetna/HMO		

Supporting Document Schedules

Bypassed - Item:	Actuarial Justification
Bypass Reason:	This is not a new form filing.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	The filing is being made by Aetna.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	DC SG SHOP Cover Letter - AHI 1Q24.pdf
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:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	DISB Plain Language Summary - AHI - 1Q2024.pdf
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	Aetna Health Inc. (a PA corp.)
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	2024 DC AHI SG HMO		
Project Name/Number:	2024 Exchange - Aetna/HMO		

Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	DISB Actuarial Memo Dataset_AHI_2024.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Supporting Documentation
Comments:	
Attachment(s):	Exhibit 12 - AHI Key Factors_1Q2024.pdf Exhibit A-1 - AHI Rate Change by plan_2024.pdf Exhibit A-2 - AV Screenshots_2024_AHI.pdf AV Certification_2024_DC AHI.pdf DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf DC_SG_73987_Part_III_Exhibits_1Q2024_AHI.pdf DC_SG_73987_Part_III_Exhibits_1Q2024_AHI.xlsx DISB Dataset Checklist_AHI_2024.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	AETN-133624175	State Tracking #:		Company Tracking #:	DCAHISG2024
<hr/>					
State:	District of Columbia	Filing Company:	Aetna Health Inc. (a PA corp.)		
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO				
Product Name:	2024 DC AHI SG HMO				
Project Name/Number:	2024 Exchange - Aetna/HMO				

Attachment DISB Actuarial Memo Dataset_AHI_2024.xlsx is not a PDF document and cannot be reproduced here.

Attachment DC_SG_73987_Part_III_Exhibits_1Q2024_AHI.xlsx is not a PDF document and cannot be reproduced here.



151 Farmington Avenue
Hartford, CT 06156

April 28, 2023

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

Subject: Aetna Health, Inc. - NAIC Number 95109
Small Group Premium Rate Filing – DC On Exchange
Effective dates January 1, 2024 – December 31, 2024

Dear Mr. Tanhehco:

I am writing to request approval of the attached Rate Filing for plans offered to Small Groups by Aetna Health, Inc. sold on the DC Exchange. This filing is for effective dates January 1, 2024 – December 31, 2024. This filing contains the benefit plans and rating methodology. The average rate revision proposed is an increase of 11.4%

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 HMO 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-133539855

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 860-273-0099, or via e-mail at KluzaJ@aetna.com.

Sincerely,

A handwritten signature in cursive script that reads "Joanna Kluza".

Joanna Kluza, ASA, MAAA

Certificate Form Names and Numbers

<i>Form Name</i>	<i>Form Number</i>
HI SG HCOC-2024 08-HIX	HI SG HCOC-2024 08-HIX
Policy	HI SG HGrpAg-1A 01

Schedule Form Names and Numbers

<i>Form Name</i>	<i>Form Number</i>
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052769 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052767 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052775 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052770 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052776 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052774 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052768 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052778 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052780 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052769 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052767 HIX 08

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 Health, Inc.
 SERFF tracking number AETN-133624175
 Submission Date May 1, 2023
 Product Name DC AHI HMO SG 2024
 Market Type ☐ Individual ☒ Small Group
 Rate Filing Type ☒ Rate Increase ☐ New Filing

Scope and Range of the Increase:

The 11.4% 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 80

of covered lives 111

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 11.4 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved -10.1 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 19.9 %

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 2022 experience generated by the plans offered under this product produced a loss ratio that was favorable to the target loss ratio before and after the expected risk adjustment. Due to the low volume of members that have enrolled in these plans, the 2022 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 – 30.7 % of the 11.4 % 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 16.6 % of the 11.4 % 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 13.8 % of the 11.4 % total filed increase.

Other Increases – 69.6 % of the 11.4 % 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 -84.1 % of the 11.4 % 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 11.4 % 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 2.7 % of the 11.4 % 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 7.0 % of the 11.4 % total filed increase.

5. Other – Defined as:

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

This component is 144. % of the 11.4 % total filed increase.

Aetna Health Inc. (a PA corp.)
HIOS ISSUER ID: 73987

Exhibit 12
Comparison of Key Pricing Factors

Category	2023	2024	% Impact to Premium	Description
Base Experience PMPM*	\$489.23	\$399.79	-17.1%	Using all DC SG experience (12.61%) and VA 51-300 LG experience (87.39%)
Pricing Trend (annual)	10.7%	8.5%	3.5%	Using previously approved trend
Morbidity	1.00	0.71	-25.9%	Projection a decrease in population morbidity; includes adj to normalize manual exp risk
Benefit	1.089	0.994	-9.6%	Includes adj to normalize manual experience for SG pricing
Demographic	0.964	0.978	2.6%	Includes adj to normalize manual experience for SG pricing
Area Factor	1.000	1.004	0.2%	Includes adj to normalize manual experience for SG pricing
Other	0.964	0.957	1.2%	Ben Chg, Ded Supp, etc.
Network Change	1.063	1.050	-3.6%	Includes adj to normalize manual experience for SG pricing
Risk Adjustment	\$235.25	-\$143.89	72.5%	2024 Projection based on Wakely 2022 Accruals
Projected Claim Cost	\$410.95	\$473.18	23.9%	
% of Premium Items				
Admin	10.2%	9.2%	0.3%	
Profit	6.0%	6.0%	0.8%	
FIT	1.26%	1.26%	0.2%	
AFIT	4.74%	4.74%	0.6%	
Taxes & Fees	5.3%	4.9%	0.3%	
Commissions	1.3%	1.1%	0.0%	
Prem Tax	3.1%	2.9%	0.2%	
HIF	0.0%	0.0%	0.0%	
Federal EUF	0.8%	0.8%	0.1%	Assuming State Exchange User Fee of 0.825% per DISB
State EUF	0.0%	0.0%	0.0%	N/A
Risk Adjustment User Fee	0.1%	0.1%	0.0%	No material change
Total % of Prem	21.44%	20.15%		
Single Risk Pool Premium	\$523.07	\$592.61	13.3%	Plan Adjusted Markedt Index Rate - Wksht II Field # 3.10
SG Trend Factor	1.010	1.010	-0.1%	
Index Rate	\$528.51	\$598.30		
<u>Calibration Factors</u>				
Trend	1.010	1.010		
Age	1.043	1.051		
Area	1.000	1.000		
Tobacco	1.000	1.000		
Avg 1.0 Premium	\$501.59	\$563.53		Calibrated Plan Ajusted Index Rate - Wksht II Field # 3.14
Remove trend factor	\$496.43	\$558.18		
Consumer Premium Relativity	0.934	0.841		
Avg Prem	\$463.79	\$469.40	1.2%	
Premium Mix	1.230	1.354	10.0%	
Avg Projection Period Premium	\$570.60	\$635.42	11.4%	Ties back to Wksht II Field # 1.13

Footnotes

*Base Experience PMPM for 2023 is 2021 Claims experience used for pricing LY with 1 year of trend to bring the claim level to 2022
 *Base Experience PMPM for 2024 is 2022 Claims experience

Aetna Health Inc. (a PA corp.)
HIOS ISSUER ID: 73987

Exhibit A-1
Rate Change by Plan

2023 HIOS Plan ID	2023 Plan Name	1Q2023 Premium Rate	2024 HIOS Plan ID	2024 Plan Name	1Q2024 Premium Rate	Rate Change
73987DC0040062	DC Silver HNOOnly 3000 100% HSA E	\$392.64	73987DC0040062	DC Silver HNOOnly 3000 100% HSA E	\$424.32	8.1%
73987DC0040061	DC Gold HNOOnly 500 80% \$25/50 E M	\$520.51	73987DC0040061	DC Gold HNOOnly 500 80% \$25/50 E M	\$625.66	20.2%
73987DC0040060	DC Bronze HNOOnly 7500 60% \$45/105 E M	\$304.24	73987DC0040060	DC Silver HNOOnly 3000 100% HSA E	\$360.20	18.4%
73987DC0040058	DC Gold HNOOnly 1500 90% E	\$490.39	73987DC0040058	DC Gold HNOOnly 1500 90% E	\$512.17	4.4%
73987DC0040057	DC Silver HNOOnly 4850 80% \$40/80 E M	\$382.56	73987DC0040057	DC Silver HNOOnly 4850 80% \$40/80 E M	\$410.89	7.4%
73987DC0040046	DC Gold HNOOnly 1650 100% HSA T	\$485.08	73987DC0040046	DC Gold HNOOnly 1650 100% HSA T	\$435.93	-10.1%
73987DC0040017	DC Gold HNOOnly 70% \$25/70 E	\$501.64	73987DC0040017	DC Gold HNOOnly 70% \$20/75 E	\$543.98	8.4%
			73987DC0040063	DC Bronze HNOOnly 6000 80% \$30/50 E	\$343.44	N/A
			73987DC0040064	DC Silver HNOOnly 5000 100% HSA E	\$393.19	N/A

Aetna Health Inc.
DC SG
Actuarial Value Screenshots

<u>HIOS ID</u>	<u>Plan Name</u>	<u>Page</u>
73987DC0040046	DC Gold HNOOnly 1650 100% HSA T	2
73987DC0040062	DC Silver HNOOnly 3000 100% HSA E	3
73987DC0040017	DC Gold HNOOnly 70% \$20/75 E	4
73987DC0040058	DC Gold HNOOnly 1500 90% E	5
73987DC0040063	DC Bronze HNOOnly 6000 80% \$30/50 E	6
73987DC0040064	DC Silver HNOOnly 5000 100% HSA E	7
	DC Mandated Plans	8-11

DC Gold HNOOnly 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? ☐
Desired Metal Tier: Gold

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:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,650.00			
Coinsurance (%; Insurer's Cost Share)			90.00%			
MOOP (\$)			\$7,500.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

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 type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input 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 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"/>		\$0.00	<input checked="" type="checkbox"/>	<input 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 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 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 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input 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 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 HNOOnly 1650 100% HSA T
Plan HIOS ID: 73987DC0040046
Issuer HIOS ID: 73987
AVC Version: 2024_1e

Output

[Calculate](#)

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation.

Actuarial Value: 82.90%

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:

0.1799 seconds

Final 2024 AV Calculator

Option 3 Additive TIF adj

-1.00%

Final AV

81.90%

This product, DC Gold HNOOnly 1650 100% HSA T, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 81.90%

DC Silver HNOnly 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? ☐

Desired Metal Tier: Silver

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:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,000.00			
Coinsurance (%; Insurer's Cost Share)			90.00%			
MOOP (\$)			\$7,500.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		\$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"/>		\$80.00	<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"/>		\$80.00	<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"/>		\$35.00	<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"/>		\$35.00	<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 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 type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" 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 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 Silver HNOnly 3000 100% HSA E
Plan HIOS ID: 73987D C0040062
Issuer HIOS ID: 73987
AVC Version: 2024_1e

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2024 AV Calculator

Calculation Successful.

71.97%

Silver

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

0.171 seconds

This product, DC Silver HNOnly 3000 100% HSA E, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 71.97%

DC Gold HNOOnly 70% \$20/75 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? ☐
Desired Metal Tier: Gold

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:

	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 (\$)		\$9,450.00				
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

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 type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	59%		<input checked="" 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 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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<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"/>		\$31.26	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input 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 HNOOnly 70% \$20/75 E
Plan HIOS ID: 73987DC0040017
Issuer HIOS ID: 73987
AVC Version: 2024_1e

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2024 AV Calculator

Calculation Successful.

81.93%

Gold

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

0.1481 seconds

This product, DC Gold HNOOnly 70% \$20/75 E, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 81.93%

DC Gold HNOOnly 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? ☐

Desired Metal Tier: Gold

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:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	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 (\$)						

[Click Here for Important Instructions](#)

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 type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$650.00	<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<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 checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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 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 HNOOnly 1500 90% E
Plan HIOS ID: 73987DC0040058
Issuer HIOS ID: 73987
AVC Version: 2024_1e

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2024 AV Calculator

Calculation Successful.

79.53%

Gold

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

0.1799 seconds

This product, DC Gold HNOOnly 1500 90% E, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79.53%

DC Bronze HNOOnly 6000 80% \$30/50 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? ☒

Desired Metal Tier: Bronze

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$6,000.00
		100.00%
		\$8,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, 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 type="checkbox"/> All	<input checked="" 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"/>		\$30.00	<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 type="checkbox"/> All	<input checked="" 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 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 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 HNOOnly 6000 80% \$30/50 E
Plan HIOS ID: 73987DC040063
Issuer HIOS ID: 73987
AVC Version: 2024_1e

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2024 AV Calculator

Expanded Bronze Standard (58% to 65%), Calculation Successful.

64.93%

Bronze

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

0.203 seconds

This product, DC Bronze HNOOnly 6000 80% \$30/50 E, satisfies the HHS guidelines for a Bronze Expansion plan with an Actuarial Value of 64.93%

DC Silver HNOnly 5000 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? ☐

Desired Metal Tier: Silver

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:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,000.00			
Coinurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$7,000.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, 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 type="checkbox"/> All		<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input 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"/>		\$0.00	<input checked="" type="checkbox"/>	<input 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 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 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 type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input 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 checked="" 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 checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input 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/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: DC Silver HNOnly 5000 100% HSA E
Plan HIOS ID: 73987DC040064
Issuer HIOS ID: 73987
AVC Version: 2024_1e

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2024 AV Calculator

Calculation Successful.

70.93%

Silver

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

0.214 seconds

This product, DC Silver HNOnly 5000 100% HSA E, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 70.93%

DC Mandated Plan Addendum

The following screenshots are for the DC Mandated plans. Following are the PLAN IDs for each design.

2024 Mandated Gold Plan

73987DC0040061

2024 Mandated Silver Plan

73987DC0040057

2024 Mandated Expanded Bronze Plan

73987DC0040060

2024 Mandated Gold Plan

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? ☐
Desired Metal Tier: Gold

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:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%			
MOOP (\$)	\$5,800.00				
MOOP if Separate (\$)					

[Click Here for Important Instructions](#)

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 type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<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 type="checkbox"/>		\$600.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$24.28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$48.92	<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"/>		\$20.83	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$28.88	<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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$375.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input 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"/>		\$14.81	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$48.86	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$68.51	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$148.96	<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 type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
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: 2023 Standard Gold

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2024_1e

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2024 AV Calculator

Calculation Successful.

81.87%

Gold

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

0.2852 seconds

This product, 2024 DC Mandated Gold Plan, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 81.87%

2024 Mandated Silver Plan

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? ☐

Desired Metal Tier Silver

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:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$4,850.00	\$344.76			
Coinurance (%; Insurer's Cost Share)	80.00%	100.00%			
MOOP (\$)	\$8,850.00				
MOOP if Separate (\$)					

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<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"/>			<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"/>		\$38.81	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$78.23	<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"/>		\$28.14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>		\$57.76	<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"/>		\$80.00	<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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input 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"/>		\$19.72	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$48.86	<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"/>		\$68.51	<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 type="checkbox"/>		\$148.96	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
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/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2024_1e

Output

Calculate

Status/Error Messages:

Actuarial Value:
Metal Tier:

Calculation Successful.
70.46%
Silver

Additional Notes:

Calculation Time:

Draft 2024 AV Calculator

0.1758 seconds

This product, 2024 DC Mandated Silver plan, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 70.46%

2024 Mandated Expanded Bronze Plan

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? ☒

Desired Metal Tier: Bronze

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:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$7,500.00	\$849.88			
Coinsurance (% Insurer's Cost Share)	60.00%	100.00%			
MOOP (\$)	\$9,150.00				
MOOP if Separate (\$)					

[Click Here for Important Instructions](#)

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 type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>		\$43.66	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$102.66	<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"/>		\$31.53	<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"/>		\$500.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$72.20	<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"/>		\$80.00	<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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input 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"/>		\$24.63	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$73.23	<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"/>		\$97.82	<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 type="checkbox"/>		\$148.96	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
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: 2023 Bronze Copay
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2024_1e

Output

[Calculate](#)

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
Actuarial Value: 64.95%
Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1953 seconds
Draft 2024 AV Calculator

This product, 2024 DC Mandated Expanded Bronze plan, satisfies the HHS guidelines for a Bronze Expansion plan with an Actuarial Value of 64.95%

Actuarial Value Certification

State: DC
Plan Year: 2024
HIOS Issuer ID: 73987
HIOS Product Ids: 73987DC004

HIOS Plan Ids: 73987DC0040062
73987DC0040058
73987DC0040063
73987DC0040064

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.

Actuary Signature: 
Actuary Printed name: Joanna Kluzza, ASA, MAAA
Date: 4/19/2023

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

State: DC
Plan Year: 2024
HIOS Issuer ID: 73987
HIOS Product Ids: 73987DC004

HIOS Plan Ids: 73987DC0040017
73987DC0040046

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)]
73987DC0040017

(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)]
73987DC0040046

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:

73987DC0040017

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 apply. 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.

73987DC0040017

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:

73987DC0040046

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.

Actuary Signature: 
Actuary Printed name: Joanna Kluza, ASA, MAAA
Date: 4/19/2023

Aetna Health Inc. – District of Columbia
1Q24 Filing - Small Group Business
HIOS product ID: 73987DC004
Actuarial Memorandum

Statement of Purpose for Filing

This actuarial memorandum supports Aetna Health Inc. commercial base rates for District of Columbia small groups effective beginning January 1, 2024. 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, 2024 through December 31, 2024. 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 HMO 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-133539855). 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.

	1Q24/4Q23	2Q24/1Q24	3Q24/2Q24	4Q24/3Q24
Incremental Rate Increase	3.56%	2.04%	2.04%	2.04%

	1Q24/1Q23	2Q24/2Q23	3Q24/3Q23	4Q24/4Q23	Average
Requested Rate Increase	11.67%	11.12%	10.58%	10.03%	11.36%

Maximum Rate Increase Requested

The maximum rate change that could be applied to a policyholder based on changes to the base rate and rate factors is 20.20%. This rate change applies to members renewing in 1Q24 for the DC Gold HNOly 500 80% \$25/50 E M plan (HIOS ID 73987DC0040061).

Minimum Rate Increase Requested

The minimum rate change that could be applied to a policyholder based on changes to the base rate and rate factors is -11.45%. This rate change applies to members renewing in 4Q24 for the DC Gold HNOly 1650 100% HSA T plan (HIOS ID 73987DC0040046).

Absolute Maximum Premium Increase

The absolute maximum year-over-year renewal rate change that could be applied to a policyholder, including demographic changes like aging, is 33.62%. This rate increase applies to members renewing in 1Q24 for DC Gold HNOly 500 80% \$25/50 E M plan (HIOS ID 73987DC0040061) 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 11.36%.

Rate Change History

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

Rate Effective Date	Annual Total Change
4Q22	-7.9%
1Q23	-7.2%
2Q23	-6.7%
3Q23	-6.2%
4Q23	-5.7%

Exposure

The current exposure as of December 2022 is 15 policies, 53 certificates, and 88 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 = \$391.54

Rate Development

Determination of Claim Portion of Market Index Rate

In setting the projected claim level in the market in 2024, we based our manual projections upon the 2022 experience of our current LG 51-300 block of business for Virginia. The experience data utilized in the rate development reflects incurred claims from January 1, 2022 to December 31, 2022 and paid through February 2023. This manual experience is the HMO and PPO LG experience for Aetna Health Inc. and Aetna Life Insurance Co. in Virginia.

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

DOS	Membership	Claims	Premium *	Loss Ratio
1/1/2022	21,644	9,129,773	10,838,267	84.24%
2/1/2022	21,460	8,846,715	11,010,500	80.35%
3/1/2022	21,137	9,085,141	10,957,340	82.91%
4/1/2022	20,656	7,895,048	10,780,373	73.24%
5/1/2022	20,395	9,061,985	10,663,688	84.98%
6/1/2022	20,659	8,294,572	10,825,736	76.62%
7/1/2022	20,438	7,490,406	10,734,477	69.78%
8/1/2022	20,390	8,470,011	10,792,259	78.48%
9/1/2022	20,384	8,019,867	10,792,012	74.31%
10/1/2022	19,952	9,806,772	10,645,617	92.12%
11/1/2022	20,053	9,720,094	10,742,422	90.48%
12/1/2022	19,863	8,803,848	10,214,139	86.19%
Total	247,031	104,624,233	128,996,830	81.11%

*Note: Premiums shown are not risk adjusted as this is large group experience.
The 2022 loss ratio is 81.1%.

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 two months of paid claim run-off. The IBNR reserves account for approximately 3.82% 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 manual experience period data includes experience for policies issued to large group employers in 2022. 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 2024.

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 2024. 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 2024, 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 2023.

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 12.61% 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	5.2%	5.0%	10.5%
Outpatient Hospital	3.6%	3.5%	7.2%
Professional	1.6%	4.5%	6.2%
Other Medical	3.6%	3.5%	7.2%
Capitation	0.0%	0.0%	0.0%
Prescription Drug	4.9%	3.7%	8.7%
Total	3.1%	3.9%	7.1%

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, 2024.

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, 2022 through December 31, 2022 and paid through February 28, 2023. The paid claims for the DC Base experience period are \$180,838. The estimated incurred claims are \$193,085.

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 84.6% 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 AdjustmentRisk Adjustment – Experience Period

Risk Adjustment transfer is accrued at the issuer and market level based on 2022 Wakely accrual data. 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 2022 Risk Adjustment fees of \$0.25 PMPM in Worksheet 2.

Risk Adjustment – Projection Period

Aetna is projecting a risk adjustment payable. We expect that we will have membership enrolled under the market average morbidity. The resulting PMPM adjustment, net of risk adjustment user fees, is \$143.89 PMPM payable.

Reinsurance

Transitional Reinsurance recoveries do not apply to Small Group business. The experience period data does not contain Reinsurance Contributions during 2022.

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 large group (51-300) experience of Aetna Health Inc. and the PPO large group (51-300) of Aetna Life Insurance Co. in 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 2024. 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 2024, 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 2023 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, Joanna Kluza, am an employee of Aetna Inc. and a member of the American Academy of Actuaries. I have reviewed the enclosed rates submitted by Aetna Health Inc. 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 Health Inc. 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 79.8% was used for this filing calculated in the traditional way. The expected 2024 MLR for this filing, as defined by PPACA and before any credibility adjustment, is 84.6%.

These rates are appropriate for quotes delivered for effective dates beginning January 1, 2024. The average proposed change is not an increase greater than the 15% threshold, however increases for certain plans within the product portfolio 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 Health Inc. They are neither excessive nor inadequate, nor unfairly discriminatory.



Joanna Kluza, ASA, MAAA
Aetna Health Inc.

May 1, 2023
Date

**District of Columbia Small Group
AHI (HMO plans) Loss Ratio History**

1/1/2021	62	23,462	37,503	62.56%
2/1/2021	61	8,556	36,405	23.50%
3/1/2021	61	40,890	36,420	112.27%
4/1/2021	61	20,331	36,715	55.37%
5/1/2021	64	16,657	37,966	43.87%
6/1/2021	65	96,582	38,626	250.04%
7/1/2021	64	26,228	37,649	69.66%
8/1/2021	64	42,705	38,020	112.32%
9/1/2021	64	41,767	38,091	109.65%
10/1/2021	64	28,737	38,054	75.52%
11/1/2021	62	37,616	37,205	101.10%
12/1/2021	60	32,094	36,405	88.16%
1/1/2022	62	9,731	37,108	26.22%
2/1/2022	65	17,234	38,318	44.98%
3/1/2022	66	20,945	38,394	54.55%
4/1/2022	63	14,305	36,967	38.70%
5/1/2022	64	19,898	37,520	53.03%
6/1/2022	68	19,566	38,927	50.26%
7/1/2022	68	11,662	38,901	29.98%
8/1/2022	66	13,046	37,348	34.93%
9/1/2022	66	13,505	37,348	36.16%
10/1/2022	66	18,734	37,248	50.30%
11/1/2022	69	14,846	39,543	37.54%
12/1/2022	72	14,547	40,704	35.74%
CY2021	752	415,626	449,060	92.55%
CY2022	795	188,018	458,326	41.02%

*Note: Premiums shown are not risk adjusted.

The current estimate of the 2022 risk adjusted loss ratio is 65.1%.

Certificate Form Names and Numbers

<i>Form Name</i>	<i>Form Number</i>
HI SG HCOC-2024 08-HIX	HI SG HCOC-2024 08-HIX
Policy	HI SG HGrpAg-1A 01

Schedule Form Names and Numbers

Form Name	Form Number
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052769 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052767 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052775 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052770 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052776 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052774 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052768 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052778 HIX 08
HI SG HCOC-2024 08-HIX	HI SG SOB HMO 14052780 HIX 08

Aetna Health Inc. (a PA corp.)
HIOS ISSUER ID: 73987

Exhibit A
Product Portfolio & Projected Membership Distribution

HIOS Plan-ID	Network	Plan	Metallic Tier	Actuarial Value	Exchange Offering	Projected Membership Distribution
73987DC0040017	PPO	DC Gold HNOOnly 70% \$20/75 E	Gold	81.93%	Yes	22.49%
73987DC0040046	PPO	DC Gold HNOOnly 1650 100% HSA T	Gold	81.90%	Yes	13.00%
73987DC0040057	PPO	DC Silver HNOOnly 4850 80% \$40/80 E M	Silver	70.46%	Yes	0.31%
73987DC0040058	PPO	DC Gold HNOOnly 1500 90% E	Gold	79.53%	Yes	13.00%
73987DC0040060	PPO	DC Bronze HNOOnly 7500 60% \$45/105 E M	Expanded Bronze	64.95%	Yes	0.31%
73987DC0040061	PPO	DC Gold HNOOnly 500 80% \$25/50 E M	Gold	81.87%	Yes	49.65%
73987DC0040062	PPO	DC Silver HNOOnly 3000 100% HSA E	Silver	71.97%	Yes	0.62%
73987DC0040064	PPO	DC Silver HNOOnly 5000 100% HSA E	Silver	70.93%	Yes	0.31%
73987DC0040063	PPO	DC Bronze HNOOnly 6000 80% \$30/50 E	Expanded Bronze	64.93%	Yes	0.31%

Aetna Health Inc. (a PA corp.)
HIOS ISSUER ID: 73987

Exhibit 1
2024 Rate Increases by Product

Product	Average Rate Increase	Minimum Rate Increase	Maximum Rate Increase
ElectChoiceOpenAccess	11.4%	-10.4%	19.9%

Aetna Health Inc. (a PA corp.)
HIOS ISSUER ID: 73987

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	1.13%	1.13%	1.050	0.939	1.13%	1.13%	1.050	0.939
1	0.38%	3.14%	1.050	0.939	0.38%	3.14%	1.050	0.939
2	0.38%	0.00%	0.601	0.596	0.38%	0.00%	0.601	0.596
3	3.02%	0.00%	0.601	0.596	3.02%	0.00%	0.601	0.596
4	1.13%	0.00%	0.601	0.596	1.13%	0.00%	0.601	0.596
5	1.26%	1.01%	0.570	0.565	1.26%	1.01%	0.570	0.565
6	0.25%	0.50%	0.570	0.565	0.25%	0.50%	0.570	0.565
7	0.00%	0.00%	0.570	0.565	0.00%	0.00%	0.570	0.565
8	1.13%	1.51%	0.570	0.565	1.13%	1.51%	0.570	0.565
9	0.38%	0.00%	0.570	0.565	0.38%	0.00%	0.570	0.565
10	0.00%	0.00%	0.578	0.565	0.00%	0.00%	0.578	0.565
11	0.00%	0.75%	0.578	0.565	0.00%	0.75%	0.578	0.565
12	0.00%	0.75%	0.578	0.565	0.00%	0.75%	0.578	0.565
13	0.00%	0.00%	0.578	0.565	0.00%	0.00%	0.578	0.565
14	0.00%	0.00%	0.578	0.565	0.00%	0.00%	0.578	0.565
15	0.00%	0.00%	0.606	0.615	0.00%	0.00%	0.606	0.615
16	0.00%	0.00%	0.606	0.615	0.00%	0.00%	0.606	0.615
17	0.00%	0.00%	0.606	0.615	0.00%	0.00%	0.606	0.615
18	0.00%	0.00%	0.606	0.615	0.00%	0.00%	0.606	0.615
19	1.01%	0.00%	0.606	0.615	1.01%	0.00%	0.606	0.615
20	0.50%	0.13%	0.451	0.741	0.50%	0.13%	0.451	0.741
21	2.52%	0.25%	0.451	0.741	2.52%	0.25%	0.451	0.741
22	0.50%	0.63%	0.451	0.741	0.50%	0.63%	0.451	0.741
23	0.00%	0.88%	0.451	0.741	0.00%	0.88%	0.451	0.741
24	0.00%	0.50%	0.451	0.741	0.00%	0.50%	0.451	0.741
25	1.01%	1.64%	0.460	1.106	1.01%	1.64%	0.460	1.106
26	2.26%	0.50%	0.460	1.106	2.26%	0.50%	0.460	1.106
27	1.64%	0.50%	0.460	1.106	1.64%	0.50%	0.460	1.106
28	2.89%	3.90%	0.460	1.106	2.89%	3.90%	0.460	1.106
29	0.88%	2.39%	0.460	1.106	0.88%	2.39%	0.460	1.106
30	1.64%	3.02%	0.519	1.197	1.64%	3.02%	0.519	1.197
31	2.39%	3.40%	0.519	1.197	2.39%	3.40%	0.519	1.197
32	2.39%	0.00%	0.519	1.197	2.39%	0.00%	0.519	1.197
33	1.13%	0.38%	0.519	1.197	1.13%	0.38%	0.519	1.197
34	0.63%	0.00%	0.519	1.197	0.63%	0.00%	0.519	1.197
35	0.88%	0.38%	0.630	1.197	0.88%	0.38%	0.630	1.197
36	1.01%	1.26%	0.630	1.197	1.01%	1.26%	0.630	1.197
37	0.63%	1.89%	0.630	1.197	0.63%	1.89%	0.630	1.197
38	1.38%	1.26%	0.630	1.197	1.38%	1.26%	0.630	1.197
39	0.00%	0.00%	0.630	1.197	0.00%	0.00%	0.630	1.197
40	0.00%	0.00%	0.790	1.197	0.00%	0.00%	0.790	1.197
41	0.75%	0.38%	0.790	1.197	0.75%	0.38%	0.790	1.197
42	0.75%	1.38%	0.790	1.197	0.75%	1.38%	0.790	1.197
43	0.75%	0.25%	0.790	1.197	0.75%	0.25%	0.790	1.197
44	0.88%	2.39%	0.790	1.197	0.88%	2.39%	0.790	1.197
45	0.88%	1.38%	1.000	1.269	0.88%	1.38%	1.000	1.269
46	2.26%	0.13%	1.000	1.269	2.26%	0.13%	1.000	1.269
47	0.13%	0.75%	1.000	1.269	0.13%	0.75%	1.000	1.269
48	0.38%	0.50%	1.000	1.269	0.38%	0.50%	1.000	1.269
49	0.00%	0.38%	1.000	1.269	0.00%	0.38%	1.000	1.269
50	0.25%	0.13%	1.370	1.460	0.25%	0.13%	1.370	1.460
51	0.63%	1.51%	1.370	1.460	0.63%	1.51%	1.370	1.460
52	0.88%	0.00%	1.370	1.460	0.88%	0.00%	1.370	1.460
53	0.00%	0.00%	1.370	1.460	0.00%	0.00%	1.370	1.460
54	0.00%	0.00%	1.370	1.460	0.00%	0.00%	1.370	1.460
55	0.00%	0.88%	1.757	1.745	0.00%	0.88%	1.757	1.745
56	0.00%	0.00%	1.757	1.745	0.00%	0.00%	1.757	1.745
57	0.50%	0.25%	1.757	1.745	0.50%	0.25%	1.757	1.745
58	1.01%	1.01%	1.757	1.745	1.01%	1.01%	1.757	1.745
59	0.25%	0.50%	1.757	1.745	0.25%	0.50%	1.757	1.745
60	1.26%	1.76%	2.218	2.128	1.26%	1.76%	2.218	2.128
61	0.00%	1.26%	2.218	2.128	0.00%	1.26%	2.218	2.128
62	0.00%	0.00%	2.218	2.128	0.00%	0.00%	2.218	2.128
63	0.00%	0.13%	2.218	2.128	0.00%	0.13%	2.218	2.128
64	0.00%	1.38%	2.218	2.128	0.00%	1.38%	2.218	2.128
65+	3.02%	3.02%	3.200	2.700	3.02%	3.02%	3.200	2.700

Experience Period Demographic Factor	1.0913
---	--------

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

Projected Demographic Factor	1.0913
-------------------------------------	--------

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

Demographic Change	1.0000
---------------------------	--------

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

Actna Health Inc. (a PA corp.)
HIOS ISSUER ID: 73987

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
---------------------------------------	--------

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
-------------------------------	--------

Note:

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

Area Shift Factor	1.0000
-------------------	--------

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
--------------------	--------

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.

Aetna Health Inc. (a PA corp.)
HIOS ISSUER ID: 73987

Exhibit 4
Projected Membership and Paid to Allowed by Metal Tier

Metallic Tier	Projected Membership Distribution	Projected Paid to Allowed Ratio
Platinum	0	N/A
Gold	1,261	84%
Silver	16	72%
Expanded Bronze	8	65%
Catastrophic	0	N/A
Total	1,285	84%

Aetna Health Inc. (a PA corp.)
HIOS ISSUER ID: 73987

Exhibit 5
Retention as a Percent of Premium and PMPM

Retention Components	% of Premium	PMPM
Administrative Expense Load	10.32%	\$61.16
Profit & Risk Load	4.74%	\$28.09
Premium Tax	2.93%	\$17.36
User Exchange Fee	0.83%	\$4.89
State Based Exchange Fee	0.00%	\$0.00
HIF	0.00%	\$0.00
Risk Adjustment User Fee and PCORI	0.08%	\$0.46
Federal Income Tax	1.26%	\$7.47
Total Taxes and Fees	5.09%	\$30.18

Aetna Health Inc. (a PA corp.)
HIOS ISSUER ID: 73987

Exhibit 6
MLR Projection

			Formula
(a)	Premium (pmpm)	\$592.61	
(b)	Medical Cost (pmpm)	\$473.18	
(c)	Medical Benefit Ratio (MBR)	79.8%	= (c) / (b)
(d)	Quality Improvement Action (pmpm)	\$2.37	= (a) x 0.40%
(e)	Taxes and Fees (pmpm)	\$30.18	
(f)	Adjusted Premium (pmpm)	\$562.43	=(a) - (e)
(g)	Adjusted Claims (pmpm)	\$475.55	= (b) + (d)
	Medical Loss Ratio (MLR)	84.6%	=(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 2024 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.

Aetna Health Inc. (a PA corp.)
HIOS ISSUER ID: 73987

Exhibit 7
Quarterly Trend Factors

Effective Quarter	Membership	Trend Factor	Index Rate
1Q 2024	74.7%	1.000	\$391.54
2Q 2024	11.2%	1.020	\$399.53
3Q 2024	7.1%	1.041	\$407.68
4Q 2024	7.1%	1.062	\$416.00
Total	100.0%	1.010	\$395.30

Aetna Health Inc. (a PA corp.)
HIOS ISSUER ID: 73987

Exhibit 8
Trend Exhibit

Service Type	Unit Cost	Utilization	Total Allowed
Facility Inpatient	5.2%	5.0%	10.5%
Facility Outpatient	3.6%	3.5%	7.2%
Physician	1.6%	4.5%	6.2%
Capitation	0.0%	0.0%	0.0%
Medical	2.8%	3.9%	6.8%
Pharmacy	4.9%	3.7%	8.7%
Total (Med + Rx)	3.1%	3.9%	7.1%

Aetna Health Inc. (a PA corp.)
HIOS ISSUER ID: 73987

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: Market:
Rating Area: Rating Area 1
Plan: DC Gold HNOnly 500 80% \$25/50 E M

<u>Group Census</u>	<u>Employee Age</u>	<u>Spouse Age</u>	<u>Child 1 Age</u>	<u>Child 2 Age</u>	<u>Child 3 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>	<u>Age Factors</u>				
	<u>Employee</u>	<u>Spouse</u>	<u>Child 1</u>	<u>Child 2</u>	<u>Child 3</u>
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 =	\$670.11
x Rating Area Factor (Rating Area 1)	1.0000
x Plan Factor	0.9337
x Effective Date Factor	1.0000
Market Base Rate adjusted for Plan/Area/Effective Date =	\$625.66

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	\$548.08	\$560.59	\$409.18	\$409.18		\$1,927.03
Employee 2	\$1,126.81	\$966.64				\$2,093.45
Employee 3	\$454.85	\$454.85				\$909.70
Employee 4	\$966.64	\$861.53	\$409.18	\$409.18	\$409.18	\$3,055.71
Employee 5	\$1,364.50	\$1,364.50	\$454.85			\$3,183.85
Employee 6	\$1,216.28	\$1,313.26	\$454.85			\$2,984.39
Employee 7	\$1,126.81	\$930.36				\$2,057.17
Employee 8	\$658.82	\$633.79				\$1,292.61
Employee 9	\$523.05	\$535.57	\$409.18	\$409.18	\$409.18	\$2,286.16
Employee 10	\$454.85	\$465.49	\$409.18	\$409.18		\$1,738.70
Group Total Monthly Premium:						\$21,528.77

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

Aetna Health Inc. (a PA corp.)
HIOS ISSUER ID: 73987

Exhibit 10
Plan Mapping

2022 HIOS Plan ID	2022 Plan Name	2023 HIOS Plan ID	2023 Plan Name	2024 HIOS Plan ID	2024 Plan Name
73987DC0040056	DC Bronze HNOOnly 6000 80% \$15/50 E	73987DC0040060	DC Bronze HNOOnly 7500 60% \$45/105 E M	73987DC0040060	DC Bronze HNOOnly 7500 60% \$45/105 E M
73987DC0040058	DC Gold HNOOnly 1500 90% E	73987DC0040058	DC Gold HNOOnly 1500 90% E	73987DC0040058	DC Gold HNOOnly 1500 90% E
73987DC0040046	DC Gold HNOOnly 1650 100% HSA T	73987DC0040046	DC Gold HNOOnly 1650 100% HSA T	73987DC0040046	DC Gold HNOOnly 1650 100% HSA T
73987DC0040021	DC Gold HNOOnly 500 90% \$25/40 E	73987DC0040061	DC Gold HNOOnly 500 80% \$25/50 E M	73987DC0040061	DC Gold HNOOnly 500 80% \$25/50 E M
73987DC0040017	DC Gold HNOOnly 70% \$25/40 E	73987DC0040017	DC Gold HNOOnly 70% \$25/70 E	73987DC0040017	DC Gold HNOOnly 70% \$20/75 E
73987DC0040029	DC Silver HNOOnly 3000 100% HSA E	73987DC0040062	DC Silver HNOOnly 3000 100% HSA E	73987DC0040062	DC Silver HNOOnly 3000 100% HSA E
73987DC0040057	DC Silver HNOOnly 4800 80% \$25/45 E	73987DC0040057	DC Silver HNOOnly 4850 80% \$40/80 E M	73987DC0040057	DC Silver HNOOnly 4850 80% \$40/80 E M
				73987DC0040064	DC Silver HNOOnly 5000 100% HSA E
				73987DC0040063	DC Bronze HNOOnly 6000 80% \$30/50 E

Aetna Life Insurance Company
HIOS ISSUER ID: 73987

Exhibit 11
Projected Age/Gender Distribution

Age	Male	Female	DC Age Factor
0-14	9.06%	8.81%	0.654
15	0.00%	0.00%	0.654
16	0.00%	0.00%	0.654
17	0.00%	0.00%	0.654
18	0.00%	0.00%	0.654
19	1.01%	0.00%	0.654
20	0.50%	0.13%	0.654
21	2.52%	0.25%	0.727
22	0.50%	0.63%	0.727
23	0.00%	0.88%	0.727
24	0.00%	0.50%	0.727
25	1.01%	1.64%	0.727
26	2.26%	0.50%	0.727
27	1.64%	0.50%	0.727
28	2.89%	3.90%	0.744
29	0.88%	2.39%	0.760
30	1.64%	3.02%	0.779
31	2.39%	3.40%	0.799
32	2.39%	0.00%	0.817
33	1.13%	0.38%	0.836
34	0.63%	0.00%	0.856
35	0.88%	0.38%	0.876
36	1.01%	1.26%	0.896
37	0.63%	1.89%	0.916
38	1.38%	1.26%	0.927
39	0.00%	0.00%	0.938
40	0.00%	0.00%	0.975
41	0.75%	0.38%	1.013
42	0.75%	1.38%	1.053
43	0.75%	0.25%	1.094
44	0.88%	2.39%	1.137
45	0.88%	1.38%	1.181
46	2.26%	0.13%	1.227
47	0.13%	0.75%	1.275
48	0.38%	0.50%	1.325
49	0.00%	0.38%	1.377
50	0.25%	0.13%	1.431
51	0.63%	1.51%	1.487
52	0.88%	0.00%	1.545
53	0.00%	0.00%	1.605
54	0.00%	0.00%	1.668
55	0.00%	0.88%	1.733
56	0.00%	0.00%	1.801
57	0.50%	0.25%	1.871
58	1.01%	1.01%	1.944
59	0.25%	0.50%	2.020
60	1.26%	1.76%	2.099
61	0.00%	1.26%	2.181
62	0.00%	0.00%	2.181
63	0.00%	0.13%	2.181
64	0.00%	1.38%	2.181
65+	3.02%	3.02%	2.181

Age Calibration Factor	1.051
-------------------------------	-------

Note:

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

Weighted Average Age	42
-----------------------------	----

Note:

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

**RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP
PLANS SOLD ON DC HEALTH LINK
CHECK-LIST**

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 1
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 11
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 1
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 1
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 1
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non- grandfathered, or a mixture of both.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 1
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 1-2
Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 1-2, Exhibit A
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2024Q1 over 2023Q1; etc.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 2
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 2
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 2
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 2
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 2

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 2
14	Exposure	Current number of policies, certificates and covered lives.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 3
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 3
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 3, 10
17	Index Rate	Provide the index rate.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 3
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 3-5
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 5
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 5
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost- sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 5-6
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 6

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders. For initial filings, provide the derivation of any new plan factors.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 6
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 6, Exhibit 3, Exhibit 7, Exhibit 11
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 6-7
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 7, Exhibit A-1
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 7
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 7
Number	Data Element	Requirement Description	Individual/and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 7, Exhibit 6
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 7, Exhibit 6

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 7-8
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 9
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 8, Exhibit 5
Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change. Provide the assumed administrative costs in the following categories: <ul style="list-style-type: none"> Salaries, wages, employment taxes, and other employee benefits Commissions Taxes, licenses, and other regulatory fees Cost containment programs / quality improvement activities All other administrative expenses Total 	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 8, Exhibit 5
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 8
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 9

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	DC_SG_State_Actuarial_Memo_1Q2024_AHI.pdf- pg 9
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	N/A	N/A
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	Supporting Documentaion
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	Supporting Documentation
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non-Grandfathered plan filings. Provide in Excel format only.	Yes	Supporting Documentation
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	Supporting Documentation
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	Supporting Documentation

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CCIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30th of the current year, whichever is first.	N/A	N/A
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing. 	N/A	N/A

CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

Joanna Kluza, ASA, MAAA

(Print Name)



(Signature)