

**State:** Illinois **Filing Company:** UnitedHealthcare Plan of the River Valley, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only  
- Other  
**Product Name:** IL UHCPofRV SG ACA 202501  
**Project Name/Number:** /

## Filing at a Glance

Company: UnitedHealthcare Plan of the River Valley, Inc.  
Product Name: IL UHCPofRV SG ACA 202501  
State: Illinois  
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)  
Sub-TOI: HOrg02G.004E Small Group Only - Other  
Filing Type: Rate  
Date Submitted: 06/04/2024  
SERFF Tr Num: UHLC-134122255  
SERFF Status: Assigned  
State Tr Num:  
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Effective: 01/01/2025  
Date Requested:  
Author(s): Paul Knepp, Kevin Morris, Olajide Obatunwase  
Reviewer(s): Eric Anderson (primary), Christina Roy  
Disposition Date:  
Disposition Status:  
Effective Date:  
  
State Filing Description:

**State:** Illinois  
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## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Employer	Overall Rate Impact: 8.68%
Filing Status Changed: 06/04/2024	
State Status Changed: 06/04/2024	Deemer Date:
Created By: Paul Knepp	Submitted By: Paul Knepp
Corresponding Filing Tracking Number:	
State TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)	State Sub-TOI: HOrg02G.004E Small Group Only - Other
PPACA: Non-Grandfathered Immed Mkt Reforms	
PPACA Notes: null	
Include Exchange Intentions:	No

### Filing Description:

IL Small Group ACA rates for 1/1/25 on the UnitedHealthcare Plan of the River Valley, Inc. license.

## Company and Contact

### Filing Contact Information

Paul Knepp, Actuarial Consultant	Paul_J_Knepp@uhc.com
1300 River Drive, Suite 200	309-757-6399 [Phone]
Moline, IL 61265	309-736-4627 [FAX]

### Filing Company Information

UnitedHealthcare Plan of the River Valley, Inc.	CoCode: 95378	State of Domicile: Illinois
1300 River Drive, Suite 200	Group Code: 707	Company Type: HMO
Moline, IL 61265	Group Name:	State ID Number: 95378
(309) 765-1485 ext. [Phone]	FEIN Number: 36-3379945	

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## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

UHLC-134122255

State Tracking #:

Company Tracking #:

State:

Illinois

Filing Company:

UnitedHealthcare Plan of the River Valley, Inc.

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/

### Rate Information

Rate data applies to filing.

Filing Method:

Review & Approval

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

15.300%

Effective Date of Last Rate Revision:

01/01/2023

Filing Method of Last Filing:

Review & Approval

SERFF Tracking Number of Last Filing:

UHLC-133676453

### 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):
UnitedHealthcare Plan of the River Valley, Inc.	Increase	8.680%	8.680%	\$147,346	20	\$1,697,534	9.650%	8.680%

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## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate data collection form		New		IL UHCPofRV SG 20251 - Rate data collection form.pdf, IL UHCPofRV SG 20251 - Rate data collection form.xlsx,

SERFF Tracking #:

UHLC-134122255

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**Attachment IL UHCPofRV SG 20251 - Rate data collection form.xlsx is not a PDF document and cannot be reproduced here.**

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**Product Name:**

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## URRT

### State Determination

**Review Status:**

Incomplete

SERFF Tracking #:

UHLC-134122255

State Tracking #:

Company Tracking #:

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Product Name:

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## URRT Items

Item Name	Attachment(s)
Actuarial Memorandum - Redacted	<i>IL_58239_UHCPofRV_SG_PartIII_2025Q1_Redacted.pdf</i>



**Federal Rate Filing Justification Part III  
Actuarial Memorandum and Certification**

**UnitedHealthcare Plan of the River Valley, Inc.**

**NAIC: 95378**

**FEIN: 36-3379945**

**State of Illinois Rate Review**

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## Section 1: Purpose

The following is a rate filing prepared by UnitedHealthcare Plan of the River Valley, Inc. This filing has been prepared to provide the necessary information required by the Department of Health and Human Services and the state of Illinois. The purpose of this memorandum is to provide information relevant to the Federal Part I Unified Rate Review Template (URRT).

This filing establishes rates intended to be used for non-grandfathered PPACA compliant small group health benefit plans sold off the Small Business Health Options Program in Illinois for the 2025 plan year. [REDACTED]  
[REDACTED] The rates and other information in this submission are based on the current regulations and guidance from HHS. Changes to this filing may be necessary if there are revisions to the regulations or updated guidance from HHS.

This memorandum is intended solely for the information of and use by the Department of Health and Human Services and the Illinois Department of Insurance. It will demonstrate compliance with state and federal laws and regulations related to the development of the index rate and allowable rating factors and is not intended to be used for any other purpose.

The attached document contains confidential, proprietary information and trade secrets. This information is strictly confidential and protected from disclosure by Exemption 4 of the U.S. Freedom of Information Act, 5 U.S.C. §552. If the prohibition against disclosure by the Illinois Department of Insurance is reassessed at a later date, it may not be disclosed to any other state or federal regulatory agencies unless the recipient agrees in writing prior to receipt to maintain the confidentiality of the information.

## Section 2: General Information

### Company Identifying Information

Company Legal Name: UnitedHealthcare Plan of the River Valley, Inc.  
State: Illinois  
HIOS Issuer ID: 58239  
Market: Small Business, 1-50  
Proposed Effective Date: January 1, 2025

### Primary Contact Information

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

## Section 3: Proposed Rate Changes

[REDACTED]

The primary drivers of the proposed rate changes are the following:

- Changes in medical service costs
  - Increasing Cost of Medical Services – Annual increases in reimbursement rates to health care providers – such as hospitals, doctors and pharmaceutical companies.
  - Increased Utilization – The number of office visits and other services continues to grow. In addition, total health care spending will vary by the intensity of care and/or use of different types of health services. Patients who are sicker generally have a higher intensity of health care utilization. The price of care can be affected by the use of expensive procedures such as surgery vs. simply monitoring or providing medications.
  - Higher Costs from Deductible Leveraging – Health care costs continue to rise every year. If deductibles and copayments remain the same, a greater percentage of health care costs need to be covered by health insurance premiums each year.
  - Cost shifting from the public to the private sector – Reimbursements from the Center for Medicare and Medicaid Services (CMS) to hospitals do not generally cover all of the cost of care. The cost difference is being shifted to private health plans. Hospitals typically make up this reimbursement shortfall by charging private health plans more.
  - Impact of New Technology – Improvements to medical technology and clinical practice often result in the use of more expensive services, leading to increased health care spending and utilization.
- Administrative costs and anticipated profit
  - UnitedHealthcare works to directly control administrative expenses by adopting better processes and technology and through the development of programs and innovations that make health care more affordable. We have led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions.
  - Additionally, UnitedHealthcare indirectly controls medical cost payments by using appropriate payment structures with providers and facilities. UnitedHealthcare’s goal is to control costs, maximize efficiency, and work closely with physicians and providers to obtain the best value and coverage.
  - State and/or Federal government imposed taxation and fees are additional significant factors that impact health care spending. These fees include ACA taxes and fees which have increased health insurance costs and need to be reflected in premium.

- Changes that vary by plan
  - All plan relativity factors have been updated to reflect UnitedHealthcare’s most recent pricing model.
  - The impact of any changes to plans that have occurred due to uniform modification are also reflected in the updated plan relativity factors. Please see the “Plan Adjusted Index Rate” section of the memorandum for more detail on these changes.

We refined the medical and pharmacy plan price relativities to reflect the most recent pricing methodology and pricing models. The methodology is based on UnitedHealthcare nationwide experience data, which contains utilization frequencies and unit costs by service category, in addition to claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan. The expected paid-to-allowed relativities and expected utilization differences due to differences in cost sharing for each plan are then used to develop the plan factors for each benefit plan. All benefit plans are priced consistently with each other, with the rates differing only by the estimated value of the benefits and the expected utilization differences due to differences in cost sharing. The utilization differences do not reflect differences due to health status. The net impact of all changes by plan can be found in Worksheet 2, Section I of the Unified Rate Review Template.

Significant factors driving the proposed rate changes are discussed in further detail in Section 6 (*Projection Factors*) and Section 7 (*Credibility Manual Rate Development*) of this memorandum.

## Section 4: Experience and Current Period Premium, Claims and Enrollment

### Paid Through Date

The experience period is January 1, 2023 to December 31, 2023, with claims paid through February 29, 2024.

### Current Date

The current enrollment and premium is reported as of December 31, 2023.



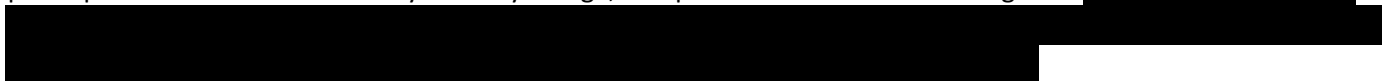
### Support for estimate of incurred but not reported claims

Historical claims are categorized both by the month in which they were incurred and the month in which they were adjudicated. For incurral months with sufficient adjudicated claims experience, incurred claims are estimated by applying completion factors derived from the historical claims. Adjustments are made based on specific knowledge of the entity (e.g. catastrophic claims, pended claims, etc.). For incurral months where adjudicated claim experience is not sufficient to rely on completion factors, a PMPM is used to estimate incurred claims. PMPM estimates are based on expected claim seasonality patterns, monthly calendar days and work days, emerging claim trends, and other factors. The same completion factors are applied to both incurred and allowed claims amounts.

### Experience Period Risk Adjustment and Reinsurance Adjustments (PMPMs)

Risk adjustments for the experience are not known at this time.

Our 2023 risk adjustment transfer PMPM is estimated using data provided to UnitedHealthcare as a result of our participation in a multi-state study done by a large, independent actuarial consulting firm.



### Experience Period Index Rates

Experience Period Index Rates are defined as the allowed claims PMPM for Essential Health Benefits during the Experience Period. With the breakout of the service level EHB claims, the information provided reflects a reasonable estimate of the EHBs.

## Section 5: Benefit Categories

Claims were assigned to each of the benefit categories based on where services were administered and the types of medical services rendered. The benefit categories were defined by our claims department using standard industry definitions.

### Inpatient Hospital

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

### Outpatient Hospital

Includes non-capitated facility services for surgical, emergency room, laboratory, radiology, therapeutic, observation, and other services provided in an outpatient facility setting and billed by the facility.

### Professional

Includes non-capitated primary care, specialist care, therapeutic, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.

### Other Medical

Includes non-capitated ambulatory, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services.

### Capitation

Includes all services provided under one or more capitated agreements.

### Prescription Drug

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

## Section 6: Projection Factors

### Trend

Two years of annual trend were applied to our 2023 experience to project it to the 2025 rating period. [REDACTED]

[REDACTED]

[REDACTED]

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected. Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates. UnitedHealthcare uses same store analysis to reflect utilization.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence the mix of procedures. Unit cost is based on our contractual changes with providers.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

[REDACTED]



[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

## Section 7: Credibility Manual Rate Development

[Redacted]

[Redacted]

[Redacted]

### Inclusion of Capitation Payments

Capitation payments are included in both the experience and projections.

## Section 8: Credibility of Experience

[REDACTED]

Consideration was given to ASOP #25 when determining the credibility and appropriateness of the experience and the manual rate.

## Section 9: Development of Projected Index Rate

[REDACTED]

[REDACTED]

[REDACTED]

## Section 10: Development of the Market-wide Adjusted Index Rate

### Reinsurance

There is no reinsurance program in force for this business, and as a result there are no reinsurance recoveries to report.

[REDACTED]

Since risk adjustment transfer payments are a function of the market level premium, our 2025 risk adjustment transfer PMPM amount is calculated by adjusting our estimated 2023 risk adjustment transfer PMPM amount for the projected market level trend, changes in reinsurance fees and recoveries, and other adjustments based on the overall financial performance of the market.

### Exchange User Fees

There are no plans included in this filing that are offered on the exchange. Therefore there are no exchange user fees.

[REDACTED]

[REDACTED]

## Section 11: Plan Adjusted Index Rate

### Actuarial Value and Cost Sharing Adjustment

UnitedHealthcare has a proprietary pricing model that was used in developing the actuarial value and cost sharing adjustment for each plan. The model calculates plan relativity factors for medical and pharmacy benefits. Also included under the actuarial value and cost sharing adjustment are adjustments for leveraging and the difference between the average plan relativity factor and the projected paid to allowed ratio.

Our first step in calculating the Actuarial Value and Cost Sharing Adjustment for each plan is to estimate each plan's claims responsibility break out between the member's cost sharing vs our responsibility. The pricing model noted above utilizes over 12 million member months of calendar year 2022 data to estimate these "unsloped" cost relativities between plans. All claims are re-adjudicated separately under every plan to estimate the amount of cost shifting that is driven by the plan's combination of deductible, coinsurance, copays, and Out of Pocket Maximums. These unsloped rels in this step exclude the impact of risk adjustment and induced demand. Every group's projected experience is bucketed into an unsloped rel cohort.

The second step is to adjust our experience for the estimated risk adjustment. We know the actual risk adjustment in 2022 by plan and we assume that these risk adjustments will be similar in the projection period by unsloped rel cohort. The actual CMS risk adjustment is applied to our experience to normalize out the impact of morbidity.

### **Induced Demand Factors:**

The final step in calculating the Actuarial Value and Cost Sharing Adjustment for each plan is to adjust our claims experience for induced demand. It is understood that members with lower levels of member cost-sharing will utilize health care at a different level than those with higher levels of member cost-sharing. Members on richer plans will utilize services more than groups on leaner plans all else equal. In addition to the impact of cost sharing, HSA (or HRA) contributions and/or associated account funds can impact utilization differently than plans without any such funds. Without accounting for slope richer plans would be underpriced and leaner plans over-priced

### Provider network, delivery system and utilization management adjustment

Any adjustments for these items are included in the plan relativity factors.

### Distribution and Administrative Costs

Distribution and administrative costs include premium tax, risk adjustment user fees, SG&A, quality improvements, federal income tax, and after-tax income. Risk adjustment transfers, net reinsurance recoveries, and exchange fees are excluded because they are accounted for in the market adjusted index rate.

*Administrative Expense Load*

The administrative expense load is a long-term estimate of administrative expenses, including selling expenses and general administrative expenses. This load varies by plan on a percentage basis, but is constant by plan on a Per Member Per Month (PMPM) basis.

These assumptions are based on the general ledger actual results for 2023 with known adjustments. Known adjustments include, but are not limited to, pay increases/raises for employees and administrative expenses as a result of Healthcare Reform and compliance requirements. The administrative expense allocation methodology used in pricing is appropriate because it is consistent with how UnitedHealthcare runs its business and how it allocates administrative costs for Statutory Filings and the Healthcare Reform Exhibits.

*Profit and Risk Margin*

The profit and risk margin is shown in Worksheet 2, Section 3 of the URRT. [REDACTED]

The profit and risk margin results in an anticipated MLR that is above the minimum requirements as described in the Projected Loss Ratio section.

[REDACTED]

[REDACTED]

## Section 12: Calibration

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Geographic rating factors are reviewed periodically versus UnitedHealthcare claims data that reflects unit cost differences by county. Such a review was conducted as part of our January 1, 2025 rate development. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Calibrating the plan adjusted index rate to the age curve and geographic distribution results in the calibrated plan adjusted index rate for each plan. The calibrated plan adjusted index rate represents the preliminary premium rate charged to an individual before applying the consumer specific rating adjustments for age and area.

### Section 13: Consumer Adjusted Premium Rate Development

The consumer adjusted premium rate is the final premium rate that is charged to an individual. It is developed by calibrating the plan adjusted index rate, and applying the consumer specific age, and geographic rating factors. The calculation is provided below.

$$\begin{aligned} & \text{Plan Adjusted Index Rate} \\ X & \text{ Age Calibration Factor} \\ X & \text{ Geographic Calibration Factor} \\ X & \text{ Consumer Specific Age Rating Factor} \\ X & \text{ Consumer Specific Geographic Rating Factor} \\ X & \text{ Small Group Trend Adjustment} \\ \hline = & \text{ Consumer Adjusted Premium Rate} \end{aligned}$$

### Section 14: Projected Loss Ratio

[Redacted]

[Redacted]

[Redacted]

## Section 15: AV Metal Values

The AV calculator used to calculate the AV metal values is based on a prescribed methodology and, therefore, does not necessarily reflect a reasonable estimate of the portion of allowed costs covered by the associated plan.

Some plans within this portfolio have cost sharing features that differ between individual and family coverage (i.e., when two or more people are covered by the plan). For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable for individuals in the actuarial value calculation.

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. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. Additional details are provided below to describe the types of adjustments that were made for plan designs that are not directly compatible with the AV calculator.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



## Section 16: Membership Projections

The 2025 plan year membership projection was developed utilizing the experience period plan level membership distribution along with sales and persistency targets.

Member distribution by plan was then based on current enrollment, taking into consideration changes in the portfolio of plans to be offered in 2025. Strictly for purposes of the URRT, we have projected membership by plan.

## Section 17: Terminated Plans and Products



## Section 18: Plan Type

A plan type of HMO has been selected.

## Section 19: Reliance

Due to responsibility allocation, I have relied upon other individuals within the UnitedHealthcare organization to provide certain assumptions. Although I have performed a limited review of the information and have not found it unreasonable or inconsistent, I have not reviewed it in enough detail to fully judge the reasonableness of the information due to the substantial amount of additional time required. I have therefore relied upon the expertise of those individuals who have developed the assumptions, and am providing the information required by Actuarial Standard of Practice 41, section 4.3. A list of reliances is included below.

### UnitedHealthcare Finance Department

- Projected SG&A Assumption

### UnitedHealthcare National Pricing Team

- Plan Relativity Modeling

### UnitedHealthcare Healthcare Economics Department

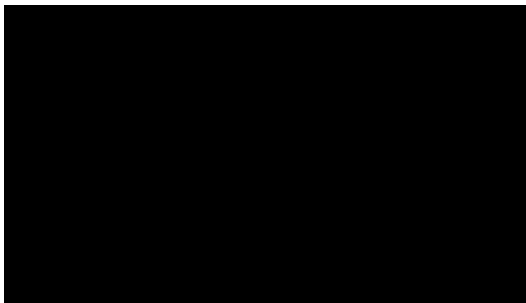
- Projected Trend
- Claims Reserves
- ACO/Premium Designated Provider Cost Savings Estimates

## Section 20: Actuarial Certification

I, [REDACTED] am a Director for UnitedHealthcare and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment, I certify that:

- The projected index rate is:
  - In compliance with state and federal statutes and regulations related to the development of the index rate and allowable rating factors (such as 45 CFR 156.80 and 147.102),
  - Developed in compliance with the applicable Actuarial Standards of Practice,
  - Reasonable in relation to the benefits provided and population anticipated to be covered,
  - Neither excessive, deficient, nor unfairly discriminatory.
- 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.
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.
- 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. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. The unique plan design actuarial certification required by 45 CFR Part 156.135 has been separately attached.
- The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop their 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 exchanges, and for certification that the index rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.



Date 6/4/2024

SERFF Tracking #:

UHLC-134122255

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State:

Illinois

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Product Name:

IL UHCPofRV SG ACA 202501

Project Name/Number:

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## Supporting Document Schedules

<b>Satisfied - Item:</b>	Review Requirement Checklist
<b>Comments:</b>	
<b>Attachment(s):</b>	IL UHCPofRV SG 202501 - Health Premium Rate Review Checklist.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Rate Schedule
<b>Comments:</b>	
<b>Attachment(s):</b>	IL UHCPofRV SG 202501 - rate schedule.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	IL UHCPofRV SG 202501 - cover letter.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Rate Data Template
<b>Comments:</b>	
<b>Attachment(s):</b>	IL_58239_UHCPofRV_SG_RTT_2025Q1.xlsm IL_58239_UHCPofRV_SG_RTT_2025Q1.xml
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	AV Screenshots
<b>Comments:</b>	
<b>Attachment(s):</b>	IL_58239_UHCPofRV_SG_AVscreenshots_2025Q1.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Certification of Compliance
<b>Comments:</b>	
<b>Attachment(s):</b>	Exhibit A-Cert of Compliance - UHCPofRV SG ACA 202501.pdf
<b>Item Status:</b>	

SERFF Tracking #:

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Company Tracking #:

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<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Proposed Enrollment
<b>Comments:</b>	
<b>Attachment(s):</b>	IL_58239_UHCPofRV_SG_proposedenrollmenttemplate_2025Q1.xls
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Service Area Crosswalk
<b>Comments:</b>	
<b>Attachment(s):</b>	IL_58239_UHCPRV_off_SG_ServiceArea_Network_crosswalk-2025.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Induced Demand Factors
<b>Comments:</b>	
<b>Attachment(s):</b>	IL UHCPofRV SG 202501 IDFs.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Flat Rx copay verification list
<b>Comments:</b>	
<b>Attachment(s):</b>	215 ILCS 134_45.3 Verification List-UHCP RV_2025.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

UHLC-134122255

State Tracking #:

Company Tracking #:

State:

Illinois

Filing Company:

UnitedHealthcare Plan of the River Valley, Inc.

TOI/Sub-TOI:

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

Product Name:

IL UHCPofRV SG ACA 202501

Project Name/Number:

/

***Attachment IL\_58239\_UHCPofRV\_SG\_RTT\_2025Q1.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment IL\_58239\_UHCPofRV\_SG\_RTT\_2025Q1.xml is not a PDF document and cannot be reproduced here.***

***Attachment IL\_58239\_UHCPofRV\_SG\_AVscreenshots\_2025Q1.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment IL\_58239\_UHCPofRV\_SG\_proposedenrollmenttemplate\_2025Q1.xls is not a PDF document and cannot be reproduced here.***

***Attachment IL\_58239\_UHCPRV\_off\_SG\_ServiceArea\_Network\_crosswalk-2025.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment IL UHCPofRV SG 202501 IDFs.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 215 ILCS 134\_45.3 Verification List-UHCP RV\_2025.xlsx is not a PDF document and cannot be reproduced here.***

**Plan Year 2025 Public Rate Filing Summary for Individual and Small Group ACA-Compliant Plans**  
 215 ILCS 5/355(d) and (e)

Company Name:

SERFF Filing ID:

Individual or Small Group:

Effective Date:

Exchange Information:  
 (On-Exchange or Off-Exchange Only)

Product Type(s) Offered:  
 (HMO, PPO, and/or POS)

Metal Tiers Offered:  
 (please list which metal tiers are offered)

Tobacco Rating Factors Used?  
 (y/n)

Description of Service Areas:

**Rate Change Summary:**

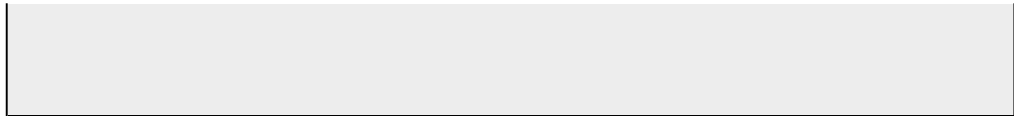
Average Rate Change:	8.70%
Maximum Rate Change:	9.70%
Minimum Rate Change:	8.70%

Expected Number of People Affected:

Company Justification for Rate Change:

Expected Medical Loss Ratio:	78.8%
Expected Annual Medical Trend:	8.8%
Expected Administrative Cost Ratio:	10.4%

Any Other Relevant Comments:  
 (optional)



Comments from the public are welcome at [DOI.HealthRateReview@illinois.gov](mailto:DOI.HealthRateReview@illinois.gov) through July 12, 2024.

**Contact Person:**

Cindy Colonius

217-782-4572

[cindy.colonius@illinois.gov](mailto:cindy.colonius@illinois.gov)

**Illinois Division of  
Insurance**

**Review Requirements  
Checklist**

**320 West Washington Street**

**Springfield, IL 62767-0001**

**Effective 05/27/2014**

**For Policies issued after 01/01/2014**

**Line(s) of  
Business**

**Health Premium  
Rates**

**Line(s) of  
Insurance**

**Individual/ Small Group  
Major Medical, Surgical/Medical/hospital  
PPO and Non PPO and  
HMO**

Illinois Insurance Code Link  Illinois Administrative Code Link  Product Coding Matrix  <b>REVIEW REQUIREMENTS</b>	<a href="#">Illinois Compiled Statutes Online</a>  <a href="#">Administrative Regulations Online</a>  <a href="#">Product Coding Matrix</a>  <b>REFERENCE</b>	<b>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</b>	<b>LOCATION OF STANDARD IN FILING</b>
		<p><b>NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.</b></p>	
<b>COMPANY REQUIREMENTS</b>	<b>REFERENCE</b>	<b>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</b>	<b>LOCATION OF STANDARD IN FILING</b>
Cover Letter	<a href="#">50 IL Adm. Code 916.40 (b)</a>	Cover Letters must generally describe the intent of the rate filing and whether the filing is a new rate, rate revision or justification of an existing rate. It is necessary to provide a listing of the policy form filing company tracking number(s) and company form number(s) to show the association between the rate being filed and those forms affected by the rate change. ** The Filing Description field in the General Information Tab in SERFF may be used in place of a cover letter.	Supporting documents – “Cover Letter” section



COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Grandfathered Status		<p>1.) Not Grandfathered- This rate filing is not being made in support of a grandfathered plan.</p> <p>2.) Grandfathered Plan- This rate filing is being made in support of a grandfathered plan. None of the changes that have been made to this plan since the last rate filing have caused the plan to lose its grandfathered status.</p> <p>3.) Formerly a Grandfathered Plan- This rate filing is being made in support of a formerly grandfathered plan. The following SERFF filing(s) contained changes that caused the plan to lose its grandfathered status:_____.</p>	Not Grandfathered- This rate filing is not being made in support of a grandfathered plan.
Implementation Date		The proposed effective date of rate revision implementation.	1/1/2025
Rate Filing Requirements	<a href="#">215 ILCS 5/355</a>  <a href="#">Company Bulletin 2010-08</a>	<p>The Federal Patient Protection and Affordable Care Act (PPACA) has established premium reporting and review processes for all health insurance issuers. The Rate Data Collection Form is available on the Department's web site under Company Bulletin 2010-08. The Rate Filing Actuarial Memorandum requirements in Company Bulletin 2010-08 are no longer applicable. The revised Actuarial Memorandum requirements are found in the "Actuarial Memorandum" section of this checklist.</p> <p>Rates must be submitted in a separate SERFF filing from policy forms.</p>	Supporting documents
Rate Filing Submission	<a href="#">Company Bulletin 2010-08</a>  <a href="#">Company Bulletin 2011-02</a>	Rate Filings must be submitted in their entirety into both SERFF and the Web Portal for review.	Supporting documents – "Actuarial Memorandum and Certifications" section and web portal.
TOI (Type of Insurance)	<a href="#">Company Bulletin 2010-08</a>	<p>A health insurance issuer offering any group or individual health insurance coverage, including managed care and HMO plans (regardless of whether the plans are grandfathered or non-grandfathered) must submit all new rate filings and rate revisions for review.</p> <p>A link to SERFF's Website for the TOI's required to file pursuant to CB 2010-08 and 2011-02</p> <p><a href="http://www.serff.com/documents/index_ppaca_tois.pdf">http://www.serff.com/documents/index_ppaca_tois.pdf</a></p>	General information
Federal Unified Rate Review Templates		<p>Parts I and III must be submitted with each filing. Parts I and III are required to be completed and Submitted for all rate increases the issuer has in a state. Link to the Rate Review Templates:</p> <p><a href="http://www.serff.com/plan_management_data_templates.htm">http://www.serff.com/plan_management_data_templates.htm</a></p>	Supporting documents – "Unified Rate Review Template" section.
Rate Data Collection Form	<a href="#">Company Bulletin 2010-08</a>	<p>The filing must contain an Excel spreadsheet (.xls or .xlsx format), along with a PDF version of the spreadsheet, according to format found in Company Bulletin 2010-08:</p> <p><a href="http://insurance.illinois.gov/cb/2010/Experience.xlsx">http://insurance.illinois.gov/cb/2010/Experience.xlsx</a></p>	Rate/Rule Schedule tab.

COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Actuarial Memorandum		<p>The Actuarial Memorandum is required and is to contain the complete justification for the submitted rates, including background information and an explanation of the rationale for the requested rate action, as well as other relevant information. The small group or individual Actuarial Memorandum requirements checklist must be completed for each filing.</p> <p>Small Group Checklist:  <a href="http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/RateReviewChecklistSmallGroup.pdf">http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/RateReviewChecklistSmallGroup.pdf</a></p> <p>Individual Checklist:  <a href="http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/RateReviewChecklistIndividual.pdf">http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/RateReviewChecklistIndividual.pdf</a></p>	Supporting documents – “Actuarial Memorandum and Certifications” section and web portal.
Actuarial Certification		<p>The Actuarial Certification must be completed for all filings.  <a href="http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/ActuarialCertificationForRateFilings.pdf">http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/ActuarialCertificationForRateFilings.pdf</a></p>	Supporting documents – “Certification of Compliance” section
Rate Schedules/Manuals		Shall be attached in SERFF as separate attachments from other documents required in SERFF.	Supporting documents – “Rate Schedule” section
HHS Rate Data Requirements		Data required to be entered in the Rate Review Detail tab in SERFF must be complete and accurate. DOI does not require all of this data for rate review but HHS reviews the data contained in this section for accuracy.	Rate/Rule tab.
Public Access	<a href="#">215 ILCS 5/404</a>	In order to maintain confidentiality, the Actuarial Memorandum should be attached in the Supporting Documentations Tab. It should be attached separately from any other attachments. Also, it is necessary to name them as Actuarial Memorandums to assist DOI in recognizing the type of document that is being attached.	Supporting documents – “Actuarial Memorandum and Certifications”
Have you included the following forms?		<ol style="list-style-type: none"> <li>1. Federal Unified Rate Review Template</li> <li>2. Rate Data Collection Form</li> <li>3. Actuarial Memorandum</li> <li>4. Actuarial Certification</li> </ol>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>

May 28, 2024

Mr. Andrew Patton  
Illinois Department of Insurance  
320 West Washington Street  
Springfield, IL 62767

RE: UnitedHealthcare Plan of the River Valley  
SERFF Filing UHLC-134122255

Mr. Patton,

The purpose of this rate filing is to revise base rates and benefit plan pricing. Area and Age factors are not changing with this filing. Pricing trend is being decreased from 9.6% annually to 8.8% annually. These rate changes apply to the entire state of Illinois. This is a new rate filing.

The SERFF number for the last filed rate filing is UHLC-133676453

The filing has a requested effective date of January 1, 2025. An actuarial memorandum and an experience spreadsheet are included within the filing.

The policy form number associated with this filing is: POL25.H.RV.2018.SG.IL, which will be filed under SERFF Tracking # UHLC-133968533.

We request that you keep this information confidential to the extent allowed by your laws and regulations.

Please contact me if I may be of assistance during your review. I can be reached directly at 309-757-6399 or via email at Paul\_J\_Knepp@uhc.com

Respectfully,



Paul Knepp, FSA, MAAA

June 11, 2024

Acting Director Ann Gillespie  
Illinois Department of Insurance  
320 W. Washington St.  
Springfield, IL 62767

Re: UnitedHealthcare Plan of the River Valley  
SERFF Tracking Number UHLC-134122255

Dear Acting Director Gillespie,

UnitedHealthcare Plan of the River Valley (UnitedHealthcare) respectfully requests the Illinois Department of Insurance keep the following items protected as proprietary or trade secret under Section (1)(g) of the Freedom of Information Act [5 ILCS 140/7(1)(g)]. The information shown in the list of items below are not generally well known or readily available and could provide value to other health plans at UnitedHealthcare's expense. If competitors make subsequent business decisions in reaction to what they have learned, UnitedHealthcare could suffer economic harm. Keeping the documents mentioned below confidential will allow UnitedHealthcare to compete fairly in the Illinois market.

Trade Secret Documents:

- Rate Data Collection Form
- Federal Business Rules Template
- Service Area Crosswalk Template
- Federal Service Area Template
- Network Service Area Crosswalk Template
- AV Calculator Screenshots
- Proposed Enrollment Template
- Federal Plan Benefits Template
- Business Rules Template
- Verification List
- Unique Plan Design Justification
- State Actuarial Memorandum
- Federal Part III Actuarial Memorandum
- Federal Part I Unified Rate Review Template
- IDF Factor Support
- Rate Schedule
- All filing correspondence, including objections and responses to objections

It is acknowledged that certain elements of rate filing submissions will be made publicly available including:

- Confidentiality Request Letter
- Actuarial Certification
- Certificate of Compliance
- Cover Letter
- Redacted Actuarial Memorandum
- Redacted State Actuarial Memorandum
- Public Rate Filing Summary
- SERFF Rate/Rule Schedule tab
- Federal Rates Table Template
- Health Premium Rates Checklist

If you have any questions with regards to our trade secret assertion, please do not hesitate to contact me via email at [kevin\\_j\\_morris@uhc.com](mailto:kevin_j_morris@uhc.com)

Respectfully,  
Kevin Morris, FSA, MAAA

# Illinois Small Employer Group (2-50) Rate Filing Actuarial Memorandum

UnitedHealthcare Plan of the River Valley, Inc.  
Effective 1/1/2025

## 1 - General Information

### 1A - Scope and Purpose of Filing

The purpose of this memorandum is to provide relevant actuarial information regarding the development of premium rates for small employer group insurance subject to PPACA and sold by UnitedHealthcare Plan of the River Valley, Inc. (UnitedHealthcare). Small group to UnitedHealthcare means groups with between 1 and 50 eligible employees (1-50). The rates are applicable for medical (including drug) expense benefits. This rate filing is prepared according to the Illinois Department of Insurance – “Illinois Actuarial Memorandum Requirements – Small Group” document.

This filing includes rates for new plans and revised rates for existing plans.

This filing should not be used for any other purpose.

### 1B - Market

This filing impacts the Small Employer Group (1-50) block for UnitedHealthcare Plan of the River Valley, Inc. in the state of Illinois subject to PPACA.

### 1C - Policy Forms

The policy number associated with this filing is [REDACTED]

### 1D - Description of Benefits

Group comprehensive medical and prescription drug benefit plans sold to 1-50 employer groups. The benefits have been revised to meet the essential health benefits as prescribed by the state of Illinois.

### 1E - Marketing Method

The market for this product is Small employers with between 1 and 50 employees. The product is sold to employers usually via a broker.

## 2 - Proposed Rates

### 2A - History of Rate Adjustments

Recent rate adjustments are:

- [REDACTED]

- [Redacted]

**2B - Effective Date of Requested Rate Increase**

---

---

The rates presented in this filing are for effective dates of coverage beginning 1/1/2025.

**2C - Months of Rate Guarantee**

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Rates are guaranteed for 12 months.

**2D - Effective through Date and Any Rate Increase Schedule Applicable**

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Rates are effective through 12/31/2025. [Redacted]

**2E - SERFF Number of Prior Filing**

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[Redacted]

**2F - Effective Date of Prior Filing**

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---

The effective date of the prior filing was January 1, 2024.

**2G - Proposed Percentage Rate Change**

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UnitedHealthcare is proposing [REDACTED] Please see URRT  
Worksheet 2 for proposed rate changes by plan.

## 2H - Reason for Rate Change

---

Updated experience and a refinement to our benefit pricing model indicate a rate revision is appropriate.

## 2I - Average Annual Premium

---

The experience period average monthly premium was [REDACTED]. This is equal to [REDACTED] on an annual basis. The projected 2025 average monthly premium is [REDACTED]. On an annual basis, this is equal to [REDACTED].

## 2J - Number of Policyholders and Covered Lives

---

As of December 2023 there were [REDACTED] for employers located in Illinois on this license. Covered lives include covered employees and their dependents.

## 2K - Projected Loss Ratio with and without Proposed Rate Increase

---

[REDACTED] If the actual loss ratio is below the 80% MLR requirement for small business, rebates will be paid as the law requires.

## 2L - Cumulative, Future, and Lifetime Loss Ratios

---

Not applicable. This is an annually rated product.

## 3 - Experience Period Premium and Claims

### 3A - Dates of Service for the Experience Period Used to Develop Rates

---

January 2023 to December 2023.

### 3B - Dates Through Which Claims Were Paid

---

Claims were paid through February 2024.

### 3C - Estimated Allowed Claims during the Experience Period Used to Develop Rates

---

The estimated allowed claim amount in the experience period is approximately [REDACTED]. There were approximately [REDACTED] in experience period.

### **3D - Method of Determining Allowed Claims**

Incurred claims were developed by first starting with actual claims paid through 2/29/24 sorted by incurred date. Estimates of incurred but not paid were added to these paid claims.

### **3E - Incurred but Not Paid Claims**

The allowed claims amount incurred in the experience period but not paid through the end of February 2024 was estimated at approximately [REDACTED]. This is about [REDACTED] allowed claims incurred and paid through the end of February 2024.

### **3F - Premium in Experience Period (Net of MLR Rebate)**

The total premium (net of MLR Rebate) in the experience period was approximately [REDACTED].

## 4 - Adjustments to Allowed Claims during the Experience Period

### **4A&B - Adjustments to Allowed Claims during the Experience Period**

The only adjustment was for the Incurred but Not Paid claims amount.

## 5 – Projection Factors

### **5A - Changes to Benefits**

None

### **5B - Trend Factors (Cost and Utilization)**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### **5C - Quarterly Trend Factors**

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The current and proposed trend factors are included in the table below:

[REDACTED]

### **5D - Projected Changes in the Demographics of the Insured Population**

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The age factors do not account for aging that occurs during the policy year. The HHS proposed age factors are used in rating.

### **5E - Projected Changes in the Morbidity of the Insured Population**

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Adjustments that we will continue to monitor but have not included in this filing include the following:

- [REDACTED]

### **5F - Other Projected Changes**

---

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The "Other" column in the URRT includes adjustments for items that are not otherwise reflected in our rating experience. [REDACTED]

## 6 – Credibility Manual Rate Development

### 6A - Methodology Used to Develop the Credibility Manual Rate

The experience for this legal entity contains [REDACTED]

Consideration was given to ASOP #25 when determining the credibility and appropriateness of the experience and the manual rate.

### 6B - Source & Appropriateness of the Experience Used to Develop the Credibility Manual Rate

### 6C - Adjustments Made to the Data Used to Develop the Credibility Manual Rate

This claims data was trended forward to the contract period and adjusted for large claims and demographic differences.

### 6D - Inclusion of Capitation Payments in Developing the Credibility Manual Rate

Capitated claims were included.

## 7 - Credibility

### 7A - Credibility Methodology

UnitedHealthcare's experience includes [REDACTED]

### 7B - Credibility Level

## 8 – Covered Services

### 8A - Covered Services – Essential Health Benefits

None

### 8B - Covered Services – State Mandated Benefits Which Are Not Essential Health Benefits

None

### 8C - Covered Services – Eliminated Benefits

None

### 8D - Covered Services – Additional Mandated Supplementary Benefits

None

### 8E - Covered Services – Changes in the Level of Covered Services

None

### 8F - Covered Services – EHB Substitutions

None

## 9 - Credibility Adjusted Projected Claims

The credibility adjusted Projected allowed claim amount is approximately [REDACTED]

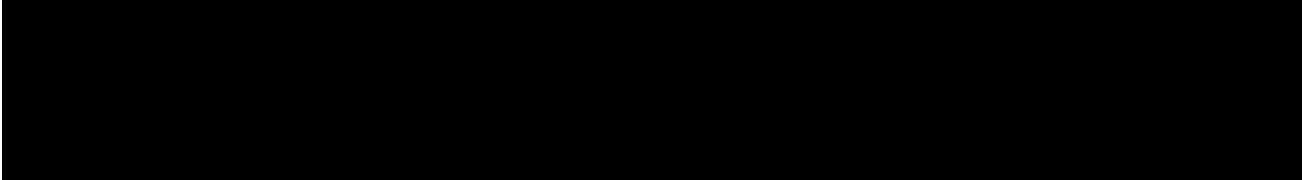
## 10 - Projected Index Rate

The Projected Index rate is [REDACTED] which is based on the projected claim amount of [REDACTED]

## 11 - Risk Transfer Payment

## 12 - Development of the Market Adjusted Index Rate

The market adjusted index rate includes market-wide adjustments for the risk adjustment program and exchange user fees. Please refer to Risk Transfer Payment section and the Non-Benefit Expenses and Profit section of this memorandum for a brief description of each of these items. Incurred values were grossed up by the average paid-to-allowed ratio to reflect an allowed basis.



**13 - Development of the Plan Level Adjusted Index Rate**

The development of the projected index rate and all rating factors is in compliance with all applicable federal statutes and regulations (45 CFR 156.80 and 147.102).

Actuarial Value and Cost Sharing Adjustment



**Induced Demand Factors:**



Provider network, delivery systems and utilization management adjustment

Any adjustments for these items are included in the plan relativity factors.

Benefits in Addition to EHBs

The Index Rate for the experience period is equal to the allowed claims PMPM. Benefits that are in excess of EHBs are estimated to be a de minimis amount. Therefore, the allowed claims were not adjusted to exclude these benefits.

Distribution and Administrative Costs

Distribution and administrative costs include premium tax, PCORI fees, SG&A, quality improvements, federal income tax, and after-tax income. Risk adjustment transfers and user fees and exchange fees are excluded because they are accounted for in the market adjusted index rate.

**14 – Actuarial Values**

**14A - AV Metal Values**

---

All AV Metal Values were based on the AV Calculator. Some adjustments were made to plan designs in order to appropriately model the designs in the AV Calculator. When possible, data from the AV Calculator was used to make the adjustments. If the necessary data from the AV Calculator was not available, adjustments were developed based on UnitedHealthcare’s historical experience and proprietary pricing model. These adjustments include the following:

[REDACTED]

[REDACTED]

[REDACTED]

**14B - AV Pricing Values**

---

The AV pricing value is set according to guidance to be the single value for each plan that is applied to the Market Adjusted Index Rate to generate the Plan Adjusted Index Rate.

## 15 - Paid to Allowed Ratio

The Paid to Allowed Ratio is [REDACTED]. The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period blended with the credibility manual, adjusted for expected leveraging and migration to new plans.

## 16 – Non-Benefit Expenses Including Risk and Profit Margin

### 16A - Projected Non-Benefit Expenses, Risk and Profit

**Administrative Expenses** - The administrative expense assumption is a long-term estimate of administrative expenses, including commissions, management fees, and other SG&A. [REDACTED]

**Profit & Risk Margin** - The profit and risk load does not include any risk contingency assumption.

**Taxes and Fees** - The taxes and fees assumption includes insurer fees, premium taxes, and federal income taxes.

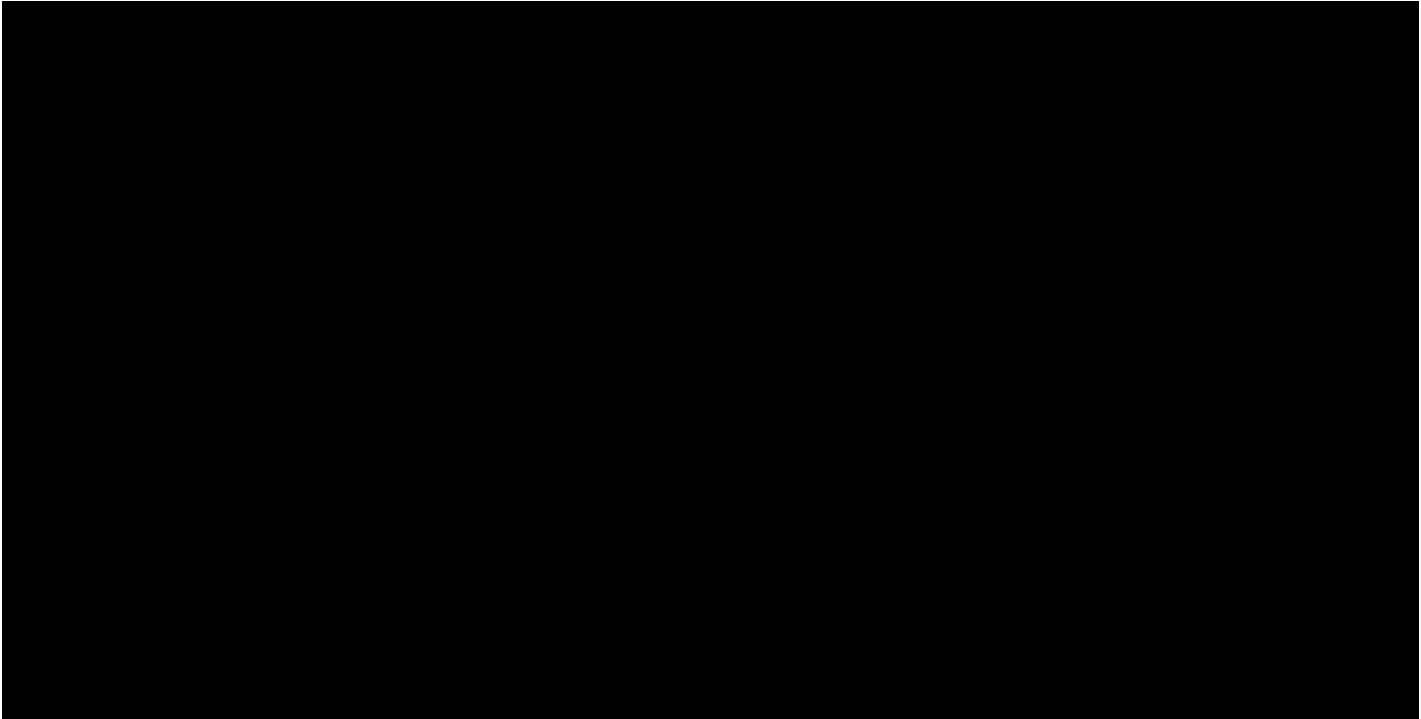


## **16B - Comparison of Current and Proposed Non-Benefit Expenses, Risk and Profit**

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---

The tables below illustrate the anticipated non-claim expenses incurred by UnitedHealthcare as a percent of total premium collected. This is used to calculate the anticipated loss ratio that is then used in the base rate development. The anticipated loss ratio does not equate to the federal MLR used to calculate insurer rebates as there are multiple components illustrated below that are excluded/credited from the federal MLR calculation.



## **16C - Varying Non-Benefit Expenses by Plan**

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**17 - Adjusted Community Rating Factors**

**17A - Age Factors**

UnitedHealthcare’s age factors will follow the Federal recommended factors, which are shown below.

Age	Current Factor	Proposed Factor	Age	Current Factor	Proposed Factor
0	0.765	0.765	33	1.198	1.198
1	0.765	0.765	34	1.214	1.214
2	0.765	0.765	35	1.222	1.222
3	0.765	0.765	36	1.230	1.230
4	0.765	0.765	37	1.238	1.238
5	0.765	0.765	38	1.246	1.246
6	0.765	0.765	39	1.262	1.262
7	0.765	0.765	40	1.278	1.278
8	0.765	0.765	41	1.302	1.302
9	0.765	0.765	42	1.325	1.325
10	0.765	0.765	43	1.357	1.357
11	0.765	0.765	44	1.397	1.397
12	0.765	0.765	45	1.444	1.444
13	0.765	0.765	46	1.500	1.500
14	0.765	0.765	47	1.563	1.563
15	0.833	0.833	48	1.635	1.635
16	0.859	0.859	49	1.706	1.706
17	0.885	0.885	50	1.786	1.786
18	0.913	0.913	51	1.865	1.865
19	0.941	0.941	52	1.952	1.952
20	0.970	0.970	53	2.040	2.040
21	1.000	1.000	54	2.135	2.135
22	1.000	1.000	55	2.230	2.230
23	1.000	1.000	56	2.333	2.333
24	1.000	1.000	57	2.437	2.437
25	1.004	1.004	58	2.548	2.548
26	1.024	1.024	59	2.603	2.603
27	1.048	1.048	60	2.714	2.714
28	1.087	1.087	61	2.810	2.810
29	1.119	1.119	62	2.873	2.873
30	1.135	1.135	63	2.952	2.952
31	1.159	1.159	64	3.000	3.000
32	1.183	1.183	Over 64	3.000	3.000

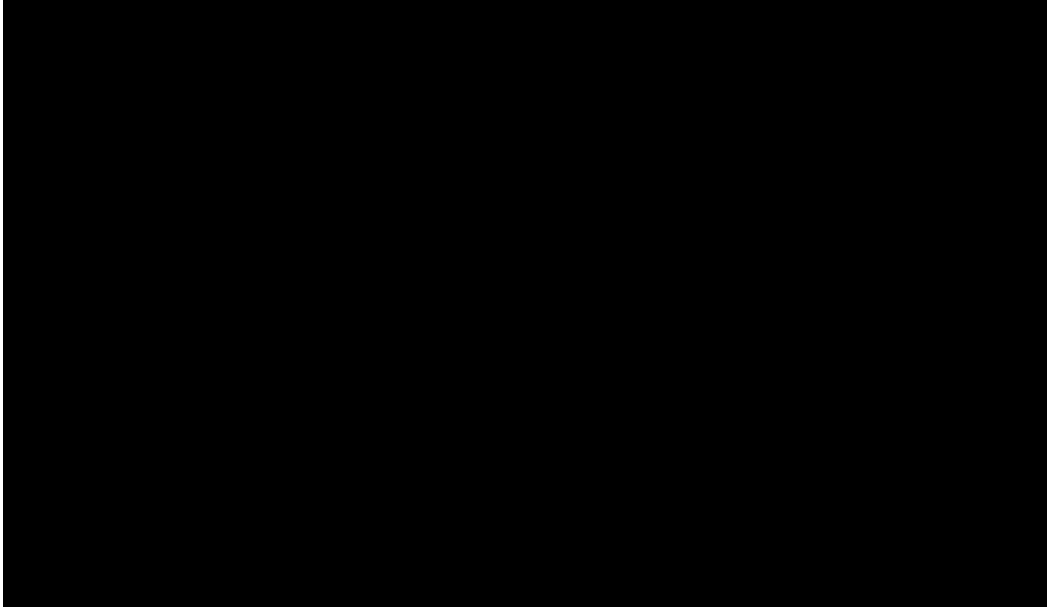
Age factors are not changing with this filing.

## 17B - Geographic Factors

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UnitedHealthcare's area factors are below. The areas are set by county as defined by the state of Illinois.



## 17C - Tobacco Factors

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Tobacco status will not be used in rating in this 1/1/25 filing. Both tobacco users and non-tobacco users will get a 1.0 factor in rating.

## 17D - Family Composition

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Final rates will be determined by calculating a rate for each individual member based on that member's age, tobacco status, benefit plan, and geographic area. The calculated rate for each member is aggregated to determine the group's rate. Only the three oldest dependents under 21 are used in the development of rates.

## 18 – Rate Tables

### 18A - Development of Rate Tables

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The average demographic factors were projected based on the filed factors and the projected demographic make-up of the membership impacted by this filing. Those factors were considered when setting the base rates so that the required premium could be achieved.

### 18B - Weighted Average Age

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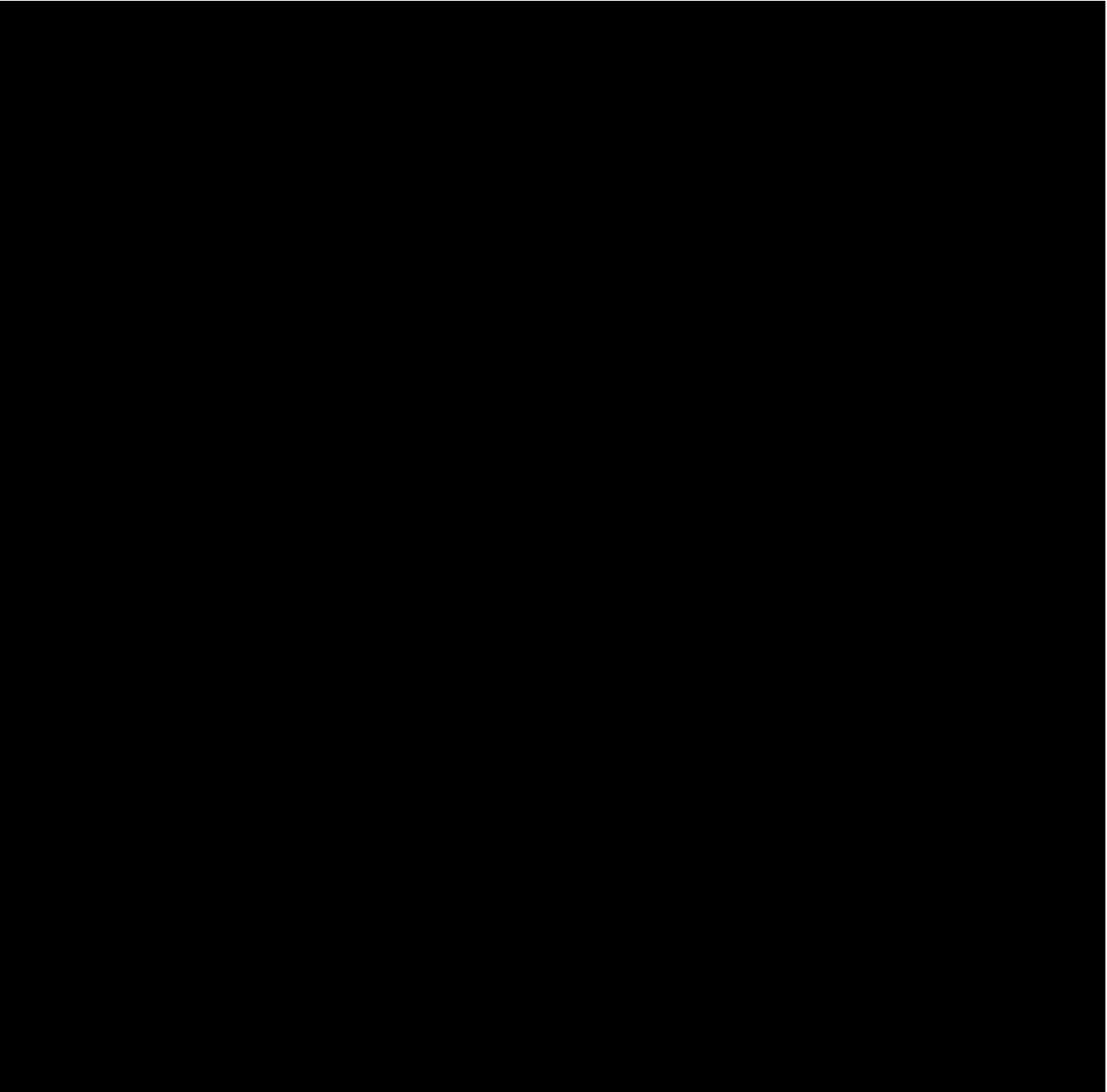
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The weighted average age is approximately [REDACTED]. Please see the Age Curve Calibration section for more details.

## 18C - Age Curve Calibration

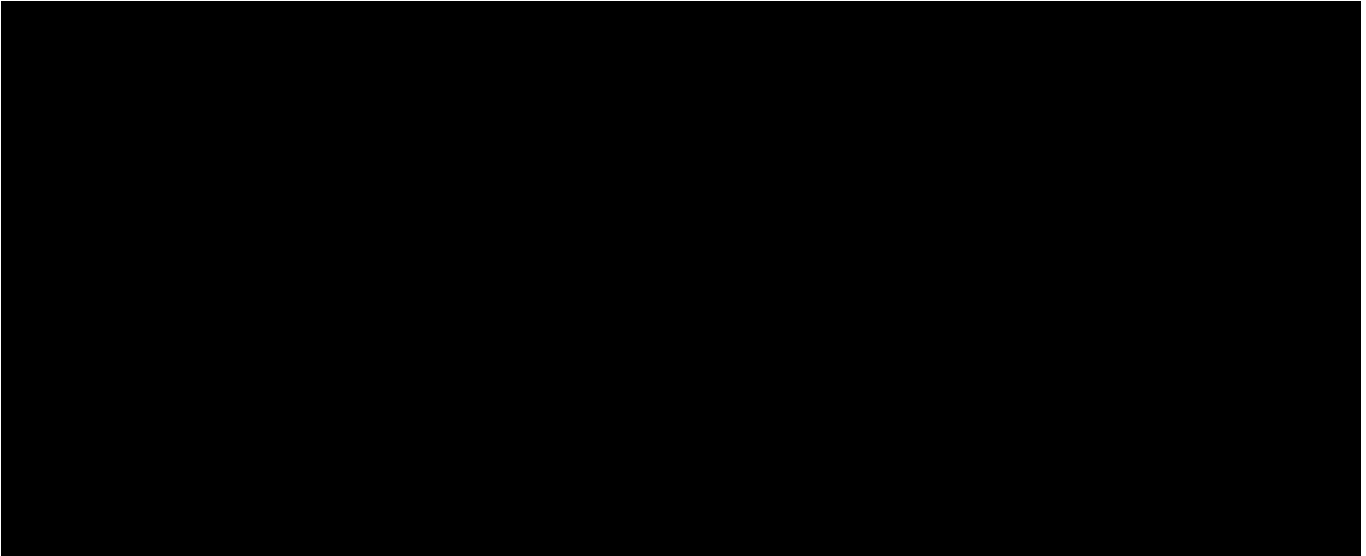
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The calculated age curve calibration is [REDACTED] which equals one divided by the average age factor of the expected member distribution by age. This corresponds with an approximate age of 46 years. The age factors used in this calculation are the HHS-specified age curve.



## 18D - Geographic Calibration Factor

The geographic factor calibration is [REDACTED] which equals one divided by the expected average area factor.



## 19 - Development of All Product Base Rates

The development of the base rates from the Index Rate to the Market Adjusted Index Rate to the Plan Adjusted Index Rate to the Calibrated Plan Adjusted Index Rate can all be seen on Worksheets 1 and 2 of the URRT.

## 20 - Risk Corridor Payments or Recoveries

There were no risk corridor payments or recoveries in the experience period.

## 21 - Company Financial Position



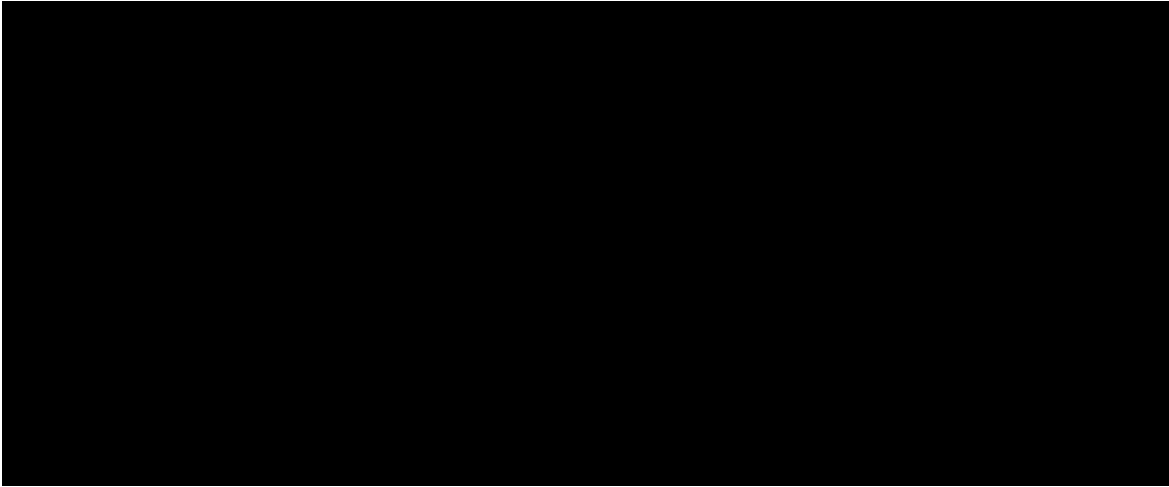
## 22 - Last Five Years RBC



## 23 – Federal Medical Loss Ratio Requirements

### 23A - Projected Federal MLR

When calculating the MLR utilizing the federal methodology, the estimated MLR is [REDACTED]. The table below illustrates the development of the projected loss ratio.



### 23B - Explanation for Future Loss Ratio

Not applicable.

## 24 - Reliance

Due to responsibility allocation, I have relied upon other individuals within the UnitedHealthcare organization to provide certain assumptions. Although I have performed a limited review of the information and have not found it unreasonable or inconsistent, I have not reviewed it in enough detail to fully judge the reasonableness of the information due to the substantial amount of additional time required. I have therefore relied upon the expertise of those individuals who have developed the assumptions, and am providing the information required by Actuarial Standard of Practice 41, section 4.3. A list of reliances is included below.

UnitedHealthcare Finance Department

Projected SG&A Assumption

UnitedHealthcare National Pricing Team

Plan Relativity Modeling

UnitedHealthcare Healthcare Economics Department

Projected Trend

Claims Reserves

ACO/Premium Designated Provider Savings Est.

## 25 – Certifications of Compliance

### Identification of the Certifying Actuary

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I, [REDACTED] am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I satisfy the 2023 continuing professional development requirements of the Academy and therefore am qualified to issue this 2024 statement of actuarial opinion. I have reviewed applicable ASOPs during the preparation of this rate filing.

### Certification of the Index Rate

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I certify that the projected index rate is:

- In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- Developed in compliance with the applicable Actuarial Standards of Practice,
- Reasonable in relation to the benefits provided and the population anticipated to be covered, and,
- Neither excess nor deficient

### Certification of the Plan Level Rates

---

I certify that 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.

### Certification of Metal AV

---

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. Some plan designs did not fit into the AV Calculator and needed an adjustment to properly calculate the AV Metal Value.

### Certification of Geographic Factors

---

I certify that the geographic factors do not reflect anticipated differences in morbidity by area. The factors were determined by first looking at the expected differences in unit costs and practice patterns by area. Adjustments were then made to mitigate any dramatic changes that would have resulted by market if the geographic factors were strictly based on unit cost expectations. This adjustment was not based on morbidity by area.

### Certification of Compliance with Applicable Federal Regulations

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I certify that 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.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare 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 exchanges, and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

## **Certification of Compliance with Actuarial Standards of Practice**

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Other Actuarial Disclosures:

- This rate filing document is uniquely identified with date/time stamp and filename shown in the document footer
- The intended user of this rate filing is the Illinois Department of Insurance
- There are no cautions with regards to risk or uncertainty in the items discussed in the rate filing
- This rate filings should not be used for any other purpose than which is stated in the “Scope and Purpose of Filing” section. Within that context, there are no limitations or constrains on the use or applicability of the rating items discussed herein.
- There are no conflicts of interest with regards to my production of this rate filing

All information is current-to-date shown in the footer; no information or subsequent event with any material impacts has arisen since the production of this document.

## **Actuarial Certification**

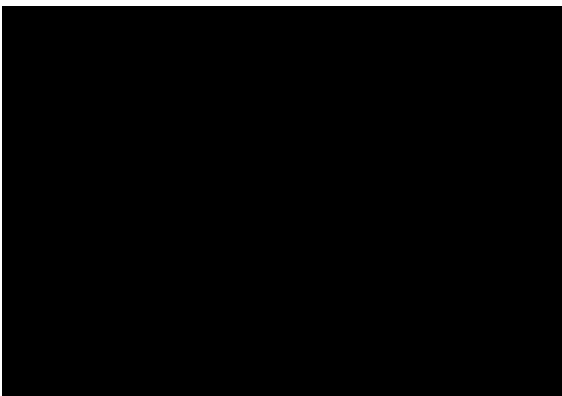
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To the best of my knowledge, I certify that the entire rate filing is in compliance with the applicable laws and regulations of the state of Illinois, the applicable Federal statutes and regulations, and complies with all applicable Actuarial Standards of Practice.

### **Final Comments**

The information in this filing is accurate to the best of my knowledge as of the date of this filing. This concludes UnitedHealthcare’s rate filing. Should you need additional information, please contact me as shown below.

Respectfully submitted,





**Joint Committee on Administrative Rules**  
**ADMINISTRATIVE CODE**

**TITLE 50: INSURANCE**  
**CHAPTER I: DEPARTMENT OF INSURANCE**  
**SUBCHAPTER I: PROVISIONS APPLICABLE TO ALL COMPANIES**  
**PART 916 REQUIRED PROCEDURE FOR FILING AND SECURING APPROVAL OF**  
**POLICY FORMS**  
**SECTION 916.EXHIBIT A CERTIFICATE OF COMPLIANCE**

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**Section 916.EXHIBIT A Certificate of Compliance**

Each company shall submit a "Certificate of Compliance" in substantially this format:

CERTIFICATE OF COMPLIANCE  
UnitedHealthcare Plan of the River Valley, Inc.

---

(Company Name)

By: Paul Knepp Title: Director of Actuarial Services

certifies that the policy forms as identified by either the Departmental listing attached to this Certificate of Compliance, or those filed by the company during this fiscal year, do comply:

- a) with all provisions of the Illinois Insurance Code applicable to the policy forms; and
- b) with all provisions of 50 Ill. Adm. Code applicable to policy forms;

and does further certify to the best of our knowledge and belief that:

- 1) the forms do not contain any inconsistent, ambiguous or misleading clauses;
- 2) the forms do not contain specifications or conditions that unreasonably or deceptively affect the risk purported to be assumed in the general coverage of the policy forms;
- 3) the only variation from the usual provisions of the policy forms are clearly marked or otherwise indicated;
- 4) the language of the policy form, as submitted or approved, shall be exactly as it has been or will be offered for issuance or delivery in the State of Illinois as approved by the Director, except for hypothetical data and other appropriate variable material; and

- 5) the policy forms do not contain any provision or clause currently being disapproved by the Director.

In utilizing the procedure for policy form filing and approval set forth in 50 Ill. Adm. Code 916, UnitedHealthcare Plan of the River Valley, Inc. hereby expressly agrees and consents to a review, by the

Director, to be made at any time, and further hereby expressly agrees and consents to the discontinuance by the company of future use of the approved policy forms, 30 days from the date of mailing an order of withdrawal issued by the Director pursuant to Section 143(1) of the Illinois Insurance Code. The order shall set forth the reasons why the previously approved policy forms are violative of or contrary to the provisions of the Illinois Insurance Code or all provisions of 50 Ill. Adm. Code applicable to policy forms. Each company shall have the right to request a hearing within that 30 day period. The request shall be made in writing to the Director. The order of withdrawal shall be stayed and the company shall be given a hearing under the provisions of Sections 143(1), 401(c), 401.1, 402(2), 426 and 429 of the Illinois Insurance Code [215 ILCS 5/143(1), 401(c), 401.1, 402(2), 426 and 429] and 50 Ill. Adm. Code 2402, as may be applicable, to determine:

- a) whether the policy form shall be disapproved; and
- b) whether further orders of the Director may be appropriate.

UnitedHealthcare Plan of the River Valley, Inc.

(Company Name)

By:



(Signature)

Title: Director of Actuarial Services

Date: 5/28/24

(Source: Amended at 39 Ill. Reg. 2590, effective February 6, 2015)

<b>2025 Rates Table Template v14.0</b>		<i>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.</i>		
		<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>		
		<i>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.</i>		
		<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>		
		<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>		
<b>HIOS Issuer ID*</b>	58239			
<b>Rate Effective Date*</b>	1/1/2025			
<b>Rate Expiration Date*</b>	3/31/2025			
<b>Rating Method*</b>	Age-Based Rates			
<b>Plan ID*</b>	<b>Rating Area ID*</b>	<b>Tobacco*</b>	<b>Age*</b>	<b>Individual Rate*</b>
<b>Required:</b> Enter the 14-character Plan ID	<b>Required:</b> Select the Rating Area ID	<b>Required:</b> Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	<b>Required:</b> Select the age of a subscriber eligible for the rate	<b>Required:</b> Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
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58239IL0040003	Rating Area 8	No Preference	26	568.81
58239IL0040003	Rating Area 8	No Preference	27	582.14
58239IL0040003	Rating Area 8	No Preference	28	603.81
58239IL0040003	Rating Area 8	No Preference	29	621.58
58239IL0040003	Rating Area 8	No Preference	30	630.47
58239IL0040003	Rating Area 8	No Preference	31	643.80
58239IL0040003	Rating Area 8	No Preference	32	657.13
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58239IL0040003	Rating Area 8	No Preference	34	674.35
58239IL0040003	Rating Area 8	No Preference	35	678.80
58239IL0040003	Rating Area 8	No Preference	36	683.24
58239IL0040003	Rating Area 8	No Preference	37	687.68
58239IL0040003	Rating Area 8	No Preference	38	692.13
58239IL0040003	Rating Area 8	No Preference	39	701.02
58239IL0040003	Rating Area 8	No Preference	40	709.90
58239IL0040003	Rating Area 8	No Preference	41	723.23
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58239IL0040003	Rating Area 8	No Preference	43	753.79
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58239IL0040003	Rating Area 8	No Preference	45	802.11
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58239IL0040003	Rating Area 8	No Preference	47	868.22
58239IL0040003	Rating Area 8	No Preference	48	908.21
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58239IL0040003	Rating Area 8	No Preference	50	992.09
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58239IL0040003	Rating Area 9	No Preference	39	873.56
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58239IL0040003	Rating Area 10	No Preference	23	620.87
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58239IL0040003	Rating Area 10	No Preference	63	1832.81
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58239IL0040003	Rating Area 11	No Preference	17	581.94
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58239IL0040003	Rating Area 11	No Preference	19	618.76
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58239IL0040003	Rating Area 11	No Preference	25	660.19
58239IL0040003	Rating Area 11	No Preference	26	673.34
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58239IL0040003	Rating Area 11	No Preference	28	714.77
58239IL0040003	Rating Area 11	No Preference	29	735.81
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58239IL0040003	Rating Area 11	No Preference	52	1283.56
58239IL0040003	Rating Area 11	No Preference	53	1341.42
58239IL0040003	Rating Area 11	No Preference	54	1403.89
58239IL0040003	Rating Area 11	No Preference	55	1466.36
58239IL0040003	Rating Area 11	No Preference	56	1534.09
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58239IL0040003	Rating Area 11	No Preference	62	1889.17
58239IL0040003	Rating Area 11	No Preference	63	1941.12

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58239IL0040003	Rating Area 12	No Preference	21	657.56
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58239IL0040003	Rating Area 12	No Preference	24	657.56
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58239IL0040003	Rating Area 12	No Preference	37	814.06
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58239IL0040003	Rating Area 12	No Preference	40	840.36
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58239IL0040003	Rating Area 12	No Preference	52	1283.56
58239IL0040003	Rating Area 12	No Preference	53	1341.42
58239IL0040003	Rating Area 12	No Preference	54	1403.89
58239IL0040003	Rating Area 12	No Preference	55	1466.36
58239IL0040003	Rating Area 12	No Preference	56	1534.09
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58239IL0040003	Rating Area 12	No Preference	59	1711.63
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58239IL0040003	Rating Area 12	No Preference	61	1847.74

58239IL0040003	Rating Area 12	No Preference	62	1889.17
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58239IL0040003	Rating Area 13	No Preference	0-14	628.57
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58239IL0040003	Rating Area 13	No Preference	18	750.18
58239IL0040003	Rating Area 13	No Preference	19	773.18
58239IL0040003	Rating Area 13	No Preference	20	797.01
58239IL0040003	Rating Area 13	No Preference	21	821.66
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58239IL0040003	Rating Area 13	No Preference	23	821.66
58239IL0040003	Rating Area 13	No Preference	24	821.66
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58239IL0040003	Rating Area 13	No Preference	34	997.50
58239IL0040003	Rating Area 13	No Preference	35	1004.07
58239IL0040003	Rating Area 13	No Preference	36	1010.64
58239IL0040003	Rating Area 13	No Preference	37	1017.22
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58239IL0040003	Rating Area 13	No Preference	39	1036.93
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58239IL0040003	Rating Area 13	No Preference	42	1088.70
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58239IL0040003	Rating Area 13	No Preference	46	1232.49
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58239IL0040003	Rating Area 13	No Preference	53	1676.19
58239IL0040003	Rating Area 13	No Preference	54	1754.24
58239IL0040003	Rating Area 13	No Preference	55	1832.30
58239IL0040003	Rating Area 13	No Preference	56	1916.93
58239IL0040003	Rating Area 13	No Preference	57	2002.39
58239IL0040003	Rating Area 13	No Preference	58	2093.59
58239IL0040003	Rating Area 13	No Preference	59	2138.78

58239IL0040003	Rating Area 13	No Preference	60	2229.99
58239IL0040003	Rating Area 13	No Preference	61	2308.86
58239IL0040003	Rating Area 13	No Preference	62	2360.63
58239IL0040003	Rating Area 13	No Preference	63	2425.54
58239IL0040003	Rating Area 13	No Preference	64 and over	2464.98

<b>2025 Rates Table Template v14.0</b>		<i>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.</i>		
		<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>		
		<i>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.</i>		
		<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>		
		<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>		
<b>HIOS Issuer ID*</b>	58239			
<b>Rate Effective Date*</b>	4/1/2025			
<b>Rate Expiration Date*</b>	6/30/2025			
<b>Rating Method*</b>	Age-Based Rates			
<b>Plan ID*</b>	<b>Rating Area ID*</b>	<b>Tobacco*</b>	<b>Age*</b>	<b>Individual Rate*</b>
<b>Required:</b> Enter the 14-character Plan ID	<b>Required:</b> Select the Rating Area ID	<b>Required:</b> Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	<b>Required:</b> Select the age of a subscriber eligible for the rate	<b>Required:</b> Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
58239IL0040002	Rating Area 5	No Preference	0-14	532.14
58239IL0040002	Rating Area 5	No Preference	15	579.44
58239IL0040002	Rating Area 5	No Preference	16	597.53
58239IL0040002	Rating Area 5	No Preference	17	615.61
58239IL0040002	Rating Area 5	No Preference	18	635.09
58239IL0040002	Rating Area 5	No Preference	19	654.57
58239IL0040002	Rating Area 5	No Preference	20	674.74
58239IL0040002	Rating Area 5	No Preference	21	695.61
58239IL0040002	Rating Area 5	No Preference	22	695.61
58239IL0040002	Rating Area 5	No Preference	23	695.61
58239IL0040002	Rating Area 5	No Preference	24	695.61
58239IL0040002	Rating Area 5	No Preference	25	698.39
58239IL0040002	Rating Area 5	No Preference	26	712.30
58239IL0040002	Rating Area 5	No Preference	27	729.00
58239IL0040002	Rating Area 5	No Preference	28	756.13
58239IL0040002	Rating Area 5	No Preference	29	778.39
58239IL0040002	Rating Area 5	No Preference	30	789.52
58239IL0040002	Rating Area 5	No Preference	31	806.21
58239IL0040002	Rating Area 5	No Preference	32	822.91
58239IL0040002	Rating Area 5	No Preference	33	833.34
58239IL0040002	Rating Area 5	No Preference	34	844.47
58239IL0040002	Rating Area 5	No Preference	35	850.04
58239IL0040002	Rating Area 5	No Preference	36	855.60
58239IL0040002	Rating Area 5	No Preference	37	861.17
58239IL0040002	Rating Area 5	No Preference	38	866.73
58239IL0040002	Rating Area 5	No Preference	39	877.86
58239IL0040002	Rating Area 5	No Preference	40	888.99
58239IL0040002	Rating Area 5	No Preference	41	905.68
58239IL0040002	Rating Area 5	No Preference	42	921.68
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58239IL0040002	Rating Area 5	No Preference	44	971.77

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58239IL0040002	Rating Area 5	No Preference	47	1087.24
58239IL0040002	Rating Area 5	No Preference	48	1137.32
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58239IL0040002	Rating Area 5	No Preference	50	1242.36
58239IL0040002	Rating Area 5	No Preference	51	1297.31
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58239IL0040002	Rating Area 5	No Preference	53	1419.04
58239IL0040002	Rating Area 5	No Preference	54	1485.13
58239IL0040002	Rating Area 5	No Preference	55	1551.21
58239IL0040002	Rating Area 5	No Preference	56	1622.86
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58239IL0040002	Rating Area 5	No Preference	58	1772.41
58239IL0040002	Rating Area 5	No Preference	59	1810.67
58239IL0040002	Rating Area 5	No Preference	60	1887.89
58239IL0040002	Rating Area 5	No Preference	61	1954.66
58239IL0040002	Rating Area 5	No Preference	62	1998.49
58239IL0040002	Rating Area 5	No Preference	63	2053.44
58239IL0040002	Rating Area 5	No Preference	64 and over	2086.83
58239IL0040002	Rating Area 6	No Preference	0-14	439.14
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58239IL0040002	Rating Area 6	No Preference	20	556.82
58239IL0040002	Rating Area 6	No Preference	21	574.04
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58239IL0040003	Rating Area 12	No Preference	15	559.24
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58239IL0040003	Rating Area 12	No Preference	19	631.75
58239IL0040003	Rating Area 12	No Preference	20	651.22
58239IL0040003	Rating Area 12	No Preference	21	671.36
58239IL0040003	Rating Area 12	No Preference	22	671.36
58239IL0040003	Rating Area 12	No Preference	23	671.36
58239IL0040003	Rating Area 12	No Preference	24	671.36
58239IL0040003	Rating Area 12	No Preference	25	674.05
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58239IL0040003	Rating Area 12	No Preference	28	729.77
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58239IL0040003	Rating Area 12	No Preference	51	1252.09
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58239IL0040003	Rating Area 12	No Preference	54	1433.35
58239IL0040003	Rating Area 12	No Preference	55	1497.13
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58239IL0040003	Rating Area 12	No Preference	57	1636.10
58239IL0040003	Rating Area 12	No Preference	58	1710.63
58239IL0040003	Rating Area 12	No Preference	59	1747.55
58239IL0040003	Rating Area 12	No Preference	60	1822.07
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58239IL0040003	Rating Area 12	No Preference	62	1928.82
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58239IL0040003	Rating Area 13	No Preference	18	765.93
58239IL0040003	Rating Area 13	No Preference	19	789.42
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58239IL0040003	Rating Area 13	No Preference	33	1005.03
58239IL0040003	Rating Area 13	No Preference	34	1018.45
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58239IL0040003	Rating Area 13	No Preference	36	1031.87
58239IL0040003	Rating Area 13	No Preference	37	1038.58
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58239IL0040003	Rating Area 13	No Preference	50	1498.31
58239IL0040003	Rating Area 13	No Preference	51	1564.59
58239IL0040003	Rating Area 13	No Preference	52	1637.57
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58239IL0040003	Rating Area 13	No Preference	54	1791.09
58239IL0040003	Rating Area 13	No Preference	55	1870.79
58239IL0040003	Rating Area 13	No Preference	56	1957.20
58239IL0040003	Rating Area 13	No Preference	57	2044.45
58239IL0040003	Rating Area 13	No Preference	58	2137.57
58239IL0040003	Rating Area 13	No Preference	59	2183.71

58239IL0040003	Rating Area 13	No Preference	60	2276.83
58239IL0040003	Rating Area 13	No Preference	61	2357.37
58239IL0040003	Rating Area 13	No Preference	62	2410.22
58239IL0040003	Rating Area 13	No Preference	63	2476.49
58239IL0040003	Rating Area 13	No Preference	64 and over	2516.76

<b>2025 Rates Table Template v14.0</b>		<i>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.</i>		
		<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>		
		<i>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.</i>		
		<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>		
		<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>		
<b>HIOS Issuer ID*</b>	58239			
<b>Rate Effective Date*</b>	7/1/2025			
<b>Rate Expiration Date*</b>	9/30/2025			
<b>Rating Method*</b>	Age-Based Rates			
<b>Plan ID*</b>	<b>Rating Area ID*</b>	<b>Tobacco*</b>	<b>Age*</b>	<b>Individual Rate*</b>
<b>Required:</b> Enter the 14-character Plan ID	<b>Required:</b> Select the Rating Area ID	<b>Required:</b> Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	<b>Required:</b> Select the age of a subscriber eligible for the rate	<b>Required:</b> Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
58239IL0040002	Rating Area 5	No Preference	0-14	543.61
58239IL0040002	Rating Area 5	No Preference	15	591.93
58239IL0040002	Rating Area 5	No Preference	16	610.41
58239IL0040002	Rating Area 5	No Preference	17	628.88
58239IL0040002	Rating Area 5	No Preference	18	648.78
58239IL0040002	Rating Area 5	No Preference	19	668.67
58239IL0040002	Rating Area 5	No Preference	20	689.28
58239IL0040002	Rating Area 5	No Preference	21	710.60
58239IL0040002	Rating Area 5	No Preference	22	710.60
58239IL0040002	Rating Area 5	No Preference	23	710.60
58239IL0040002	Rating Area 5	No Preference	24	710.60
58239IL0040002	Rating Area 5	No Preference	25	713.44
58239IL0040002	Rating Area 5	No Preference	26	727.65
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58239IL0040002	Rating Area 5	No Preference	28	772.42
58239IL0040002	Rating Area 5	No Preference	29	795.16
58239IL0040002	Rating Area 5	No Preference	30	806.53
58239IL0040002	Rating Area 5	No Preference	31	823.59
58239IL0040002	Rating Area 5	No Preference	32	840.64
58239IL0040002	Rating Area 5	No Preference	33	851.30
58239IL0040002	Rating Area 5	No Preference	34	862.67
58239IL0040002	Rating Area 5	No Preference	35	868.35
58239IL0040002	Rating Area 5	No Preference	36	874.04
58239IL0040002	Rating Area 5	No Preference	37	879.72
58239IL0040002	Rating Area 5	No Preference	38	885.41
58239IL0040002	Rating Area 5	No Preference	39	896.78
58239IL0040002	Rating Area 5	No Preference	40	908.15
58239IL0040002	Rating Area 5	No Preference	41	925.20
58239IL0040002	Rating Area 5	No Preference	42	941.55
58239IL0040002	Rating Area 5	No Preference	43	964.28
58239IL0040002	Rating Area 5	No Preference	44	992.71

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58239IL0040002	Rating Area 5	No Preference	47	1110.67
58239IL0040002	Rating Area 5	No Preference	48	1161.83
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58239IL0040002	Rating Area 5	No Preference	52	1387.09
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58239IL0040002	Rating Area 5	No Preference	54	1517.13
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58239IL0040002	Rating Area 5	No Preference	56	1657.83
58239IL0040002	Rating Area 5	No Preference	57	1731.73
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58239IL0040002	Rating Area 5	No Preference	59	1849.69
58239IL0040002	Rating Area 5	No Preference	60	1928.57
58239IL0040002	Rating Area 5	No Preference	61	1996.79
58239IL0040002	Rating Area 5	No Preference	62	2041.55
58239IL0040002	Rating Area 5	No Preference	63	2097.69
58239IL0040002	Rating Area 5	No Preference	64 and over	2131.80
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58239IL0040002	Rating Area 6	No Preference	20	568.82
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58239IL0040002	Rating Area 6	No Preference	23	586.41
58239IL0040002	Rating Area 6	No Preference	24	586.41
58239IL0040002	Rating Area 6	No Preference	25	588.76
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58239IL0040002	Rating Area 6	No Preference	31	679.65
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58239IL0040002	Rating Area 6	No Preference	33	702.52
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58239IL0040002	Rating Area 6	No Preference	35	716.59
58239IL0040002	Rating Area 6	No Preference	36	721.28
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58239IL0040002	Rating Area 6	No Preference	38	730.67
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58239IL0040002	Rating Area 6	No Preference	40	749.43
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58239IL0040002	Rating Area 6	No Preference	48	958.78
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58239IL0040002	Rating Area 6	No Preference	57	1429.08
58239IL0040002	Rating Area 6	No Preference	58	1494.17
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58239IL0040002	Rating Area 6	No Preference	61	1647.81
58239IL0040002	Rating Area 6	No Preference	62	1684.76
58239IL0040002	Rating Area 6	No Preference	63	1731.08
58239IL0040002	Rating Area 6	No Preference	64 and over	1759.23
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58239IL0040002	Rating Area 7	No Preference	16	510.12
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58239IL0040002	Rating Area 7	No Preference	20	576.03
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58239IL0040002	Rating Area 7	No Preference	22	593.85
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58239IL0040002	Rating Area 7	No Preference	37	735.19
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58239IL0040002	Rating Area 7	No Preference	60	1611.71
58239IL0040002	Rating Area 7	No Preference	61	1668.72
58239IL0040002	Rating Area 7	No Preference	62	1706.13
58239IL0040002	Rating Area 7	No Preference	63	1753.05
58239IL0040002	Rating Area 7	No Preference	64 and over	1781.55
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58239IL0040002	Rating Area 8	No Preference	58	1542.89
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58239IL0040002	Rating Area 8	No Preference	62	1739.69
58239IL0040002	Rating Area 8	No Preference	63	1787.52
58239IL0040002	Rating Area 8	No Preference	64 and over	1816.59
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58239IL0040002	Rating Area 9	No Preference	16	648.16
58239IL0040002	Rating Area 9	No Preference	17	667.78
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58239IL0040002	Rating Area 9	No Preference	22	754.55
58239IL0040002	Rating Area 9	No Preference	23	754.55
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58239IL0040002	Rating Area 9	No Preference	43	1023.92
58239IL0040002	Rating Area 9	No Preference	44	1054.11
58239IL0040002	Rating Area 9	No Preference	45	1089.57
58239IL0040002	Rating Area 9	No Preference	46	1131.83
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58239IL0040002	Rating Area 9	No Preference	49	1287.26
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58239IL0040002	Rating Area 9	No Preference	55	1682.65
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58239IL0040002	Rating Area 9	No Preference	63	2227.43
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58239IL0040002	Rating Area 10	No Preference	16	581.37
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58239IL0040002	Rating Area 10	No Preference	57	1649.36
58239IL0040002	Rating Area 10	No Preference	58	1724.49
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58239IL0040003	Rating Area 8	No Preference	39	731.16
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58239IL0040003	Rating Area 13	No Preference	54	1829.67
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58239IL0040003	Rating Area 13	No Preference	57	2088.48
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58239IL0040003	Rating Area 13	No Preference	59	2230.74

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58239IL0040003	Rating Area 13	No Preference	62	2462.13
58239IL0040003	Rating Area 13	No Preference	63	2529.83
58239IL0040003	Rating Area 13	No Preference	64 and over	2570.97

<b>2025 Rates Table Template v14.0</b>				
<i>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.</i>				
<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>				
<i>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.</i>				
<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>				
<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>				
<b>HIOS Issuer ID*</b>	58239			
<b>Rate Effective Date*</b>	10/1/2025			
<b>Rate Expiration Date*</b>	12/31/2025			
<b>Rating Method*</b>	Age-Based Rates			
<b>Plan ID*</b>	<b>Rating Area ID*</b>	<b>Tobacco*</b>	<b>Age*</b>	<b>Individual Rate*</b>
<b>Required:</b> Enter the 14-character Plan ID	<b>Required:</b> Select the Rating Area ID	<b>Required:</b> Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	<b>Required:</b> Select the age of a subscriber eligible for the rate	<b>Required:</b> Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
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58239IL0040002	Rating Area 5	No Preference	15	604.42
58239IL0040002	Rating Area 5	No Preference	16	623.28
58239IL0040002	Rating Area 5	No Preference	17	642.15
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58239IL0040002	Rating Area 5	No Preference	19	682.78
58239IL0040002	Rating Area 5	No Preference	20	703.82
58239IL0040002	Rating Area 5	No Preference	21	725.59
58239IL0040002	Rating Area 5	No Preference	22	725.59
58239IL0040002	Rating Area 5	No Preference	23	725.59
58239IL0040002	Rating Area 5	No Preference	24	725.59
58239IL0040002	Rating Area 5	No Preference	25	728.49
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58239IL0040002	Rating Area 5	No Preference	59	1888.71
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58239IL0040002	Rating Area 5	No Preference	62	2084.62
58239IL0040002	Rating Area 5	No Preference	63	2141.94
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58239IL0040002	Rating Area 6	No Preference	31	693.99
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58239IL0040003	Rating Area 12	No Preference	23	700.30
58239IL0040003	Rating Area 12	No Preference	24	700.30
58239IL0040003	Rating Area 12	No Preference	25	703.10
58239IL0040003	Rating Area 12	No Preference	26	717.11
58239IL0040003	Rating Area 12	No Preference	27	733.91
58239IL0040003	Rating Area 12	No Preference	28	761.23
58239IL0040003	Rating Area 12	No Preference	29	783.64
58239IL0040003	Rating Area 12	No Preference	30	794.84
58239IL0040003	Rating Area 12	No Preference	31	811.65
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58239IL0040003	Rating Area 12	No Preference	33	838.96
58239IL0040003	Rating Area 12	No Preference	34	850.16
58239IL0040003	Rating Area 12	No Preference	35	855.77
58239IL0040003	Rating Area 12	No Preference	36	861.37
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58239IL0040003	Rating Area 12	No Preference	38	872.57
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58239IL0040003	Rating Area 12	No Preference	41	911.79
58239IL0040003	Rating Area 12	No Preference	42	927.90
58239IL0040003	Rating Area 12	No Preference	43	950.31
58239IL0040003	Rating Area 12	No Preference	44	978.32
58239IL0040003	Rating Area 12	No Preference	45	1011.23
58239IL0040003	Rating Area 12	No Preference	46	1050.45
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58239IL0040003	Rating Area 12	No Preference	48	1144.99
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58239IL0040003	Rating Area 12	No Preference	50	1250.74
58239IL0040003	Rating Area 12	No Preference	51	1306.06
58239IL0040003	Rating Area 12	No Preference	52	1366.99
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58239IL0040003	Rating Area 12	No Preference	54	1495.14
58239IL0040003	Rating Area 12	No Preference	55	1561.67
58239IL0040003	Rating Area 12	No Preference	56	1633.80
58239IL0040003	Rating Area 12	No Preference	57	1706.63
58239IL0040003	Rating Area 12	No Preference	58	1784.36
58239IL0040003	Rating Area 12	No Preference	59	1822.88
58239IL0040003	Rating Area 12	No Preference	60	1900.61
58239IL0040003	Rating Area 12	No Preference	61	1967.84



58239IL0040003	Rating Area 12	No Preference	62	2011.96
58239IL0040003	Rating Area 12	No Preference	63	2067.29
58239IL0040003	Rating Area 12	No Preference	64 and over	2100.90
58239IL0040003	Rating Area 13	No Preference	0-14	669.43
58239IL0040003	Rating Area 13	No Preference	15	728.93
58239IL0040003	Rating Area 13	No Preference	16	751.69
58239IL0040003	Rating Area 13	No Preference	17	774.44
58239IL0040003	Rating Area 13	No Preference	18	798.94
58239IL0040003	Rating Area 13	No Preference	19	823.44
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58239IL0040003	Rating Area 13	No Preference	21	875.07
58239IL0040003	Rating Area 13	No Preference	22	875.07
58239IL0040003	Rating Area 13	No Preference	23	875.07
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58239IL0040003	Rating Area 13	No Preference	25	878.57
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58239IL0040003	Rating Area 13	No Preference	42	1159.47
58239IL0040003	Rating Area 13	No Preference	43	1187.47
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58239IL0040003	Rating Area 13	No Preference	45	1263.60
58239IL0040003	Rating Area 13	No Preference	46	1312.61
58239IL0040003	Rating Area 13	No Preference	47	1367.73
58239IL0040003	Rating Area 13	No Preference	48	1430.74
58239IL0040003	Rating Area 13	No Preference	49	1492.87
58239IL0040003	Rating Area 13	No Preference	50	1562.88
58239IL0040003	Rating Area 13	No Preference	51	1632.01
58239IL0040003	Rating Area 13	No Preference	52	1708.14
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58239IL0040003	Rating Area 13	No Preference	54	1868.27
58239IL0040003	Rating Area 13	No Preference	55	1951.41
58239IL0040003	Rating Area 13	No Preference	56	2041.54
58239IL0040003	Rating Area 13	No Preference	57	2132.55
58239IL0040003	Rating Area 13	No Preference	58	2229.68
58239IL0040003	Rating Area 13	No Preference	59	2277.81

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58239IL0040003	Rating Area 13	No Preference	61	2458.95
58239IL0040003	Rating Area 13	No Preference	62	2514.08
58239IL0040003	Rating Area 13	No Preference	63	2583.21
58239IL0040003	Rating Area 13	No Preference	64 and over	2625.21