

**State:** Illinois **Filing Company:** Molina Healthcare of Illinois, Inc.  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** PY 2027 MHIL Marketplace - Rates  
**Project Name/Number:** /

## Filing at a Glance

Company: Molina Healthcare of Illinois, Inc.  
Product Name: PY 2027 MHIL Marketplace - Rates  
State: Illinois  
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)  
Sub-TOI: HOrg02I.005D Individual - HMO  
Filing Type: Rate  
Date Submitted: 06/03/2026  
SERFF Tr Num: MHCI-134943671  
SERFF Status: Assigned  
State Tr Num:  
State Status: Assigned to Reviewer  
Co Tr Num:  
  
Effective 01/01/2027  
Date Requested:  
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Reviewer(s): Christina Roy (primary), Becky Sheppard, Beth Verticchio  
Disposition Date:  
Disposition Status:  
Effective Date:  
  
State Filing Description:

**State:** Illinois  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
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## General Information

Project Name: Status of Filing in Domicile: Not Filed  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type: Individual  
Overall Rate Impact: Filing Status Changed: 06/04/2026  
State Status Changed: 06/04/2026  
Deemer Date: Created By: Holly Walpole  
Submitted By: Holly Walpole Corresponding Filing Tracking Number:  
State TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)  
State Sub-TOI: HOrg02I.005D Individual - HMO  
PPACA: Non-Grandfathered Immed Mkt Reforms  
PPACA Notes: null  
Include Exchange Intentions: No

### Filing Description:

Rate submission for Molina's Marketplace Product. Please see the SERFF tracking numbers below for the associated filings.

Form Filing SERFF Tracking #: MHCI-134942966  
External Review Filing SERFF Tracking #: MHCI-134943616  
Binder Off-Exchange = MHCI-IL27-125121892  
Network: MHCI-134943517

## Company and Contact

### Filing Contact Information

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### Filing Company Information

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Downers Grove, IL 60515  
(217) 492-5448 ext. [Phone]

CoCode: 14104  
Group Code:  
Group Name:  
FEIN Number: 27-1823188

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

State: Illinois

Filing Company: Molina Healthcare of Illinois, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: PY 2027 MHIL Marketplace - Rates

Project Name/Number: /

Filing Fees

State Fees

Fee Required? Yes

Fee Amount: \$25.00

Retaliatory? No

Fee Explanation:

Per Company: Yes

Company	Amount	Date Processed	Transaction #
Molina Healthcare of Illinois, Inc.	\$25.00	06/03/2026 06:21 PM	348558423
EFT Total	\$25.00		

SERFF Tracking #:	MHCI-134943671	State Tracking #:	Company Tracking #:
State:	Illinois	Filing Company:	Molina Healthcare of Illinois, Inc.
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	PY 2027 MHIL Marketplace - Rates		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	23.800%
Effective Date of Last Rate Revision:	01/01/2026
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	MHCI-134670754

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):
Molina Healthcare of Illinois, Inc.	Increase	1.800%	1.800%	\$18,356	106	\$1,004,436	1.800%	1.800%

**State:** Illinois **Filing Company:** Molina Healthcare of Illinois, Inc.  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** PY 2027 MHIL Marketplace - Rates  
**Project Name/Number:** /

## Rate Review Detail

### COMPANY:

Company Name: Molina Healthcare of Illinois, Inc.  
HHS Issuer Id: 32355

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Molina Healthcare	32255IL001	32355	118

Trend Factors: Molina trended the experience period claims forward 24 months from the midpoint of the base period, July 2025, to the midpoint of the projection period, July 2027 at a 8.4% annualized trend rate

### FORMS:

New Policy Forms: IL27EOCE  
Affected Forms:  
Other Affected Forms:

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
Member Months: 1,694  
Benefit Change: Increase  
Percent Change Requested: Min: 1.8 Max: 1.8 Avg: 1.8

### PRIOR RATE:

Total Earned Premium: 876,176.00  
Total Incurred Claims: 661,249.00  
Annual \$: Min: 265.69 Max: 1,337.64 Avg: 618.77

### REQUESTED RATE:

Projected Earned Premium: 8,226.00  
Projected Incurred Claims: 5,873.00  
Annual \$: Min: 293.71 Max: 1,151.80 Avg: 685.53

<b>SERFF Tracking #:</b>	MHCI-134943671	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	Illinois	<b>Filing Company:</b>	Molina Healthcare of Illinois, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
<b>Product Name:</b>	PY 2027 MHIL Marketplace - Rates		
<b>Project Name/Number:</b>	/		

URRT

State Determination

<b>Review Status:</b>	Incomplete
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SERFF Tracking #:	MHCI-134943671	State Tracking #:	Company Tracking #:
State:	Illinois	Filing Company:	Molina Healthcare of Illinois, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	PY 2027 MHIL Marketplace - Rates		
Project Name/Number:	/		

URRT Items

Item Name	Attachment(s)
Actuarial Memorandum - Redacted	32355_IL_ActuarialMemorandum_Redacted_06.03.2026.pdf

## **ACTUARIAL MEMORANDUM AND CERTIFICATION**

**Effective January 1, 2027**

The purpose of this actuarial memorandum and certification is to provide information related to Molina Healthcare of Illinois, Inc.'s (Molina) Part I Unified Rate Review Template submission to the Illinois Individual Marketplace (Illinois Marketplace).

The actuarial memorandum and certification describe Molina's rating methodology used to develop rates for Individual products offered on the Illinois Marketplace effective January 1, 2027. Molina will not market Individual products outside of the Illinois Marketplace.

Molina Healthcare of Illinois, Inc. is a managed care organization that provides healthcare services to individuals eligible for Medicaid, Medicare, and Marketplace throughout the State of Illinois. Molina Healthcare of Illinois, Inc. is a licensed state health plan managed by its parent corporation, Molina Healthcare, Inc.

Molina Healthcare, Inc., a FORTUNE 500 company, provides managed health care services under the Medicaid and Medicare programs and through the state insurance marketplaces. Through our locally operated health plans in 20 states across the nation, Molina serves more than 5 million members. Dr. C. David Molina founded our company in 1980 as a provider organization serving low-income families in Southern California. Today, we continue his mission of providing high quality and cost-effective health care to those who need it most.

200 Oceangate ♦ Suite 100 ♦ Long Beach, CA ♦ 800.526.8196

**MolinaHealthcare.com**



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## GENERAL INFORMATION

The information below documents the company identifying and contact information entered into the general information section of Worksheet 1 of the Unified Rate Review Template (URRT).

## COMPANY IDENTIFYING INFORMATION

Company Identifying Information	
Legal Name:	Molina Healthcare of Illinois, Inc.
State:	Illinois
HIOS Issuer ID:	32355
Market:	Illinois Individual Marketplace
Effective Date:	January 1, 2027

## COMPANY CONTACT INFORMATION

Company Contact Information	
Contact Name:	[REDACTED]
E-mail:	[REDACTED]

## **POLICY FORMS**

[REDACTED]

## **DESCRIPTION OF BENEFITS**

All experience claims were assigned to benefit categories utilizing Milliman's MedInsight Health Cost Guidelines (HCG) grouper. The following table displays the measurement units related to each benefit category.

<b>Benefit Category</b>	<b>Util Type</b>
Inpatient Hospital	Days
Outpatient Hospital	Visits
Professional	Services
Other Medical	Services
Capitation	Benefit Period
Prescription Drug	Prescriptions

## **MARKETING METHOD**

Molina Healthcare of Illinois will use a variety of methods to inform consumers of the availability of the policies including, but not limited to healthcare.gov and utilization of brokers.

## **STATUS**

The policy forms that are subject of the rate action are open, subject to ACA open enrollment and special enrollment periods.

## **RENEWABILITY CLAUSE**

The policy form that is the subject of the rate action is available through December 2027. Members can renew on one of Molina's available plans effective in 2028.

## **APPLICABILITY**

This filing applies to renewals as well as new issues, although Molina anticipates a small renewal cohort.

## **PERSISTENCY**

Molina anticipates most policies to become effective during open enrollment. Molina also anticipates most membership will lapse rather than renew. For the purpose of rating, we are modeling an expected average membership consistent across all months of the year.

## **UNDERWRITING**

Pursuant to ACA rules, these plans are not being underwritten.

## **PREMIUM CLASSES**

Pursuant to ACA rules, premium rates vary by: Age, Plan and ACA Rating Area.

## **ISSUE AGE RANGE**

Premiums are determined based on the age of the member at the time of issue.

## **PREMIUM MODALIZATION RULES**

There are no additional premium modalization factors outside of the premium classes, pursuant to ACA rating rules.

## **EXPERIENCE ON THE FORM (PAST AND FUTURE ANTICIPATED)**

Please see the attached file, 32355\_IL\_ExperienceSpreadsheet\_06.03.2026.xls

## **LIFETIME LOSS RATIO**

Please see the attached file, 32355\_IL\_ExperienceSpreadsheet\_06.03.2026.xls

## **1 PROPOSED RATES**

Molina's filed 2027 rates will be effective January 1, 2027 and apply through December 31, 2027.

### **Proposed Rate Change(s)**

Molina's 2027 rate filing reflects the following rate changes by metal tier. The 2027 rate changes vary by metal tier due to changes in the Actuarial Value (AV) Pricing Values assigned to each metal plan that are applied to the Plan Adjusted Index Rate.

Molina has [REDACTED] members in plans that are renewing enrolled effective March 2026 and reported as of April 2026. The rate change calculation below is consistent with Worksheet 2, Section II of the URRT, which only includes members on renewing plans.

[REDACTED]

**Reason for Rate Change(s):** The following factors contribute toward the overall change in the proposed rates.

- **Claims:** Projected claims for 2027 are expected to contribute toward a [REDACTED] [REDACTED] in rates due to updated base period experience claims, trend, changes in product, acuity, and demographic mix.
- **Taxes and Fees:** Taxes, fees, and retention are expected to contribute toward a [REDACTED] [REDACTED] in rates.
- **Margin:** Margins are expected to contribute toward a [REDACTED] [REDACTED] in rates at our standard [REDACTED] after-tax profit margin.
- **Risk Transfer:** Risk transfer is expected to contribute toward a [REDACTED] [REDACTED] in rates due to differences in actual versus expected risk transfer amounts for the 2025 benefit year and expected changes in 2027 population mix.
- **Administrative Expenses:** Administrative expenses are expected to contribute toward a [REDACTED] [REDACTED] in rates due to higher plan, corporate, and QA expenses, offset by lower expected broker commissions.
- **Membership Mix:** The membership mix from the base period to the projection period compared to the membership mix for comparable time periods from the prior year rate filing is expected to contribute toward a [REDACTED] [REDACTED] in rates.

Rate changes vary by metal tier due to changes in Actuarial Value, Cost Share Design (CSD), and Geographic factors.

**History of Rate Change:**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## **1.1 ESTIMATED CSR PAID DURING 2025 PLAN YEAR**

In the 2025 experience period across all Silver CSR (73%, 87% and 94% AV) plans, Molina experienced a total of [REDACTED] of paid claims on a total of [REDACTED] of allowed claims for a total paid/allowed ratio of [REDACTED]. In total across all Silver non-CSR (70% AV) plans, Molina experienced a total of [REDACTED] of paid claims on a total of [REDACTED] of allowed claims for a total paid/allowed ratio of [REDACTED]. The difference in paid/allowed ratio between the non-CSR and CSR plans is therefore

[REDACTED]. Applying the [REDACTED] difference to the total CSR plan allowed claims cost of [REDACTED] yields an estimated [REDACTED] in CSRs collected.



## 2 EXPERIENCE PERIOD PREMIUM AND CLAIMS

**Paid Through Date:** The market experience reported in Worksheet 1, Section I of the URRT represents 2025 incurred claims paid through March 2026. The completion factors applied to the 2025 claims experience were updated with data through March 2026.

**Premiums (Net of MLR Rebate) in Experience Period:** The premiums reported in Worksheet 1, Section I of the URRT represent the earned premium from 2025, excluding risk adjustment transfer payments for the 2025 benefit year. Earned premium does not reflect any MLR rebates. No amounts were subtracted from the earned premium for any reductions prescribed by the federal MLR formula, such as taxes and assessments.

**Allowed and Incurred Claims in Experience Period:** The following table reports the allowed and incurred claims during the experience period of January 1, 2025 to December 31, 2025.

[REDACTED]

Allowed claims for the experience period were obtained from the claims records by adding the plan incurred paid claims and the member cost-sharing for medical and pharmacy claims net of rebates received from drug manufacturers. The allowed claims calculation applies to both fee-for-service claims and capitation costs.

Completion factors were applied to both the allowed and incurred medical claim amounts. The completion factors were developed separately for inpatient and non-inpatient medical claims based on Molina's Illinois Marketplace data. The IBNR factor applied to the allowed and incurred claims is [REDACTED]. IBNR factors were not applied to capitation and pharmacy claims.

All medical claims are paid through Molina's claims system. Pharmacy claims are processed through Molina's pharmacy benefit manager.

There were no federal or state reinsurance amounts to report in Worksheet 1, Section I and Section II, Worksheet 2 of the URRT.

Experience Period Premium and Experience Period Member Months in 2025 were reported in Worksheet 1, Section I and Section II, Worksheet 2 of the URRT

### 3 ADJUSTMENTS TO ALLOWED CLAIMS DURING THE EXPERIENCE PERIOD

**Morbidity Adjustment:** The morbidity adjustment is comprised of an acuity factor that represents anticipated changes in Molina's single risk pool.

**Changes in Acuity:** The morbidity of Molina's covered population is expected to [REDACTED] between the experience period and the projection period.

An acuity adjustment of [REDACTED] was made to the 2025 experience period data to reflect changes in the population acuity from the 2025 experience period to the 2026 current period as well as expectations for acuity changes from the 2026 current period to the 2027 projection period.

The acuity changes from the 2025 experience period to the 2026 current period is measured by calculating the difference in the 2025 claims experience for the entire population enrolled during the 2025 experience period compared to the 2025 claims experience for the population that renewed with Molina in the 2026 current period, normalized for differences in the membership mix by metal tiers between the two populations. The renewal members' experience was [REDACTED] than the entire population in 2025 resulting in a 2025 to 2026 acuity adjustment factor of [REDACTED].

The acuity changes from the 2026 current period to the 2027 projection period are based on expected changes in the risk scores of the population between the two periods. The acuity of the population is expected to [REDACTED] [REDACTED] [REDACTED].

Please refer to Appendix Exhibit [REDACTED].

**Demographic Shift:** A demographic adjustment factor was applied to the experience period claims to reflect the anticipated change in the demographic mix from the 2025 experience data to the 2027 projection period.

The anticipated demographic mix is based on a review of enrollment through March 2026 and projected 2027 enrollment compared to the experience period. Molina anticipates that its 2027 demographics will be consistent with its 2026 demographics for existing membership. The demographic adjustments were developed using allowed claims by age cohort normalized for differences in metal and acuity. Demographic adjustments were not made to capitation costs. The total demographic adjustment made to the 2025 experience period data is [REDACTED]. Please refer to Appendix Exhibit [REDACTED].

**Geographic Adjustment:** A geographic adjustment factor was applied to the experience period claims to reflect the anticipated change in the area membership mix from the 2025 experience data to the 2027 projection period. A geographic adjustment of [REDACTED] was made to the fee-for-service portion of the 2025 experience period data. Please refer to Appendix Exhibit [REDACTED].

**Plan Mix Adjustment:** The plan mix adjustment reflects anticipated changes in the average utilization of services due to differences in average cost-sharing requirements during the experience period and average

cost-sharing requirements in the projection period. This includes changes in induced demand and the effects of selection for the single risk pool.

The 2025 claims experience by Metal and CSR variant was used to weight the 2025 membership mix against the membership mix of members enrolled in the 2026 current period to develop a plan mix adjustment factor between the 2025 experience period and 2026 current period.

Similarly, the 2026 claims experience by Metal and CSR variant was used to weight the 2026 membership mix against the membership mix of members enrolled in the 2027 projection period to develop a plan mix adjustment factor between the 2026 current period and 2027 projection period.

The plan mix adjustment made to the 2025 experience period data is [REDACTED]. Please refer to Appendix Exhibit [REDACTED].

**Induced Utilization:** In accordance with 215 ILCS 5/355(c-5) and the final 2027 filing guidance, Molina calculated induced demand factors based on the following formula:  $IDF = (Plan\ AV)^2 - (Plan\ AV) + 1.24$ , where Plan AV represents the pricing AV for the base plan including the CSR load.

Please see Appendix Exhibit [REDACTED]. for our 2027 Induced Utilization factors.

**Internal Reinsurance Adjustment:**  
[REDACTED]

**EHB Claims:** [REDACTED]

## 4 PROJECTION FACTORS

**Trend Factors:** Trend factors were applied separately for unit cost and utilization and by each major benefit category shown in Worksheet 1, Section II of the URRT. The Year 1 and Year 2 trend factors represent the annual trend numbers that were used to trend the experience period claims forward 24 months from the midpoint of the base period, July 2025, to the midpoint of the projection period, July 2027.

Unit cost trends were developed by comparing anticipated changes in provider contracts between the 2025 experience period and the 2027 projection period. The contract changes were calculated for the major service categories based on fee schedule changes in each rating area.

Utilization trends were developed through a review of trends from the 2026 URRT public use files in Worksheet 1, Section II, with a focus on Individual Market plans with non-zero credibility and non-zero trend factors in states where Molina offers coverage.

The chart below shows each annual trend by category of service.

[REDACTED]

**Inclusion of Capitation Payments:** All capitated payments are included in the experience data and rate development.

**Claims Adjustment Summary:** Please refer to Appendix Exhibit [REDACTED] for a summary of the adjustment factors described above that were applied to the claims development.

## 5 CREDIBILITY MANUAL RATE ADJUSTMENT

Not applicable. The rate development is based on experience rate development.

## 6 CREDIBILITY

### 6.1 CREDIBILITY METHODOLOGY

A Monte Carlo simulation was used to determine the credibility level to assign to the base period experience. The simulation used a claims probability distribution (CPD) from the 2027 Actuarial Value calculator to generate random samples of members and calculated the average annual cost for each sample.

The results showed that 60,000 member months are needed so that the average annual cost is within 10% of the mean (expected claims amount) 95% of the time.

The credibility percentage to apply to the experience data is based on experience period member months and the credibility formula below:

- 0 – 59,999 member months: 100% manual
- 60,000+ member months: 100% experience

The 2025 experience in Part I of the Unified Rate Review Template (URRT) is based on [REDACTED] member months resulting in a credibility percentage that is 100% experience rated. This method is consistent with the applicable American Academy of Actuaries' Actuarial Standards of Practice (ASOP) No. 25 Credibility Procedures.

## **7 COVERED SERVICES**

### **7.1 COVERED SERVICES – ESSENTIAL HEALTH BENEFITS (EHBS)**

Not applicable.

### **7.2 COVERED SERVICES – STATE MANDATED BENEFITS WHICH ARE NOT ESSENTIAL HEALTH BENEFITS**

The following are covered services for non-EHB state mandated benefits: Infertility Treatment, Private-Duty Nursing, Bariatric Surgery, Cosmetic Surgery, Hearing Aids, Routine Foot Care and Elective Pregnancy Termination. These benefits total approximately [REDACTED] of the total projected allowed claims. The coverage of Elective Pregnancy Termination is priced at \$1.00 PMPM according to 45 CFR §156.280(e).

### **7.3 COVERED SERVICES – ELIMINATED BENEFITS**

Not applicable.

### **7.4 COVERED SERVICES – ADDITIONAL MANDATED SUPPLEMENTARY BENEFITS**

Not applicable.

### **7.5 COVERED SERVICES – CHANGES IN THE LEVEL OF COVERED SERVICES**

Not applicable.

### **7.6 COVERED SERVICES – EHB SUBSTITUTIONS**

Not applicable.

## **8 CREDIBILITY ADJUSTED PROJECTED CLAIMS**

The projected EHB allowed claims in Worksheet 1, Section II of the URRT is **[REDACTED]**, which is consistent with the Projected Allowed Claims PMPM in the exhibit below.

**[REDACTED]**

## 9 PROJECTED INDEX RATE

The index rate is developed following the specifications of 45 CFR part 156.80(d)(1). The index rate for the projection period is estimated to be **[REDACTED]**. The index rate represents the estimated total allowed claims experience for the essential health benefits within the Illinois Marketplace. The index rate does not include adjustments for the risk adjustment and reinsurance programs or an adjustment for the Illinois Marketplace user fee.



## 10 RISK TRANSFER PAYMENTS

**Projected Risk Adjustments PMPM:** Molina estimated the risk transfer amount for 2027 using the 2025 experience period risk transfer amounts for members who have maintained coverage into 2026. The 2027 risk transfer estimates were developed by projecting 2026 relative risk scores and transfer payments, then projecting 2027 relative risk scores and transfer payments. The risk transfer payment amounts in the projection period reflect expected changes in the relative risk of the population and changes to the statewide premium. The projection is based on the 2027 calibrated model. The population was grouped into the following cohorts:

- *2026 Renewal Members* – Some of Molina’s current members previously had coverage in 2025 and renewed in 2026 with Molina. Molina relied on the renewal member’s 2025 experience and risk scores to project their 2026 relative risk scores, taking into consideration any applicable changes in enrollment across metal tiers.
- *2026 New Members* – To estimate the relative risk of the 2026 new members, Molina referred to the estimated risk scores and transfer amounts from the 2025 experience period. Estimated risk scores were adjusted in consideration of the metal tier mix between the 2025 members and the 2026 new members.
- *2027 Members* – Molina assumed the 2027 members would have [REDACTED] relative risk scores compared to the 2026 members, with consideration for the metal tier mix between the two years.

The impact of the risk adjustment data validation program was incorporated using historical error rates from the final CMS RADV results and the RADV error rate report from Wakely based on information voluntarily provided by issuers. The net impact of estimated payment was calculated as [REDACTED] PMPM [REDACTED].

The resulting 2027 risk transfer [REDACTED] estimate is [REDACTED] PMPM. Molina included [REDACTED] PMPM [REDACTED] for projected national high-risk pooling funding and [REDACTED] PMPM [REDACTED] for projected risk adjustment data validation to get a net risk transfer [REDACTED] estimate of [REDACTED] PMPM. This amount was converted from a paid to allowed basis and entered in the URRT Worksheet I, Section II.

The risk transfer receivable amounts in the projection period reflect expected changes in the relative risk of the population and changes to the statewide premium. The 14% administrative cost reduction is factored into the transfer estimates. For the summary of the 2027 risk transfer estimate development please refer to Appendix Exhibit [REDACTED].

## 11 DEVELOPMENT OF MARKET ADJUSTED INDEX RATE

**Exchange User Fee:** [REDACTED]

**Reinsurance:** Not applicable.

**Market Adjusted Index Rate:** The market adjusted index rate is developed following the specifications of 45 CFR part 156.80(d)(1). Molina modified the index rate provided in URRT Worksheet I to a market adjusted index rate as seen in Appendix Exhibit [REDACTED]. The Market Adjusted Index Rate in Worksheet 1, Section II of the URRT is [REDACTED].

## **12 PLAN LEVEL ADJUSTED INDEX RATE**

The plan adjusted index rates are developed following the specifications of 45 CFR part 156.80(d)(2). The plan adjusted index rates are entered in Worksheet 2, Section IV, of the URRT. Molina calculated the plan adjusted index rates by applying plan specific level adjustments for actuarial value, cost sharing utilization, additional benefits, and administrative costs, excluding exchange user fees, to the market adjusted index rate. Please refer to Appendix Exhibit [REDACTED].

## **13 ACTUARIAL VALUES**

### **13.1 AV METAL VALUES**

All benefit plans Molina proposes to offer meet ACA essential health benefit (EHB) requirements. The actuarial value (AV) for each product was based on output from the CMS 2027 AV Calculator. The CMS 2027 AV Calculator was used to determine metal tier, but for pricing a different calculator was used. This is detailed in the following section.

[REDACTED]

**Silver CSR Loading:** [REDACTED]

### **13.2 AV PRICING VALUES**

AV pricing value of each plan only includes the allowable modifiers to the index rate, as described in 45 CFR Part 156, §156.80(d)(2).

Molina relied on a commercially available AV pricing tool to evaluate the Actuarial Value of the plan designs. This tool complies with the ACA rating rules by using a consistent population to model the Avs for each plan.

**Pricing AV and Cost Sharing Design:** Please refer to Appendix Exhibit [REDACTED] for Molina's AVs and Cost Sharing Design (CSD) Adjustment factors.

## 14 NON-BENEFIT EXPENSES INCLUDING RISK AND PROFIT MARGIN

### 14.1 PROJECTED NON-BENEFIT EXPENSES, RISK AND PROFIT

**Administrative Expense Load:** Administrative expenses for the Marketplace product from 2025 and 2026 were reviewed and projected forward to 2027 to develop the administrative costs required to manage the Illinois Marketplace population. An internal administrative cost budget was developed on a PMPM basis and applied to the Illinois Marketplace rates. Part of the total administrative expense load is a subcomponent for Quality Expenses which are administrative costs dedicated to improving health care quality for Molina Marketplace members. Please refer to Appendix Exhibit [REDACTED] for details.

**Broker Commissions:** Broker commissions and expected bonus payments combined are expected to be [REDACTED] PMPM. Please refer to Appendix Exhibit [REDACTED].

**Profit & Risk Margin:** The target after-tax margin is [REDACTED], which aligns with Molina's company standard target. Molina's current capital and surplus did not impact the filing.

**Taxes and Fees:** Molina's estimated taxes and fees (excluding Exchange Fee) are [REDACTED]. The taxes and fees estimates are comprised of the following:

- **Income Tax:** An estimated [REDACTED] of premiums will be paid in Federal income taxes based on an anticipated effective tax rate of [REDACTED].
- **Risk Adjustment User Fee:** [REDACTED] PMPM will be paid toward the risk adjustment user fee.
- **PCORI Fee:** An estimated [REDACTED] PMPM will be paid toward the PCORI fee.

Please refer to Appendix Exhibits [REDACTED] and [REDACTED] for details on taxes and fees.

### 14.2 COMPARISON OF CURRENT AND PROPOSED NON-BENEFIT EXPENSES, RISK AND PROFIT

[REDACTED]

## 15 CALIBRATION

**Age Curve Calibration:** Molina calibrated the Plan Adjusted Index Rates to an age 21 rate. The average composite age factor was estimated by multiplying the population distribution by the age factors. The calibration factor is [REDACTED]. An additional adjustment was implemented in the age calibration process to account for the dependent cap where only the 3 eldest children's premiums contribute to the family premium. Please refer to Appendix Exhibit [REDACTED].

Molina estimated the average age of the single risk pool to be [REDACTED] years of age by multiplying the expected age distribution percentages by the age. Molina assumed an average age of [REDACTED] for the Age 0-14 cohort in the average age estimate and an average age of [REDACTED] for the Age 64+ cohort. Premium rates are based on the attained age as of the coverage effective date and will not be re-rated/adjusted when a birthdate occurs during the year after the coverage starts.

**Geographic Factor Calibration:** Molina applied geographic factors to the index rate in the calculation of region-specific rates. The geographic factors are based on the provider reimbursement expectations in each region for 2027. The calibration factor of [REDACTED] equals the weighted average geographic factor. Please refer to Appendix Exhibits [REDACTED] -[REDACTED]

### 15.1 TOBACCO FACTORS

[REDACTED]

### 15.2 CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The Consumer Adjusted Premium Rates are calibrated to an age 21 premium with an area factor of 1.000. Only the allowable rating factors will be applied to the Consumer Adjusted Premium Rates. Please refer to Appendix Exhibit [REDACTED].

## **16 DEVELOPMENT OF ALL PRODUCT BASE RATES**

**Provider Network, Delivery System Characteristics, and Utilization Management Practices:** Plan rates do not vary for differences in provider network, delivery system characteristics, or utilization management.

**Benefits in Addition to EHBs:**

**[REDACTED]**

For the non-EHB factor please refer to Appendix Exhibit **[REDACTED]**.

In addition, \$1 PMPM was added for each plan's non-EHB Costs to cover elective pregnancy termination services per 45 CFR § 156.280.

## **17 RISK CORRIDOR PAYMENTS OR RECOVERIES**

Not applicable.



## **18 COMPANY FINANCIAL POSITION**

Molina Healthcare of Illinois, Inc. (the Plan) was incorporated under the laws of the state of Illinois on February 1, 2010. The Plan is a wholly owned subsidiary of Molina Healthcare, Inc. (Molina, or the Parent), a multi-state managed care organization that arranges for the delivery of healthcare services to persons eligible for Medicaid, Medicare, the state insurance marketplaces (the Marketplace), and other government-sponsored health care programs for low-income families and individuals. The Plan is a health maintenance organization (HMO), licensed in the state of Illinois, that provides comprehensive health care services to Medicaid enrollees under contracts with the Illinois Department of Healthcare and Family Services (IDHFS) and Medicare enrollees under its contract with the Centers for Medicare and Medicaid Services (CMS). The Plan participates in the Medicare-Medicaid Plans (MMP), CMS's demonstration programs to integrate Medicare and Medicaid services for dual-eligible individuals. Such contracts represent the majority of the Plan's source of premium income.

## **19 LAST FIVE YEARS' RBC**

**[REDACTED]**

## **20 FEDERAL MEDICAL LOSS RATIO REQUIREMENTS**

### **20.1 PROJECTED FEDERAL MLR**

The projected medical loss ratio (MLR) using the federally prescribed MLR methodology is for calendar year 2027 based on the ratio of projected incurred claims divided by projected revenue. The MLR result was calculated to be **[REDACTED]**. Please refer to Appendix Exhibit Please refer to Appendix Exhibit **[REDACTED]** for calculation details.

Note: there is not a minimum loss ratio that Molina adheres to other than the federally defined MLR of 80%.

### **20.2 EXPLANATION WHEN THE FUTURE LOSS RATIO IS NOT CONSISTENT WITH THE FEDERAL REBATE MLR**

Not applicable.

## 21 RELIANCE

Internal support was relied upon for the following material factors:

- Unit Costs and Provider Reimbursement
- Pharmacy Costs
- Administrative Costs

External support was relied upon for pricing AV values. The above have been reviewed for reasonableness, but have not been audited.

## **22 MISCELLANEOUS INSTRUCTIONS**

### **22.1 MEMBERSHIP PROJECTIONS**

Molina is filing Illinois Marketplace rates in [REDACTED] county representing [REDACTED] rating region. The membership projection is based on anticipated renewals of existing members and new members.

The enrollment projections by plan [REDACTED].

Molina plans to offer its products in the counties listed by region below.

[REDACTED]

Molina's projected membership is shown in the table below.

[REDACTED]

## **23 PLAN TYPE**

All benefit plans are comprehensive HMO individual products.

## **24 TERMINATED PRODUCTS**

A summary of Molina's terminated, renewing, and new products is provided in the following table:

### **2027 Plan Portfolio:**

[REDACTED]

### **2027 Terminated Plans:**

[REDACTED]

## **ACTUARIAL CERTIFICATION**

I, [REDACTED], as a member in good standing with the American Academy of Actuaries, hereby certify, to the best of my knowledge and judgment, the following:

The projected index rate is:

1. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102)
2. Developed in compliance with the applicable Actuarial Standards of Practice
3. Reasonable in relation to the benefits provided and the population anticipated to be covered
4. Neither excessive nor deficient

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 percent of total premium that represents essential health benefits included in Worksheet 2, Section III was calculated in accordance with actuarial standards of practice.

The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.

The 2027 AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. A CSR defunding adjustment of 1.40 was applied to all on-exchange silver plans and induced demand factors are consistent with those developed by the Centers for Medicare and Medicaid Services (CMS) for use in the federal risk adjustment program.

**[REDACTED]**

**[REDACTED]**  
**[REDACTED]**  
Molina Healthcare

June 2, 2026

Date

## **25 EXHIBITS**

**[REDACTED]**



State:	Illinois	Filing Company:	Molina Healthcare of Illinois, Inc.
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	PY 2027 MHIL Marketplace - Rates		
Project Name/Number:	/		

## Supporting Document Schedules

Satisfied - Item:	Review Requirement Checklist
Comments:	
Attachment(s):	32355_IL_HealthPremiums_RateReview_06.03.2026.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Confidentiality Request
Comments:	
Attachment(s):	32355_IL_RatesConfidentialityRequest_06.03.2026.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	32355_IL_ActuarialCertification_06.03.2026.pdf
Item Status:	
Status Date:	

**Contact Person:****Illinois Division of Insurance****320 West Washington Street  
Springfield, IL 62767-0001****Review Requirements Checklist****Effective 05/01/2022****Health Actuarial Unit****DOI.HealthActuarial@Illinois.gov****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	<a href="#">Illinois Compiled Statutes Online</a>		
Illinois Administrative Code Link	<a href="#">Administrative Regulations Online</a>		
Product Coding Matrix	<a href="#">Product Coding Matrix</a>		
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	<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.	Actuarial Memorandum, page 1

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>	1.) 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.	Actuarial Memorandum, page 1
Rate Filing Requirements	<a href="#">215 ILCS 5/355</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. 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>	<p>Form Filing: MHC - 134942966</p> <p>Rate Filing: MHCI - 134943671</p>
Rate Filing Submission		Rate Filings must be submitted in their entirety into both SERFF and the Web Portal for review.	Molina has completed
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>Inserted directly below is a link to SERFF's Website for the TOI's required.</p> <p><a href="http://www.serff.com/documents/index_ppaca_tois.pdf">http://www.serff.com/documents/index_ppaca_tois.pdf</a></p>	HOrg021 Individual Health Organizations - Health Maintenance (HMO)
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><a href="https://www.qhpcertification.cms.gov/s/Unified%20Rate%20Review">https://www.qhpcertification.cms.gov/s/Unified%20Rate%20Review</a></p>	Molina has completed
Rate Data Collection Form		<p>The filing must contain an Excel spreadsheet (.xls or .xlsx format), along with a PDF version of the spreadsheet, according to format found at <a href="http://www2.illinois.gov/sites/Insurance/Companies/Documents/Experience.xlsx">http://www2.illinois.gov/sites/Insurance/Companies/Documents/Experience.xlsx</a></p>	32355_IL_ExperienceSpreadsheet_06.03.2026

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://www2.illinois.gov/sites/Insurance/Companies/documents/RateReviewChecklistSmallGroup.pdf">http://www2.illinois.gov/sites/Insurance/Companies/documents/RateReviewChecklistSmallGroup.pdf</a></p> <p>Individual Checklist:  <a href="http://www2.illinois.gov/sites/Insurance/Companies/documents/RateReviewChecklistIndividual.pdf">http://www2.illinois.gov/sites/Insurance/Companies/documents/RateReviewChecklistIndividual.pdf</a></p>	Part III - Rate Filing Documentation and Actuarial Memorandum
Actuarial Certification		The Actuarial Certification must be completed for all filings. <a href="http://www2.illinois.gov/sites/Insurance/Companies/documents/ActuarialCertificationForRateFilings.pdf">http://www2.illinois.gov/sites/Insurance/Companies/documents/ActuarialCertificationForRateFilings.pdf</a>	32355_IL_ActuarialCertification_06.03.2026
Rate Schedules/Manuals		Shall be attached in SERFF as separate attachments from other documents required in SERFF.	Molina has completed
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.	Molina has completed
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.	Molina has completed
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>	Molina has completed

**May 27, 2026**

Illinois Department of Insurance  
320 W. Washington St.  
Springfield, IL 62767

RE: SERFF Tracking Number MHCI-134943671  
Request for Confidentiality of Rates Filing Documents

This letter serves as a request for the Illinois Department of Insurance to consider specific documents contained in Molina Healthcare of Illinois' (Molina) Rate Filing application to be maintained as confidential and not made public. Molina's rate filing has been submitted via the System for Electronic Rate and Form Filing (SERFF) under tracking number MHCI-134943671. This request for confidentiality is to protect trade secret information, as defined under Section 7(1)(g) of the Freedom of Information Act (FOIA) [5 ILCS 140/7(1)(g)]. As defined under 5 ILCS 140/7(1)(g), the material contained within the SERFF Rate Filing documents listed below, as well as data contained within the filing, represents trade secret information, including Molina- specific formulas, compilations, programs, methods, techniques, and processes. This information represents an economic value and if disclosed would cause competitive harm. We request that these documents are kept trade secret until rates are approved for all carriers', this ensures that another plan may not use the position of another to amend their rates during rate review.

Molina requests that the following sections (including initial submissions and updates) attached to SERFF Tracking Number MHCI-134943671 be considered confidential:

- **SERFF Rate/Rule Schedule Tab**
  - Molina Rates
  - Rate Review Detail
- **SERFF URRT Tab**
  - Unified Rate Review Template
  - Actuarial Memorandum
- **SERFF Supporting Documentation**
  - Actuarial Certification
  - Experience Spreadsheet
  - Proposed Enrollment Template
  - Rate Table Template
  - AV Calculator Screenshots
  - Public Rate Filing Summary
  - AV Calculator Summary

Should Molina be asked to attach additional supporting documents and/or information during the review process, we respectfully request that the additional documents and information be considered confidential as well.

Thank you for your assistance.

Sincerely,

Holly Walpole  
Government Contracts Manager  
Molina Healthcare of Illinois, Inc.

2001 Butterfield Rd, Suite 750 – Dowers Grove, IL 60515

Company Name Molina Healthcare of Illinois

SERFF Filing Number MHCI-134943671

I, Jon Wirkkula, 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.

Printed Name Jon Wirkkula

Signature *Jon Wirkkula*

Title Director, Actuarial Services

Date 06/03/2026