
State: Illinois **Filing Company:** Medical Associates Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: Small Group- 2027 ACA Rates
Project Name/Number: 2027 Rates/IL2027R

Filing at a Glance

Company: Medical Associates Health Plan, Inc.
Product Name: Small Group- 2027 ACA Rates
State: Illinois
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.004F Small Group Only - HMO
Filing Type: Rate
Date Submitted: 06/03/2026
SERFF Tr Num: MEDC-134875811
SERFF Status: Assigned
State Tr Num:
State Status: Assigned to Reviewer
Co Tr Num: IL2027R

Effective: 01/01/2027
Date Requested:
Author(s): Karen Brunton, Liz Cook, Chase Putman, Jacob Glennon, Katie Hartig
Reviewer(s): Christina Roy (primary), Becky Sheppard, Gabe Rivera, Beth Verticchio
Disposition Date:
Disposition Status:
Effective Date:

State Filing Description:

State: Illinois
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: Small Group- 2027 ACA Rates
Project Name/Number: 2027 Rates/IL2027R

Filing Company: Medical Associates Health Plan, Inc.

General Information

Project Name: 2027 Rates
Project Number: IL2027R
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 06/03/2026
State Status Changed: 06/03/2026
Created By: Chase Putman
Corresponding Filing Tracking Number:
State TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Status of Filing in Domicile: Authorized
Date Approved in Domicile: 09/02/1986
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact:
Deemer Date:
Submitted By: Chase Putman
State Sub-TOI: HOrg02G.004F Small Group Only - HMO
PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null
Include Exchange Intentions: No

Filing Description:

Enclosed is the IL 2027 Actuarial Memo and Experience Spreadsheet for our small group 2027 ACA compliant plans to be offered off exchange only. This filing applies to the policy form 2027 SG submitted in SERFF with tracking number MEDC-134880292. The rates will go into effect 1/1/27 and reflect a 8.2% increase compared to Q1 2026 plans. Medical Associates Health Plans is an HMO plan that is domiciled in Iowa and currently operates in Jo Daviess county.

Company and Contact

Filing Contact Information

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Filing Company Information

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Inc.
1605 Associates Drive
Suite 101
Dubuque, IA 52002
(563) 556-8070 ext. 236[Phone]

CoCode: 52559
Group Code:
Group Name:
FEIN Number: 42-1282065

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

State: Illinois **Filing Company:** Medical Associates Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: Small Group- 2027 ACA Rates
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Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	Illinois	Filing Company:	Medical Associates Health Plan, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	Small Group- 2027 ACA Rates		
Project Name/Number:	2027 Rates/IL2027R		

Rate Information

Rate data applies to filing.

Filing Method:	File & Use
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	5.500%
Effective Date of Last Rate Revision:	01/01/2026
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	MEDC-134499660

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):
Medical Associates Health Plan, Inc.	Increase	8.200%	8.200%	\$86,657	97	\$1,634,095	12.200%	0.900%

State: Illinois **Filing Company:** Medical Associates Health Plan, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: Small Group- 2027 ACA Rates
Project Name/Number: 2027 Rates/IL2027R

Rate Review Detail

COMPANY:

Company Name: Medical Associates Health Plan, Inc.
HHS Issuer Id: 24301

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
CHP Deductible	24301IL014		62
CHP HRA	24301IL012		2
CHP HSA	24301IL011		5
Deductible	24301IL013		80
HSA	24301IL009		16

Trend Factors: The 2026 rate development reflects an annual trend of 8.4%.

FORMS:

New Policy Forms:

Affected Forms:

Other Affected Forms: 2027 SG IL

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 2,470
Benefit Change: Increase
Percent Change Requested: Min: 0.9 Max: 12.2 Avg: 8.2

PRIOR RATE:

Total Earned Premium: 1,216,768.00
Total Incurred Claims: 767,792.00
Annual \$: Min: 758.93 Max: 758.93 Avg: 758.93

REQUESTED RATE:

Projected Earned Premium: 1,316,543.00
Projected Incurred Claims: 1,134,860.00
Annual \$: Min: 821.16 Max: 821.16 Avg: 821.16

SERFF Tracking #:	MEDC-134875811	State Tracking #:		Company Tracking #:	IL2027R
State:	Illinois	Filing Company:	Medical Associates Health Plan, Inc.		
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO				
Product Name:	Small Group- 2027 ACA Rates				
Project Name/Number:	2027 Rates/IL2027R				

URRT

State Determination

Review Status:	Incomplete
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SERFF Tracking #:	MEDC-134875811	State Tracking #:		Company Tracking #:	IL2027R
State:	Illinois	Filing Company:	Medical Associates Health Plan, Inc.		
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Product Name:	Small Group- 2027 ACA Rates				
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URRT Items

Item Name	Attachment(s)
Actuarial Memorandum - Redacted	24301FederalActMemoRedacted.pdf



Illinois State Rate Filing – Federal Actuarial Memorandum

Medical Associates Health Plan, Inc.

Issuer ID: 24301

Effective January 1, 2027

May 29, 2026

Prepared by:

Wakely Consulting Group

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Senior Consulting Actuary

Fredrick Quiram, ASA

Consulting Actuary

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Section 1. General Information

1a. Scope and Purpose of Filing

This document contains the Actuarial Memorandum for Medical Associates Health Plan, Inc. (MAHP)'s small group block of business, effective January 1, 2027.

This memorandum documents the development of small group market single risk pool rates, compliance with the market rating rules, and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

This information is intended for use by the State of Illinois Department of Insurance, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of MAHP's small group rate filing. However, we understand this certification may become a public document. Wakely does not intend to create any duty or liability towards third parties and therefore other users of this letter should not rely upon this Actuarial Memorandum.

The results are actuarial projections. Actual experience will differ for several reasons including, but not necessarily limited to, population changes, claims experience, and random deviations from assumptions.

We developed the 2027 plan year premium rates based upon Affordable Care Act (ACA) statutes and regulations in effect as of the date this Part III Actuarial Memorandum is submitted. Accordingly, these premium rates are contingent upon the current ACA statutes and regulations not changing. Given the potential impact to 2027 plan year premium rates, MAHP retains and reserves the right to amend this Actuarial Memorandum and 2027 plan premium rates should there be any changes to the current ACA statutes and regulations.

COMPANY IDENTIFYING INFORMATION

Company Legal Name:	Medical Associates Health Plan, Inc.
State:	Illinois
HIOS Issuer ID:	24301
Market:	Small Group
Effective Date:	January 1, 2027

Company Contact Information

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

1b. Market

These plans are offered in the small group market in Illinois.

1c. Policy Form

All products use SG IL 2027 for the policy form and this policy form status is open. The following products are included in this filing:

Table 1.1 Medical Associates Health Plan, Inc. Available Products	

1d. Description of Benefits

1e. Marketing Method

MAHP is selling plans through the non-Exchange markets. The non-Exchange will be sold via independent brokers and employed sales staff.

Section 2. Proposed Rates**2a. History of Rate Adjustments**

Table 2.1 provides a history of previous rate revisions. These plans were first offered for January 1, 2016 effective dates.

[illegible]**2b. Effective Date of Requested Rate Increase**

These rates are effective January 1, 2027.

2c. Months of Rate Guarantee

The rates are guaranteed for 12 months from the effective date.

2d. Effective Through Date and Any Rate Increase Schedule Applicable

The rates for these products are effective through December 31, 2027 and include a quarterly trend adjustment. The quarterly trend factor is [REDACTED] for small groups effective second quarter 2027 and increases [REDACTED] per quarter for small groups effective third quarter 2027 through fourth quarter 2027.

2e. SERFF Number of Prior Filing

MEDC-134875811

2f. Effective Date of Prior Filing

The effective date of the prior filing is January 1, 2026.

[illegible][illegible]

2i. Average Annual premium

The average 2027 annual premium is expected to be [REDACTED]

2j. Number of Policyholders and Covered Lives

The average number of policyholders as of March 30, 2026 are [REDACTED] and the average number of members is [REDACTED]

2k. Projected Loss Ratio with and without Proposed Rate Increase

The 2027 projected loss ratio is [REDACTED] with the proposed rate increase and [REDACTED] without the proposed rate increase. The loss ratio is calculated as (claims + risk transfer payables – risk transfer receivables) / premiums.

2l. Cumulative, Future, and Lifetime Loss Ratios

The 2015 – 2025 cumulative loss ratio is [REDACTED]. The 2025 future loss ratio is [REDACTED]. The projected lifetime loss ratio is [REDACTED]

Section 3. Experience Period Premium and Claims**3a. Dates of Service for the Experience Period Used to Develop Rates**

The experience shows MAHP's Illinois earned premium and incurred and paid claims for the period of January 1, 2025 through December 31, 2025.

3a. Dates through Which Claims Were Paid

The claims are paid through March 31, 2026 for small group ACA business.

3c. Estimated Allowed Claims during the Experience Period Used to Develop

Table 3.1 summarizes the allowed and incurred claims during the experience period.

Table 3.1 Medical Associates Health Plan, Inc. Allowed and Incurred Claims Incurred During the Experience Period		

3d. Method for Determining Allowed Claims

MAHP processes all medical claims internally. A separate external vendor processes pharmacy claims. Both allowed claims and incurred claims are directly from MAHP's claim records. Allowed Claims (FFS) reflect the applicable values from MAHP's claim payment system for claims received and paid for that are covered on a fee-for-service basis (i.e., not capitated) during the experience period.

3e. Incurred but Not Paid Claims

A completion factor of [REDACTED] was applied to 2025 experience. This factor was calculated by comparing the portion of claims completed at the end of March relative to final completion for plan years 2022 through 2024.

3f. Premiums in Experience Period (Net of MLR Rebates)

Table 3.2 summarizes the earned premiums during the experience period.

Table 3.2 Medical Associates Health Plan, Inc.. Premium Net of MLR Rebates	

3g. Adjustments to Allowed Claims during the Experience Period

Base experience was not credible. No adjustments were made.

Section 4. Benefit Categories

4a. Inpatient Hospital

This 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.

4b. Outpatient Hospital

This 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.

4c. Professional

This 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.

4d. Other Medical

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

4e. Prescription Drug

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

Section 5. Projection Factors

This section describes each factor used to project the experience period allowed claims to the projection period as well as supporting information related to the development of these factors.

5a. Plan Design Changes

There are no changes in covered benefits proposed for 2027 relative to the 2025 experience period. Several changes in cost sharing were made but all the changes were made to comply with federal requirements on the actuarial value of the plan's metal level.

A [REDACTED] adjustment was applied to the experience rate to reflect the leaner mix of benefits for renewing MAHP membership. This factor was determined by comparing the weighted average induced utilization (IU), of the experience data to MAHP's projected average IU. The Federal IU slope was used in these comparisons.

5b. Trend Factors (Cost and Utilization)

In aggregate, the 2027 rate development reflects an annual trend rate of [REDACTED]

MAHP does not have credible experience to calculate trends using a formal trend study. Unit cost trends and pharmacy utilization trends were informed by aggregated trends from the Illinois Small Group market PY2026 URRT PUFs. These trends were compared against national estimates of trend as reported in the latest available study by PwC's Health Research Institute and adjusted for consistency.

The same trend rate was applied to trend experience period claims to projection period.

Table 5.1 Medical Associates Health Plan, Inc.. Trends by Category of Service			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Actual-to-expected trends were not developed because the state specific data is not credible.

5c. Quarterly Trend Factors

The quarterly trend factor is [REDACTED] per quarter for small groups effective second quarter 2027 through fourth quarter 2027.

5d. Projected Changes in the Demographics of the Population Insurance

A demographic adjustment of [REDACTED] was also applied to the experience rate. This factor was determined by comparing the ARF of the experience population against the ARF of MAHP's projected population.

5e. Projected Changes in the Morbidity of the Insured Population

A morbidity adjustment of [REDACTED] was applied to the experience rate. This factor was determined by comparing the relative risk (PLRS / ARF / AV) of MAHP's projection population against the experience. All PLRS's were adjusted to account for year-to-year changes in the HHS model.

5f. Other Projected Changes

A network adjustment of [REDACTED] was applied to the experience rate in order to account for Live360 enrollment present in MAHP's 2025 experience. This network had more favorable unit cost contracting than MAHP's TriState networks but has since been discontinued. This factor was determined by comparing the weighted average network factor of the experience period against MAHP's projected population in 2027.

Section 6. Credibility Manual Rate Development

6a. Methodology Used to Develop the Credibility Manual Rate

MAHP data was not fully credible. Wakely developed its own manual rate using the most appropriate source of data available. The Wakely Affordable Care Act (WACA) dataset was used as the source for the manual rate. The WACA dataset is a nationally representative sample of 2023 claims experience from approximately 7 million lives in the Individual and Small Group ACA market. To better align with MAHP, the data set was filtered to Small Group, HMO experience.

We believe this manual is appropriate as it reflects the characteristics of MAHP population while being fully credible.

6b. Source and Appropriateness of Experience Data Used

See 6a.

6c. Adjustments Made to Data Used to Develop the Credibility Manual Rate

A morbidity adjustment of [REDACTED] was applied to the credibility manual rate. This factor was determined by comparing the relative risk (PLRS / ARF / AV) of the manual rate against MAHP's experience. All PLRS's were adjusted to account for year-to-year changes in the HHS model.

A demographic adjustment of [REDACTED] was also applied to the credibility manual rate. This factor was determined by comparing the ARF of the credibility manual population [REDACTED] against the ARF of MAHP's projected population [REDACTED].

A [REDACTED] adjustment was also applied to the credibility manual rate to reflect the richer mix of benefits for MAHP. This factor was determined by comparing the weighted average induced utilization (IU), of the manual data to MAHP's projected average IU. The Federal IU slope was used in these comparisons.

The manual data represents 2023 experience and was therefore not adjusted to account for COVID-19. MAHP does not anticipate material impacts to their business because of the American Rescue Plan or Public Health Emergency.

The manual dataset was trended from 2023 to 2025 using the historically calculated medical trends from PWC's annual study. The dataset was trended from 2025 to 2027 using the same method as described in Section 5 "Trend Factors".

6d. Inclusion of Capitation Payments in Developing the Credibility Manual Rate

There were no capitated claims that needed to be included in the manual rate.

6e. Credibility Methodology

We developed premium rates using MAHP's 2025 IL small group ACA medical and prescription drug experience. This experience is blended with a credible manual dataset of Small Group HMO experience that was adjusted to match the demographic composition of MAHP's Illinois business.

The following formula was used for assigning credibility to the experience period:

$$\frac{MM}{MM + z}$$

MM - Experience Period Member Months

z - Credibility factor

The determination of full credibility depends on the assumed variation in the claim experience and was based on an application of classical credibility theory. Full credibility was determined based on the number of individuals that are needed to have a probability of 95% of being within 10% of the expected claim amount (consistent with Medicare criteria). The credibility threshold was calculated using random samples of 5,000,000 members from the WACA small group dataset for years 2016 and 2017.

6f. Credibility Level

MAHP's experience data was calculated to be [REDACTED] credible. This figure was calculated using limited fluctuation credibility, with [REDACTED] member months as the standard for full credibility. The 2025 experience member months [REDACTED] was used to calculate the credibility.

Section 7. Projected Index Rate

The Index Rate for the experience period is a measurement of the average allowed claims PMPM for EHBs (Essential Health Benefits). The experience period Index Rate reflects the actual mixture of smoker / non-smoker population, area factors, and the actual mixture of risk morbidity that MAHP received in the Single Risk Pool during the experience period. There were additional benefits offered beyond the EHBs. The experience Index Rate has not been adjusted for payments and charges under the risk adjustment and reinsurance programs, or for Marketplace User Fees.

Total allowed claims were reduced by [REDACTED] due to allowed claims in the experience period for routine foot care covered in the case of metabolic or peripheral diseases [REDACTED] and routine adult eye exams [REDACTED]

The Index Rate for the projection period is a measurement of the average allowed claims PMPM for EHBs. The projected Index Rate reflects the projected 2027 mix of demographics, plan mix, area mix, and the projected risk morbidity that MAHP expects to receive in the Single Risk Pool. There were additional benefits offered beyond the EHBs. The projected Index Rate has not been adjusted for payments and charges projected under the risk adjustment program, or for Marketplace User Fees.

The table below summarizes the credibility blending of the trended index rates to calculate the 2027 index rate. The index rate differs from the value in the URRT due to rounding.

	2010	2011
2010 Index Rate	100.0	100.0
2011 Index Rate	100.0	100.0
2012 Index Rate	100.0	100.0
2013 Index Rate	100.0	100.0
2014 Index Rate	100.0	100.0
2015 Index Rate	100.0	100.0
2016 Index Rate	100.0	100.0
2017 Index Rate	100.0	100.0
2018 Index Rate	100.0	100.0
2019 Index Rate	100.0	100.0
2020 Index Rate	100.0	100.0
2021 Index Rate	100.0	100.0
2022 Index Rate	100.0	100.0
2023 Index Rate	100.0	100.0
2024 Index Rate	100.0	100.0
2025 Index Rate	100.0	100.0
2026 Index Rate	100.0	100.0
2027 Index Rate	100.0	100.0
2028 Index Rate	100.0	100.0
2029 Index Rate	100.0	100.0
2030 Index Rate	100.0	100.0
2031 Index Rate	100.0	100.0
2032 Index Rate	100.0	100.0
2033 Index Rate	100.0	100.0
2034 Index Rate	100.0	100.0
2035 Index Rate	100.0	100.0
2036 Index Rate	100.0	100.0
2037 Index Rate	100.0	100.0
2038 Index Rate	100.0	100.0
2039 Index Rate	100.0	100.0
2040 Index Rate	100.0	100.0
2041 Index Rate	100.0	100.0
2042 Index Rate	100.0	100.0
2043 Index Rate	100.0	100.0
2044 Index Rate	100.0	100.0
2045 Index Rate	100.0	100.0
2046 Index Rate	100.0	100.0
2047 Index Rate	100.0	100.0
2048 Index Rate	100.0	100.0
2049 Index Rate	100.0	100.0
2050 Index Rate	100.0	100.0
2051 Index Rate	100.0	100.0
2052 Index Rate	100.0	100.0
2053 Index Rate	100.0	100.0
2054 Index Rate	100.0	100.0
2055 Index Rate	100.0	100.0
2056 Index Rate	100.0	100.0
2057 Index Rate	100.0	100.0
2058 Index Rate	100.0	100.0
2059 Index Rate	100.0	100.0
2060 Index Rate	100.0	100.0
2061 Index Rate	100.0	100.0
2062 Index Rate	100.0	100.0
2063 Index Rate	100.0	100.0
2064 Index Rate	100.0	100.0
2065 Index Rate	100.0	100.0
2066 Index Rate	100.0	100.0
2067 Index Rate	100.0	100.0
2068 Index Rate	100.0	100.0
2069 Index Rate	100.0	100.0
2070 Index Rate	100.0	100.0
2071 Index Rate	100.0	100.0
2072 Index Rate	100.0	100.0
2073 Index Rate	100.0	100.0
2074 Index Rate	100.0	100.0
2075 Index Rate	100.0	100.0
2076 Index Rate	100.0	100.0
2077 Index Rate	100.0	100.0
2078 Index Rate	100.0	100.0
2079 Index Rate	100.0	100.0
2080 Index Rate	100.0	100.0
2081 Index Rate	100.0	100.0
2082 Index Rate	100.0	100.0
2083 Index Rate	100.0	100.0
2084 Index Rate	100.0	100.0
2085 Index Rate	100.0	100.0
2086 Index Rate	100.0	100.0
2087 Index Rate	100.0	100.0
2088 Index Rate	100.0	100.0
2089 Index Rate	100.0	100.0
2090 Index Rate	100.0	100.0
2091 Index Rate	100.0	100.0
2092 Index Rate	100.0	100.0
2093 Index Rate	100.0	100.0
2094 Index Rate	100.0	100.0
2095 Index Rate	100.0	100.0
2096 Index Rate	100.0	100.0
2097 Index Rate	100.0	100.0
2098 Index Rate	100.0	100.0
2099 Index Rate	100.0	100.0
2100 Index Rate	100.0	100.0

7a. Risk Transfer Payments

We estimated the 2027 risk transfers to be a payable of [REDACTED] on a paid basis and [REDACTED] on an allowed basis. This estimate was based on several factors.

The experience period risk adjustment transfer amount was estimated using EDGE enrollment and diagnosis data through December 31, 2025. These estimates were originally prepared for the booking of 2025 year-end actuarial liabilities. Experience period risk scores were weighted with risk scores from the prior year (2024) to increase their credibility. We used these estimates as our starting point. We then made the following adjustments to project the risk transfers:

1. Changes in HHS risk adjustment model coefficients from 2024 to 2025
2. Statewide risk adjustment components as reported in the 2025 interim risk adjustment report
3. Projected 2025-2027 market average premium increases using Small Group IL rate filings
4. Expected 2026-2027 rate increases based on general knowledge of profitability of carriers, claims trends, and actuarial judgment
5. High cost risk pooling charge (and receivables, estimated to be \$0)
6. No adjustments were made for risk adjustment data validation (RADV) audits
7. Changes in plan and age mix

Consistent with the URRT instructions for 2027, the risk adjustment user fee of [REDACTED] is included in the administrative fees. Risk adjustment amounts were not available on a plan level basis, therefore they were allocated based on plan premium.

Section 8. Market Adjusted Index Rate

The table below summarizes the factors applied to the Index Rate in the projection period to determine the Market Adjusted Index Rate. The Market Adjusted Index Rate differs from the value in the URRT due to rounding.

Table 8.1 Medical Associates Health Plan, Inc. Market Adjusted Index Rate Development	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

The impact of the market adjustments was calculated on an allowed basis to be consistent with the index rate by dividing the paid PMPM total by the average actuarial value.

The Market Adjusted Index Rate is not calibrated, and therefore reflects the average demographic characteristics of the single risk pool.

There is no Exchange Fee because MAHP offers all plans off the exchange. Illinois reinsurance recoveries were zero for the prior two years, therefore no reinsurance receipts or payments were projected.

Section 9. Plan Adjusted Index Rate

Plan adjusted index rates were developed by applying allowable plan level adjustments to the market-wide adjusted index rate. The following describes how each component of the adjustments was developed.

9a. AV Pricing Values

These values are calculated as the ratio of the Market Adjusted Index Rate to the Plan Adjusted Index Rate. These adjustments include:

- Induced utilization due to differences in cost sharing but not morbidity
- Member cost sharing
- Non-benefit expense loads
- Network factors

Worksheet 2, Section I of the URRT shows the AV Pricing values. The development of these values is shown in Exhibit A1.

Section 9b. Paid to Allowed Ratio

Wakely developed the Wakely Plan Valuation Model (WPVM)¹ to develop pricing Actuarial Values (AVs). The model uses the data underlying the WACA detailed claim data of a nationally-representative sample of over 7.5 million lives to develop paid-to-allowed pricing estimates for rate development (as opposed to the actuarial values from the Federal AV calculator). The model uses actuarially-sound pricing methods to value the impact of deductibles, copays, coinsurance, and maximum out-of-pocket cost sharing parameters. We calibrated the utilization and unit cost assumptions in the model to the allowed cost estimates underlying the manual rate and/or experience rate, including adjustments for EHB, trend, provider reimbursement changes and other adjustments discussed elsewhere in this report.

9c. Projected Non-Benefit Expenses, Risk, and Profit

The following table summarizes retention components included in rate development.

¹ <https://www.wakely.com/services/product/wakely-plan-valuation-model>

Table 9.1
Medical Associates Health Plan, Inc.
2027 Retention Expenses

	2017	2018	2019	2020
1. Operating income	1,000	1,000	1,000	1,000
2. Operating expenses	1,000	1,000	1,000	1,000
3. Operating income	0	0	0	0
4. Other income	0	0	0	0
5. Other expenses	0	0	0	0
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315. Other expenses	0	0	0	0
316. Other income	0	0	0	0
317. Other expenses	0	0	0	0
318. Other income	0	0	0	0
319. Other expenses				

ADMINISTRATIVE EXPENSE LOAD

General administrative expenses are comprised of corporate overhead for assessments and operations. The projected costs for both general administrative components, as well as the brokerage commissions, are calculated using each component's 2025 cost as a percentage of premium. MAHP's commercial reinsurance contract is paid on a PMPM spread. The administrative expense load varies from plan to plan when expressed as a percent of premium due to the uniform application of the PMPM components.

PROFIT AND RISK LOAD

Profit and Risk Margin target values were determined as an aggregate value for the single-risk pool based on company targets, anticipated uncertainty of the 2027 market, and consideration for federal MLR requirements.

TAXES AND FEES

The previous table includes the projected taxes and fees that may be subtracted from premiums when calculating MAHP's loss ratio for MLR purposes. Taxes and the exchange user fee are projected as percentages of premium. The [REDACTED] is included as a PMPM figure. The composite value is displayed in Worksheet 2, Section 3 of the URRT.

9d. Comparison of Current and Proposed Non-Benefit Expenses, Risk and Profit

Table 9.2 below shows the non-benefit expense loads used to develop 2026 rates that can be compared to Table 9.1.

[illegible]

9e. Varying Non-Benefit Expenses by Plan

Non-benefit expenses do not vary by plan. Administrative expenses, along with taxes and fees, do vary as a percent of premium due to the application of commercial reinsurance premiums and the risk adjustment user fee on a PMPM basis.

Section 10. Calibration

10a. Age Curve Calibration

The weighted average age curve calibration factor is [REDACTED] The age corresponding to the age calibration factor is between [REDACTED]

To determine the calibration factor for age, the 2026 emerging age distribution of members was used to project the age distribution depicted in the following table. The weighted average of the factors in the age curve was then calculated using this distribution. The average age was then determined by finding the age of a member that would have the closest factor to the weighted average age curve calibration factor. Prior to applying the allowed rating factors for age, geography and tobacco, the plan adjusted index rates need to be divided by the age curve calibration factor.

The following table shows a summarized distribution of members by age groups and the federal age rating factors that were used to calculate the age calibration factor.

Age Group	Actual	Expected
0-4	1.00	1.00
5-9	1.00	1.00
10-14	1.00	1.00
15-19	1.00	1.00
20-24	1.00	1.00
25-29	1.00	1.00
30-34	1.00	1.00
35-39	1.00	1.00
40-44	1.00	1.00
45-49	1.00	1.00
50-54	1.00	1.00
55-59	1.00	1.00
60-64	1.00	1.00
65-69	1.00	1.00
70-74	1.00	1.00
75-79	1.00	1.00
80-84	1.00	1.00
85-89	1.00	1.00
90-94	1.00	1.00
95-99	1.00	1.00

A single calibration factor is applied to the Plan Adjusted Index Rates to calibrate rates for the expected age and geographic distribution expected to enroll in the plan. The single calibration factor is applied uniformly across all plans.

10b. Geographic Factor Calibration

The Consumer Adjusted Premium Rate is the final premium rate for a plan that is charged to an individual, family, or small employer group utilizing the rating and premium adjustments as articulated in the applicable Market Reform Rating Rules. It is the product of the Plan Adjusted Index Rate, the geographic rating factor, the age factor and the tobacco status rating factor. All rating factors are described and shown below.

Section 11. Calibrated Plan Adjusted Index Rate

Final member premium rates are calculated as a product of consumer adjusted plan index rate, age factor, tobacco factor, and geographic factor. Family rates can be determined by adding up the rates for all individuals in the family up to the first three oldest children under the age of 21.

11a. Age Factors

The following table summarizes MAHP's 2027 age and tobacco rating factors. The age rating factors used by MAHP are identical to those prescribed by CMS.

Table 11.1 Medical Associates Health Plan, Inc. Age and Tobacco Factors											
Non-Tobacco Users						Tobacco Users					
Age Group		Rate		Factor		Age Group		Rate		Factor	
18-24	1.2	1.0	1.0	18-24	1.5	1.25	1.0	25-34	1.1	1.0	1.0
25-34	1.3	1.0	1.0	25-34	1.6	1.25	1.0	35-44	1.2	1.0	1.0
35-44	1.4	1.0	1.0	35-44	1.7	1.25	1.0	45-54	1.3	1.0	1.0
45-54	1.5	1.0	1.0	45-54	1.8	1.25	1.0	55-64	1.4	1.0	1.0
55-64	1.6	1.0	1.0	55-64	1.9	1.25	1.0	65-74	1.5	1.0	1.0
65-74	1.7	1.0	1.0	65-74	2.0	1.25	1.0	75-84	1.6	1.0	1.0
75-84	1.8	1.0	1.0	75-84	2.1	1.25	1.0	85-94	1.7	1.0	1.0
85-94	1.9	1.0	1.0	85-94	2.2	1.25	1.0	95-104	1.8	1.0	1.0
95-104	2.0	1.0	1.0	95-104	2.3	1.25	1.0	105-114	1.9	1.0	1.0
105-114	2.1	1.0	1.0	105-114	2.4	1.25	1.0	115-124	2.0	1.0	1.0
115-124	2.2	1.0	1.0	115-124	2.5	1.25	1.0	125-134	2.1	1.0	1.0
125-134	2.3	1.0	1.0	125-134	2.6	1.25	1.0	135-144	2.2	1.0	1.0
135-144	2.4	1.0	1.0	135-144	2.7	1.25	1.0	145-154	2.3	1.0	1.0
145-154	2.5	1.0	1.0	145-154	2.8	1.25	1.0	155-164	2.4	1.0	1.0
155-164	2.6	1.0	1.0	155-164	2.9	1.25	1.0	165-174	2.5	1.0	1.0
165-174	2.7	1.0	1.0	165-174	3.0	1.25	1.0	175-184	2.6	1.0	1.0
175-184	2.8	1.0	1.0	175-184	3.1	1.25	1.0	185-194	2.7	1.0	1.0
185-194	2.9	1.0	1.0	185-194	3.2	1.25	1.0	195-204	2.8	1.0	1.0
195-204	3.0	1.0	1.0	195-204	3.3	1.25	1.0	205-214	2.9	1.0	1.0
205-214	3.1	1.0	1.0	205-214	3.4	1.25	1.0	215-224	3.0	1.0	1.0
215-224	3.2	1.0	1.0	215-224	3.5	1.25	1.0	225-234	3.1	1.0	1.0
225-234	3.3	1.0	1.0	225-234	3.6	1.25	1.0	235-244	3.2	1.0	1.0
235-244	3.4	1.0	1.0	235-244	3.7	1.25	1.0	245-254	3.3	1.0	1.0
245-254	3.5	1.0	1.0	245-254	3.8	1.25	1.0	255-264	3.4	1.0	1.0
255-264	3.6	1.0	1.0	255-264	3.9	1.25	1.0	265-274	3.5	1.0	1.0
265-274	3.7	1.0	1.0	265-274	4.0	1.25	1.0	275-284	3.6	1.0	1.0
275-284	3.8	1.0	1.0	275-284	4.1	1.25	1.0	285-294	3.7	1.0	1.0
285-294	3.9	1.0	1.0	285-294	4.2	1.25	1.0	295-304	3.8	1.0	1.0
295-304	4.0	1.0	1.0	295-304	4.3	1.25	1.0	305-314	3.9	1.0	1.0
305-314	4.1	1.0	1.0	305-314	4.4	1.25	1.0	315-324	4.0	1.0	1.0
315-324	4.2	1.0	1.0	315-324	4.5	1.25	1.0	325-334	4.1	1.0	1.0
325-334	4.3	1.0	1.0	325-334	4.6	1.25	1.0	335-344	4.2	1.0	1.0
335-344	4.4	1.0	1.0	335-344	4.7	1.25	1.0	345-354	4.3	1.0	1.0
345-354	4.5	1.0	1.0	345-354	4.8	1.25	1.0	355-364	4.4	1.0	1.0
355-364	4.6	1.0	1.0	355-364	4.9	1.25	1.0	365-374	4.5	1.0	1.0
365-374	4.7	1.0	1.0	365-374	5.0	1.25	1.0	375-384	4.6	1.0	1.0
375-384	4.8	1.0	1.0	375-384	5.1	1.25	1.0	385-394	4.7	1.0	1.0
385-394	4.9	1.0	1.0	385-394	5.2	1.25	1.0	395-404	4.8	1.0	1.0
395-404	5.0	1.0	1.0	395-404	5.3	1.25	1.0	405-414	4.9	1.0	1.0
405-414	5.1	1.0	1.0	405-414	5.4	1.25	1.0	415-424	5.0	1.0	1.0
415-424	5.2	1.0	1.0	415-424	5.5	1.25	1.0	425-434	5.1	1.0	1.0
425-434	5.3	1.0	1.0	425-434	5.6	1.25	1.0	435-444	5.2	1.0	1.0
435-444	5.4	1.0	1.0	435-444	5.7	1.25	1.0	445-454	5.3	1.0	1.0
445-454	5.5	1.0	1.0	445-454	5.8	1.25	1.0	455-464	5.4	1.0	1.0
455-464	5.6	1.0	1.0	455-464	5.9	1.25	1.0	465-474	5.5	1.0	1.0
465-474	5.7	1.0	1.0	465-474	6.0	1.25	1.0	475-484	5.6	1.0	1.0
475-484	5.8	1.0	1.0	475-484	6.1	1.25	1.0	485-494	5.7	1.0	1.0
485-494	5.9	1.0	1.0	485-494	6.2	1.25	1.0	495-504	5.8	1.0	1.0
495-504	6.0	1.0	1.0	495-504	6.3	1.25	1.0	505-514	5.9	1.0	1.0
505-514	6.1	1.0	1.0	505-514	6.4	1.25	1.0	515-524	6.0	1.0	1.0
515-524	6.2	1.0	1.0	515-524	6.5	1.25	1.0	525-534	6.1	1.0	1.0
525-534	6.3	1.0	1.0	525-534	6.6	1.25	1.0	535-544	6.2	1.0	1.0
535-544	6.4	1.0	1.0	535-544	6.7	1.25	1.0	545-554	6.3	1.0	1.0
545-554	6.5	1.0	1.0	545-554	6.8	1.25	1.0	555-564	6.4	1.0	1.0
555-564	6.6	1.0	1.0	555-564	6.9	1.25	1.0	565-574	6.5	1.0	1.0
565-574	6.7	1.0	1.0	565-574	7.0	1.25	1.0	575-584	6.6	1.0	1.0
575-584	6.8	1.0	1.0	575-584	7.1	1.25	1.0	585-594	6.7	1.0	1.0
585-594	6.9	1.0	1.0	585-594	7.2	1.25	1.0	595-604	6.8	1.0	1.0
595-604	7.0	1.0	1.0	595-604	7.3	1.25	1.0	605-614	6.9	1.0	1.0
605-614	7.1	1.0	1.0	605-614	7.4	1.25	1.0	615-624	7.0	1.0	1.0
615-624	7.2	1.0	1.0	615-624	7.5	1.25	1.0	625-634	7.1	1.0	1.0
625-634	7.3	1.0	1.0	625-634	7.6	1.25	1.0	635-644	7.2	1.0	1.0
635-644	7.4	1.0	1.0	635-644	7.7	1.25	1.0	645-654	7.3	1.0	1.0
645-654	7.5	1.0	1.0	645-654	7.8	1.25	1.0	655-664	7.4	1.0	1.0
655-664	7.6	1.0	1.0	655-664	7.9	1.25	1.0	665-674	7.5	1.0	1.0
665-674	7.7	1.0	1.0	665-674	8.0	1.25	1.0	675-684	7.6	1.0	1.0
675-684	7.8	1.0	1.0	675-684	8.1	1.25	1.0	685-694	7.7	1.0	1.0
685-694	7.9	1.0	1.0	685-694	8.2	1.25	1.0	695-704	7.8	1.0	1.0
695-704	8.0	1.0	1.0	695-704	8.3	1.25	1.0	705-714	7.9	1.0	1.0
705-714	8.1	1.0	1.0	705-714	8.4	1.25	1.0	715-724	8.0	1.0	1.0
715-724	8.2	1.0	1.0	715-724	8.5	1.25	1.0	725-734	8.1	1.0	1.0
725-734	8.3	1.0	1.0	725-734	8.6	1.25	1.0	735-744	8.2	1.0	1.0
735-744	8.4	1.0	1.0	735-744	8.7	1.25	1.0	745-754	8.3	1.0	1.0
745-754	8.5	1.0	1.0	745-754	8.8	1.25	1.0	755-764	8.4	1.0	1.0
755-764	8.6	1.0	1.0	755-764	8.9	1.25	1.0	765-774	8.5	1.0	1.0
765-774	8.7	1.0	1.0	765-774	9.0	1.25	1.0	775-784	8.6	1.0	1.0
775-784	8.8	1.0	1.0	775-784	9.1	1.25	1.0	785-794	8.7	1.0	1.0
785-794	8.9	1.0	1.0	785-794	9.2	1.25	1.0	795-804	8.8	1.0	1.0
795-804	9.0	1.0	1.0	795-804	9.3	1.25	1.0	805-814	8.9	1.0	1.0
805-814	9.1	1.0	1.0	805-814	9.4	1.25	1.0	815-824	9.0	1.0	1.0
815-824	9.2	1.0	1.0	815-824	9.5	1.25	1.0	825-834	9.1	1.0	1.0
825-834	9.3	1.0	1.0	825-834	9.6	1.25	1.0	835-844	9.2	1.0	1.0
835-844	9.4	1.0	1.0	835-844	9.7	1.25	1.0	845-854	9.3	1.0	1.0
845-854	9.5	1.0	1.0	845-854	9.8	1.25	1.0	855-864	9.4	1.0	1.0
855-864	9.6	1.0	1.0	855-864	9.9	1.25	1.0	865-874	9.5	1.0	1.0
865-874	9.7	1.0	1.0	865-874	10.0	1.25	1.0	875-884	9.6	1.0	1.0
875-884	9.8	1.0	1.0	875-884	10.1	1.25	1.0	885-894	9.7	1.0	1.0
885-894	9.9	1.0	1.0	885-894	10.2	1.25	1.0	895-904	9.8	1.0	1.0
895-904	10.0	1.0	1.0	895-904	10.3	1.25	1.0	905-914	9.9	1.0	1.0
905-914	10.1	1.0	1.0	905-914	10.4	1.25	1.0	915-924	10.0	1.0	1.0
915-924	10.2	1.0	1.0	915-924	10.5	1.25	1.0	925-934	10.1	1.0	1.0
925-934	10.3	1.0	1.0	925-934	10.6	1.25	1.0	935-944	10.2	1.0	1.0
935-944	10.4	1.0	1.0	935-944	10.7	1.25	1.0	945-954	10.3	1.0	1.0
945-954	10.5	1.0	1.0	945-954	10.8	1.25	1.0	955-964	10.4	1.0	1.0
955-964	10.6	1.0	1.0	955-964	10.9	1.25	1.0	965-974	10.5	1.0	1.0
965-974	10.7	1.0	1.0	965-974	11.0	1.25	1.0	975-984	10.6	1.0	1.0
975-984	10.8	1.0	1.0	975-984	11.1	1.25	1.0	985-994	10.7	1.0	1.0
985-994	10.9	1.0	1.0	985-994	11.2	1.25	1.0	995-1004	10.8	1.0	1.0
995-1004	11.0	1.0	1.0	995-1004	11.3	1.25	1.0	1005-1014	10.9	1.0	1.0
1005-1014	11.1	1.0	1.0	1005-1014	11.4	1.25	1.0	1015-1024	11.0	1.0	1.0
1015-1024	11.2	1.0	1.0	1015-1024	11.5	1.25	1.0	1025-1034	11.1	1.0	1.0
1025-1034	11.3	1.0	1.0	1025-1034	11.6	1.25	1.0	1035-1044	11.2	1.0	1.0
1035-1044	11.4	1.0	1.0	1035-1044	11.7	1.25	1.0	1045-1054	11.3	1.0	1.0
1045-1054	11.5	1.0	1.0	1045-1054	11.8	1.25	1.0	1055-1064	11.4	1.0	1.0
1055-1064	11.6	1.0	1.0	1055-1064	11.9	1.25	1.0	1065-1074	11.5	1.0	1.0
1065-1074	11.7	1.0	1.0	1065-1074	12.0	1.25	1.0	1075-1084	11.6	1.0	1.0
1075-1084	11.8	1.0	1.0	1075-1084	12.1	1.25	1.0	1085-1094	11.7	1.0	1.0
1085-1094	11.9	1.0	1.0	1085-1094	12.2	1.25	1.0	1095-1104	11.8		

11b. Geographic Factors

11c. Tobacco Factors

MAHP does not apply tobacco factors.

11d. Family Composition

Family premiums are calculated on a per-member basis consistent with 45 CFR Part 147 § 147.102. If there are more than three dependents who are age 21 or less, only the three oldest dependents are considered.

11e. Development of Rate Tables

For small group plans, the calibrated plan adjusted index rates would be multiplied by age, geographic, and tobacco factors. The premium would further be multiplied by a quarterly trend factor.

Table 11.2 Medical Associates Health Plan, Inc. Small Group Quarterly Trend Factors	

The following table illustrates the premium rate development for the consumer adjusted premium rate beginning with the calibrated plan adjusted index rate and applying the appropriate age, area, and tobacco factors. This is an illustrative example, and the Consumer Adjusted Premium Rate does not equal the product of the factors due to rounding.

Table 11.3 Medical Associates Health Plan, Inc. Sample Consumer Adjusted Premium Rate Development	

A detailed development of rate tables is shown in Appendix A.

The approximate weighted average age, rounded to a whole number, for the single risk pool is 45.

The table below summarizes the calculation for the projected federal medical loss ratio. This loss ratio is calculated consistently with the MLR methodology, according to the National Association of Insurance Commissioners, as prescribed by 45 CFR § 158.221.

No additional state-specific projected loss ratio demonstration is required in the State of Illinois.

13a. AV Metal Values

The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans.

The Bronze HDHP \$11,750 plans (24301IL0100004, 24301IL0120004) are Expanded Bronze plans with an AV of [REDACTED] Preventive services are covered before the deductible.

The Qualified HDHP Bronze \$8000 plans (24301IL0090003, 24301IL0110003) are HSA-eligible high deductible health plans with an AV of [REDACTED]

The Bronze HDHP with Rx Copays plans (24301IL0100006, 24301IL0120006) are Expanded Bronze plans with an AV of [REDACTED] Preventive services are covered before the deductible.

13b. Membership Projections

Total projected number of enrollees and member months by service area was provided by MAHP.

13c. Terminated Plans and Products

The following four plans are being terminated:

- 24301IL0130002: Traditional Platinum \$750
- 24301IL0130009: Traditional Gold \$1500
- 24301IL0140002: Traditional Platinum \$750
- 24301IL0140009: Traditional Gold \$1500

13d. Plan Type

There are no differences between plans and plan types selected on Worksheet 2 of URRT.

Section 14. Reliance

Wakely Consulting Group, Inc., relied on information provided by MAHP and publicly available information to develop the 2027 small group premium rates. This information includes, but is not limited to the following:

- Base data and enrollment, including financial reconciliation
- Membership projections
- Provider contracting levels, including descriptions of the relationship between the Delivery systems and MAHP
- Administrative cost projections
- Product design information
- CCIIO and the State of Illinois regulatory and compliance interpretations and rulings

I have not audited or verified this data and other information but reviewed the data for reasonability and consistency. I did not find any material issues in the data. To the extent that the underlying data or information is inaccurate or incomplete, the rates may be inaccurate and/or inadequate.



May 19, 2026

Karan Rustagi, FSA, MAAA
Senior Consulting Actuary
Wakely Consulting Group
1660 Wynkoop St. #900
Denver, CO 80202

Re: Medical Associates Health Plan, Inc. Small Group Pricing – Illinois

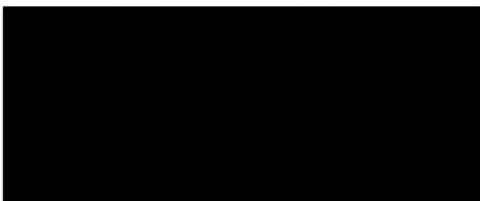
Dear Karan:

I, Liz Cook, Director of Medical Associates Health Plan, Inc. (MAHP), hereby affirm the data sources, assumptions, and information identified below and provided to Wakely Consulting Group were prepared under my direction, and these items relied upon are to the best of my knowledge accurate and complete. Finally, I affirm all information that affects the actuarial items examined has been given to you, and I have disclosed all items of which I am aware that would have a material impact on the rate projections.

The information provided includes:

1. Historical claim experience and membership for MAHP's small group products,
2. 2025 earned premium, claim experience, and outstanding claim liability for MAHP's small group business in Illinois,
3. Benefit plans MAHP intends to offer in Illinois in 2027,
4. Product name, product ID, and plan name as entered in HIOS for each benefit plan,
5. Projected administrative expenses, profit, and enrollment for 2027,
6. The rating regions (as defined by CMS) MAHP intends to offer small group products in 2027 and associated cost relativities,
7. Distribution of members by benefit plan, area, and age/gender for 2026,
8. Guidance on appropriate trend factor and morbidity levels for MAHP,
9. Description of contractual provider reimbursement arrangements and administration assumptions,
10. Approximate provider discounts,
11. Confirmation that MAHP's 2027 benefit summaries include coverage for Essential Health Benefits, including formulary coverage,
12. List of non-Essential Health Benefits covered by MAHP,
13. Other information provided by MAHP in various meetings, phone calls, emails and other correspondence.

Sincerely,

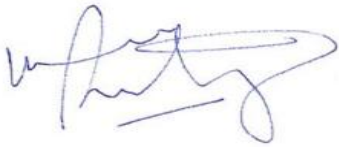


Section 15. Illinois State Actuarial Certification

I, Karan Rustagi, am a member of the American Academy of Actuaries and meet the Academy qualification standards to prepare this rate filing. I certify that:

1. The index rate was calculated appropriately and in compliance with applicable laws and actuarial standards of practice;
2. The plan level rates were developed using the index rate and only adjusted for allowable factors;
3. The standard Actuarial Value calculator was used to determine the metal Actuarial Value for each plan, or if an alternate methodology was used, the methodology is consistent with the Actuarial Value calculator;
4. The geographic factors reflect only differences in the costs of delivery (including both unit costs and provider practice patterns) and do not reflect differences in morbidity;
5. The proposed rates were developed in compliance with applicable Federal regulations;
6. The filing has been prepared in compliance with Actuarial Standards of Practice 8, 26, 31, and 41. I understand that any intentional material misstatements may result in disciplinary action.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Karan Rustagi', with a stylized flourish at the end.

Karan Rustagi, FSA, MAAA
Senior Consulting Actuary
Wakely Consulting Group
(720) 531-6134
karan.rustagi@wakely.com

Section 16. Public Act 103-0106

In compliance with the Illinois Department of Insurance's request for information pertaining to the recently passed Public Act 103-0106, Medical Associates Health Plan, Inc., (MAHP) provides the following information.

16a. Major Service Areas

MAHP defines their major service areas as:

- **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 surgery, emergency room, laboratory, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.
- **PROFESSIONAL:** Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital-based professionals whose payments are included in the facility fees.
- **OTHER MEDICAL:** Includes non-capitated ambulance, home health care, DME, prosthetics and other services. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.
- **CAPITATION:** Not applicable.
- **PRESCRIPTION DRUG:** Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

16b. Health Care Quality Improvement Initiatives

For a complete description of MAHP's current and planned health care quality improvement initiatives, see the attached documents:

- 2026 QI Work Plan
- 2026 Quality Improvement Plan Document

16c. Description of Provider Availability Issues Faced by Geographic Location

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

16d. Description of Trends Seen in Out-Of-Pocket Costs for Consumers

[REDACTED]

Projected Period Plan Adjusted Index Rate Development

[illegible]

[illegible]

[illegible]

██████████	██████████	██████	████	████	████	████	████	████
██████████████	██████████	██████	████	████	████	████	████	████
██████████████	██████████	██████	████	████	████	████	████	████
██████████████	██████████	██████	████	████	████	████	████	████

[illegible][illegible]

[illegible]

State:	Illinois	Filing Company:	Medical Associates Health Plan, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	Small Group- 2027 ACA Rates		
Project Name/Number:	2027 Rates/IL2027R		

Supporting Document Schedules

Satisfied - Item:	Review Requirement Checklist
Comments:	
Attachment(s):	viewScheduleItemAttachment2027.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Confidentiality Submission
Comments:	
Attachment(s):	Confidentiality Submission.pdf
Item Status:	
Status Date:	

Contact Person:

Eric Anderson
217-782-6284

Eric.Anderson@illinois.gov

Illinois Division of Insurance**Review Requirements Checklist**

320 West Washington Street
Springfield, IL 62767-0001

Effective 05/27/2014

Line(s) of Business

For Policies issued after 01/01/2014

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 Compiled Statutes Online		
Illinois Administrative Code Link	Administrative Regulations Online		
Product Coding Matrix	Product Coding Matrix		
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
		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.	
COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Cover Letter	50 IL Adm. Code 916.40 (b)	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.	General Information Tab

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
Implementation Date		The proposed effective date of rate revision implementation.	1/1/2027
Rate Filing Requirements	215 ILCS 5/355	<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. 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>	Confirmed
Rate Filing Submission		Rate Filings must be submitted in their entirety into both SERFF and the Web Portal for review.	Confirmed
TOI (Type of Insurance)		<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>http://www.serff.com/documents/index_ppaca_tois.pdf</p>	TOI is labeled HMO in general info in the SERFF filing.
Federal Unified Rate Review Templates		<p>Parts I and III must be submitted with each filing.</p> <p>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>http://www.serff.com/plan_management_data_templates.htm</p>	Attached in supporting documents
Rate Data Collection Form		The filing must contain an Excel spreadsheet (.xls or .xlsx format), along with a PDF version of the spreadsheet, according to format found at http://insurance.illinois.gov/cb/2010/Experience.xlsx	Attached in supporting documents

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: http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/RateReviewChecklistSmallGroup.pdf</p> <p>Individual Checklist: http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/RateReviewChecklistIndividual.pdf</p>	Attached in supporting documentation
Actuarial Certification		<p>The Actuarial Certification must be completed for all filings. http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/ActuarialCertificationForRateFilings.pdf</p>	Attached in supporting documentation
Rate Schedules/Manuals		Shall be attached in SERFF as separate attachments from other documents required in SERFF.	Attached in supporting documentation
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.	Data populated in SERFF
Public Access	215 ILCS 5/404	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.	Attached in supporting documents.
Have you included the following forms?		<ol style="list-style-type: none"> 1. Federal Unified Rate Review Template 2. Rate Data Collection Form 3. Actuarial Memorandum 4. Actuarial Certification 	Confirmed



June 2, 2026

To whom it may concern:

RE: Confidentiality Notification for SERFF Filing MEDC-134875811 – 2027 Small Group ACA Rates

Please be advised that the following rate filing materials are protected under Section 7(1)(g) of the Freedom of Information Act [5 ILCS 147/7] and applicable Illinois insurance law or rule. These materials contain trade secret, commercial and financial information that is proprietary, privileged, confidential, and for which disclosure would cause competitive harm to Medical Associates Health Plan, Inc.:

- Rates attached under Rate/Rule Schedule
- Actuarial Memorandum and Certification
- Federal Unified Rate Review Template
- IL Experience Form
- All Objection Responses

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Liz Cook", with a stylized, flowing script.

Liz Cook

Director of Financial Analysis & Underwriting
Medical Associates Health Plans & Health Choices
lcook@mahealthcare.com
(563) 584 - 4751