



Illinois Department of Insurance

JB PRITZKER
Governor

ANN GILLESPIE
Director

September 5, 2025

Molina Healthcare of Illinois, Inc.
200 Oceangate, Ste 100
Long Beach, CA 90802
Transmitted via SERFF

**RE: Proposed Premium Rates for Plan Year 2026 in the Non-Grandfathered Individual Market
- SERFF Tracking No. MHCI-134519313**

Dear Molina Healthcare of Illinois, Inc.:

This letter provides my determination on behalf of the Illinois Department of Insurance (“Department”) regarding your proposed premium rates for the above-captioned market and plan year pursuant to 215 ILCS 5/355, 50 Ill. Adm. Code 2026, and 45 C.F.R. Part 154.

The Department received your initial rate filing submission on June 4, 2025. The Department posted the non-confidential portions of the initial rate filing on our public website and solicited public comments as described in 215 ILCS 5/355(d)-(e) and 50 Ill. Adm. Code 2026.70.

The Department appointed an actuarial firm, Risk & Regulatory Consulting, LLC (“RRC”), to assist Department staff in reviewing your initial rate filing, the related public comments, and any revisions you made to the rate filing or other correspondence with your representatives about this filing during the review process. Under 215 ILCS 5/355, the purpose of the review process was to enable the Department to determine whether any of your proposed rates would constitute an “unreasonable rate increase” as defined in 45 C.F.R. § 154.205 or an “inadequate rate” as defined in 215 ILCS 5/355(a). RRC has provided the Department a “Plan Year 2026 Public Rate Filing Decision Summary for Individual and Small Group ACA-Compliant Plan”, attached hereto, which contains the firm’s recommendation regarding the reasonability of your proposed rates and includes the firm’s findings, actuarial justifications, and rationale.

Having consulted with qualified personnel employed and retained by the Department and based on the contents of the rate filing and related public comments, I hereby adopt RRC’s enclosed findings, actuarial justifications, and rationale as my own. Under 215 ILCS 5/355 and 50 Ill. Adm. Code 2026, I have determined your currently proposed rates for Plan Year 2026 in the Non-Grandfathered Individual Market do not constitute an unreasonable rate increase or an inadequate rate and therefore are approved.

Sincerely,

Ann Gillespie
Director of Insurance

Springfield Office
320 W. Washington Street
Springfield, Illinois 62767
(217) 782-4515

Chicago Office
115 S. LaSalle St., 13th Floor
Chicago, Illinois 60603
(312) 814-2420

Plan Year 2026 Public Rate Filing Decision Summary for Individual and Small Group ACA-Compliant Plans

The Illinois Department of Insurance (IDOI) engaged Risk & Regulatory Consulting, LLC (RRC) to assist in the actuarial review of rates filed by certain insurance carriers that provide individual and small group health insurance benefits to residents of the State of Illinois. Their scope of work involved reviewing the filing, reviewing any public comments submitted on the filing, preparing objection questions for additional information as needed, and providing their observations and opinion. Their actuarial review is not intended to serve as the basis for actual product pricing. The ultimate decision regarding the reasonability of the filed rates is determined by the IDOI. RRC prepared this memorandum in order to make the rate filing decision available to the public pursuant to 215 ILCS 5/355.

This document is prepared as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. Based on review of the filing, the final rates are considered to be reasonable and not inadequate.

Overview

This table provides an overview of the rate filing.

Company Name	Molina Healthcare of Illinois, Inc.
SERFF Filing ID	MHCI-134519313
Individual or Small Group	Individual
Effective Date	January 1, 2026
Exchange Information	On-Exchange
Product Type(s) Offered	HMO
Metal Tiers Offered	Gold and Silver
Tobacco Rating Factors Used	No
Description of Service Areas	Cook, DuPage, Kane, Will, and Kendall

Rate Change Summary

This table provides a summary of the rate change.

Average Final Rate Change (Minimum, Maximum)	20.1% (-1.3%, 21.7%)
Average Requested Rate Change (Minimum, Maximum)	14.8% (-7.6%, 23.7%)
Expected Number of People Affected	7,342

Allocation of Premium by Expense Type

This table illustrates the projected percentage of 2026 premium used to pay for claims vs. other expenses.

Category	% of Premium
Claims	81.4%
Administrative	14.3%
Taxes & Fees	1.3%
Profit/Risk Margin	3.0%

Process and Considerations for the 2026 Plan Year

Rate filing guidance is provided to insurers via a Department Bulletin. Company Bulletins 2025-07 and 2025-09 provide guidance to insurers filing ACA-compliant plans. In 2026, rate filing guidance was updated for 215 ILCS 5/355. The rate filings were reviewed for compliance with the Bulletins and federal requirements. The insurers provided an initial filing summary which was posted to the Department's website. Members of the public were invited to submit comments on the rate filings. The rate review includes an objection process to obtain sufficient documentation from the insurer to review the reasonability of the submitted rate filing. RRC reviewed the information gathered during this process to provide observations and opinions for IDOI to consider in making its determination whether the filing shows an unreasonable or inadequate rate increase as described in 50 Ill. Adm. Code 2026.40.

Review of Key Methodology & Assumptions

The key pricing methodology and assumptions that were used to develop the plan year 2026 rates were reviewed for reasonability. RRC examined the rate filing considering the factors, including but not limited to, those identified in Illinois regulation at 50 Ill. Adm. Code 2026.50(c) and (d). The following sections provide a summary of that review.

Base Experience

To assess the reasonability of the base experience, a reconciliation between the claims and premium used in pricing and the claims and premium reported in the Company's financial statement are reviewed for consistency.

Trend

The Company assumed an annualized trend rate of 10.3% from experience period (2024) to the projection period (2026). To assess the reasonability of the trend assumption, their trend assumption and support for their assumption is compared to published industry trend surveys as well as the market.

Projection Factors

The Company projects the base experience to the projection period using allowable projection factors. They adjust for morbidity (health status), demographics (age, area, benefit mix), and plan design (changes in benefits). They may also make adjustment for one-time items that occurred in the experience but are not expected to occur in the projection period (such as adjusting for the impact of COVID-19). The methodology and assumptions used to set the projection factors were reviewed for reasonability.

Risk Adjustment

The Company assumed that their projected morbidity (health status) would be lower than the market and therefore they would make a payment for risk adjustment.

Plan Level Factors

The Company sets the rate by plan. The following plan level adjustments are allowable under the ACA: the Actuarial Value and Cost Sharing Design of Plan, Provider Network, Benefits in Addition to Essential Health Benefits (EHBs), and Catastrophic Adjustments. These assumptions were reviewed for reasonability. Both the methodology used to set the assumption, and the resulting factors were reviewed.

Administrative Expense

The Company includes the cost of administrative expenses in their rate development (14.3% of premium). Administrative expenses include general administrative costs as well as broker commissions. Their assumption was compared to the prior filing and to the market for reasonability.

Taxes and Fees

The Company includes the cost of taxes and fees in their rate development (1.3% of premium). The taxes and fees are set at the State and Federal level and are generally not assumptions made by the Company.

Profit

The Company included 3.0% of premium for a target net contribution to surplus that does not vary by product or plan. Support for the profit assumption was requested and reviewed for reasonability.

RRC found the assumptions to be reasonable.

Disclosures

This memorandum provides a summary for the rate review that RRC performed for the IDOI. A full RRC report with the details of the review was provided to the IDOI to inform their decision. The full report contains additional disclosures applicable to the review as required by Actuarial Standards of Practice.

This memorandum was prepared for the exclusive use of the IDOI. Any other reader understands that this memorandum was provided exclusively for the IDOI's sole benefit and use, and not for the benefit or use of the reader or any other third party. The reader acknowledges that this memorandum was prepared at the direction of the IDOI and may not include all procedures or information deemed necessary for the purposes of the reader, and that certain findings and information may have been communicated to the IDOI that are not reflected in this memorandum. The reader further acknowledges that RRC makes no representations as to the sufficiency, accuracy, completeness, or appropriateness of this memorandum for the reader's purposes. The reader agrees that it does not acquire any rights as a result of access to this memorandum that it would not otherwise have had and acknowledges that RRC does not assume any duties or obligations

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