
State:	Illinois	Filing Company:	UnitedHealthcare Insurance Company of Illinois
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO		
Product Name:	IL 202601 SG ACA - UHIC of IL		
Project Name/Number:	/		

Filing at a Glance

Company:	UnitedHealthcare Insurance Company of Illinois
Product Name:	IL 202601 SG ACA - UHIC of IL
State:	Illinois
TOI:	H16G Group Health - Major Medical
Sub-TOI:	H16G.003A Small Group Only - PPO
Filing Type:	Rate
Date Submitted:	06/04/2025
SERFF Tr Num:	UHLC-134549388
SERFF Status:	Assigned
State Tr Num:	OFF-EXCHANGE
State Status:	Assigned to Reviewer
Co Tr Num:	
Effective	01/01/2026
Date Requested:	
Author(s):	Paul Knepp, Nadja Hibbert
Reviewer(s):	Eric Anderson (primary), Becky Sheppard, Christina Roy, George Korean, Andrew Larocque
Disposition Date:	
Disposition Status:	
Effective Date:	
State Filing Description:	

State:	Illinois	Filing Company:	UnitedHealthcare Insurance Company of Illinois
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO		
Product Name:	IL 202601 SG ACA - UHIC of IL		
Project Name/Number:	/		

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Employer	Overall Rate Impact: 10.4%
Filing Status Changed: 06/04/2025	
State Status Changed: 06/04/2025	Deemer Date:
Created By: Nadja Hibbert	Submitted By: Paul Knepp
Corresponding Filing Tracking Number:	
State TOI: H16G Group Health - Major Medical	State Sub-TOI: H16G.003A Small Group Only - PPO
PPACA: Non-Grandfathered Immed Mkt Reforms	
PPACA Notes: null	
Include Exchange Intentions:	No

Filing Description:

IL Small group 1/1/26 ACA rates on the UnitedHealthcare Insurance Company of Illinois license.

Company and Contact

Filing Contact Information

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

Filing Company Information

UnitedHealthcare Insurance	CoCode: 60318	State of Domicile: Illinois
Company of Illinois	Group Code: -99	Company Type: Health
200 East Randolph Street	Group Name:	State ID Number:
Ste 5300	FEIN Number: 36-3800349	
Chicago, IL 60601		
(312) 803-5900 ext. [Phone]		

State: Illinois

Filing Company: UnitedHealthcare Insurance Company of Illinois

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: IL 202601 SG ACA - UHIC of IL

Project Name/Number: /

Filing Fees

State Fees

Fee Required?No

Retaliatory?No

Fee Explanation:

SERFF Tracking #:	UHLC-134549388	State Tracking #:	OFF-EXCHANGE	Company Tracking #:	
State:	Illinois	Filing Company:	UnitedHealthcare Insurance Company of Illinois		
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Product Name:	IL 202601 SG ACA - UHIC of IL				
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Rate Information

Rate data applies to filing.

Filing Method:	File & Use
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	5.700%
Effective Date of Last Rate Revision:	01/01/2025
Filing Method of Last Filing:	File & Use
SERFF Tracking Number of Last Filing:	UHLC-134116798

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
UnitedHealthcare Insurance Company of Illinois	Increase	10.400%	10.400%	\$30,928,558	4,778	\$298,071,785	22.780%	5.670%

State: Illinois **Filing Company:** UnitedHealthcare Insurance Company of Illinois
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: IL 202601 SG ACA - UHIC of IL
Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: UnitedHealthcare Insurance Company of Illinois
HHS Issuer Id: 92476

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Choice Plus	92476IL009		26619
Core	92476IL010		4116
Nexus	92476IL011		556

Trend Factors:

FORMS:

New Policy Forms: POL26.I.2018.SG.IL; COC26.INS.2018.SG.IL; COC26.INS.2018.SG.IL.HSA
Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly
Member Months: 406,506
Benefit Change: Increase
Percent Change Requested: Min: 5.67 Max: 22.78 Avg: 10.38

PRIOR RATE:

Total Earned Premium: 298,071,784.50
Total Incurred Claims: 234,117,587.00
Annual \$: Min: 279.13 Max: 2,568.28 Avg: 733.25

REQUESTED RATE:

Projected Earned Premium: 303,899,565.00
Projected Incurred Claims: 239,944,727.00
Annual \$: Min: 315.21 Max: 2,781.51 Avg: 809.34

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URRT

State Determination

Review Status:	Incomplete
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SERFF Tracking #:	UHLC-134549388	State Tracking #:	OFF-EXCHANGE	Company Tracking #:	
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Project Name/Number:	/				

URRT Items

Item Name	Attachment(s)
Actuarial Memorandum - Redacted	IL_92476_UHICofIL_SG_PartIII_2026_Redacted.pdf

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

UnitedHealthcare Insurance Company of Illinois

NAIC: 0707-60318

FEIN: 36-3800349

State of Illinois Rate Review

Table of Contents

Section 1: Purpose2

Section 2: General Information3

Section 3: Proposed Rate Changes3

Section 4: Experience and Current Period Premium, Claims and Enrollment5

Section 5: Benefit Categories.....6

Section 6: Projection Factors.....7

Section 7: Credibility Manual Rate Development9

Section 8: Credibility of Experience 10

Section 9: Development of Projected Index Rate 10

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

Section 11: Plan Adjusted Index Rate..... 11

Section 12: Calibration 13

Section 13: Consumer Adjusted Premium Rate Development 14

Section 14: Projected Loss Ratio 14

Section 15: AV Metal Values 15

Section 16: Membership Projections 17

Section 17: Terminated Plans and Products 17

Section 18: Plan Type..... 17

Section 19: Reliance 18

Section 20: Actuarial Certification..... 19

Section 1: Purpose

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

This filing establishes rates intended to be used for non-grandfathered PPACA compliant small group health benefit plans sold off the Small Business Health Options Program in Illinois for the 2026 plan year. A rate increase is being filed at this time. The rates and other information in this submission are based on the current regulations and guidance from HHS. Changes to this filing may be necessary if there are revisions to the regulations or updated guidance from HHS.

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

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

Section 2: General Information

Company Identifying Information

Company Legal Name: UnitedHealthcare Insurance Company of Illinois
State: Illinois
HIOS Issuer ID: 92476
Market: Small Business, 1-50
Proposed Effective Date: January 1, 2026



Section 3: Proposed Rate Changes

The proposed change in rates for this filing is [REDACTED] compared to the prior filing. The proposed pricing trend is [REDACTED] annually.

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

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

-
- The impact of any changes to plans that have occurred due to uniform modification are also reflected in the updated plan relativity factors. Please see the “Plan Adjusted Index Rate” section of the memorandum for more detail on these changes.

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

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

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

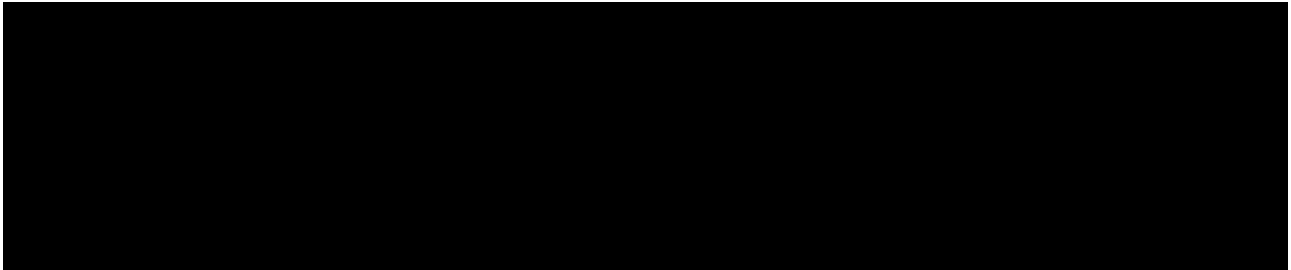
Paid Through Date

The experience period is 1/1/2024 to 12/31/2024 with claims paid through 2/28/2025.

Current Date

The current enrollment and premium is reported as of 12/31/2024.

Allowed and Incurred Claims Incurred During the Experience Period



Support for estimate of incurred but not reported claims

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

Experience Period Risk Adjustment and Reinsurance Adjustments (PMPMs)

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

Our 2024 risk adjustment transfer PMPM is estimated using data provided to UnitedHealthcare as a result of our participation in a multi-state study done by a large, independent actuarial consulting firm. Based on the results of that study, we expect that risk level of the membership insured by UnitedHealthcare Insurance Company of Illinois



Experience Period Index Rates

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

Section 5: Benefit Categories

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

Inpatient Hospital

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

Outpatient Hospital

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

Professional

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

Other Medical

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

Capitation

Includes all services provided under one or more capitated agreements.

Prescription Drug

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

Section 6: Projection Factors

Trend

Two years of annual trend were applied to our 2024 experience to project it to the 2026 rating period. Our most recent analysis indicates annual trend in the state of Illinois for the 2025 and 2026 calendar years will [REDACTED]. The table below details the components of each trend factor.

[REDACTED]	
------------	--

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

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

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

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

Morbidity Adjustment

[REDACTED]	
------------	--

Demographic Shift

[REDACTED]

Plan Design Changes

[REDACTED]

[REDACTED]

[REDACTED]

Other Adjustments

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Section 7: Credibility Manual Rate Development

Source and Appropriateness of Data Used

The block of business has historically demonstrated relatively stable claim patterns. For purposes of rate development, we consider it to be fully credible.

Inclusion of Capitation Payments

Capitation payments are included in both the experience and projections.

Section 8: Credibility of Experience

[REDACTED] For purposes of rate development, we consider it to be fully credible.

Section 9: Development of Projected Index Rate

The experience period index rate is [REDACTED] PMPM.

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

The projected index rate of [REDACTED] was calculated by trending and adjusting the experience period index rate to the projection period, including blending the experience with a manual rate if the experience was not fully credible. It is established in accordance with the requirements of 45 CFR §156.80(d). See sections 6, 7, and 8 of this memo for more details.

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

Reinsurance

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

Risk Adjustment Payment/Charge

UnitedHealthcare Insurance Company of Illinois anticipates [REDACTED]

[REDACTED] e are assuming the risk level of our business relative to that of our competitors for the 2026 plan year will be similar to what it was in the 2024 plan year. Since risk adjustment transfer payments are a function of the market level premium, our 2026 risk adjustment transfer PMPM amount is calculated by adjusting our estimated 2024 risk adjustment transfer PMPM amount for the projected market level trend, changes in reinsurance fees and recoveries, and other adjustments based on the overall financial performance of the market.

Exchange User Fees

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

The market adjusted index rate includes market-wide adjustments for reinsurance, risk adjustment transfers, and exchange user fees (if any).

[REDACTED]

Section 11: Plan Adjusted Index Rate

Actuarial Value and Cost Sharing Adjustment

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

Our first step in calculating the Actuarial Value and Cost Sharing Adjustment for each plan is to estimate each plan's claims responsibility break out between the member's cost sharing vs our responsibility. The pricing model noted above utilizes over 12 million member months of calendar year 2023 data to estimate these "unsloped" cost relativities between plans. All claims are re-adjudicated separately under every plan to estimate the amount of cost shifting that is driven by the plan's combination of deductible, coinsurance, copays, and Out of Pocket Maximums. These unsloped rels in this step exclude the impact of risk adjustment and induced demand. Every group's projected experience is bucketed into an unsloped rel cohort.

The second step is to adjust our experience for the estimated risk adjustment. We know the actual risk adjustment in 2023 by plan and we assume that these risk adjustments will be similar in the projection period by unsloped rel cohort. The actual CMS risk adjustment is applied to our experience to normalize out the impact of morbidity.

Induced Demand Factors:

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

Provider network, delivery system and utilization management adjustment

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

Benefits in Addition to EHBs

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

Distribution and Administrative Costs

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

Administrative Expense Load

The administrative expense load is a long-term estimate of administrative expenses, including selling expenses and general administrative expenses. [REDACTED]

These assumptions are based on the general ledger actual results for 2024 with known adjustments. Known adjustments include, but are not limited to, pay increases/raises for employees and administrative expenses as a result of Healthcare Reform and compliance requirements. The administrative expense allocation methodology used in pricing is appropriate because it is consistent with how UnitedHealthcare runs its business and how it allocates administrative costs for Statutory Filings and the Healthcare Reform Exhibits.

Profit and Risk Margin

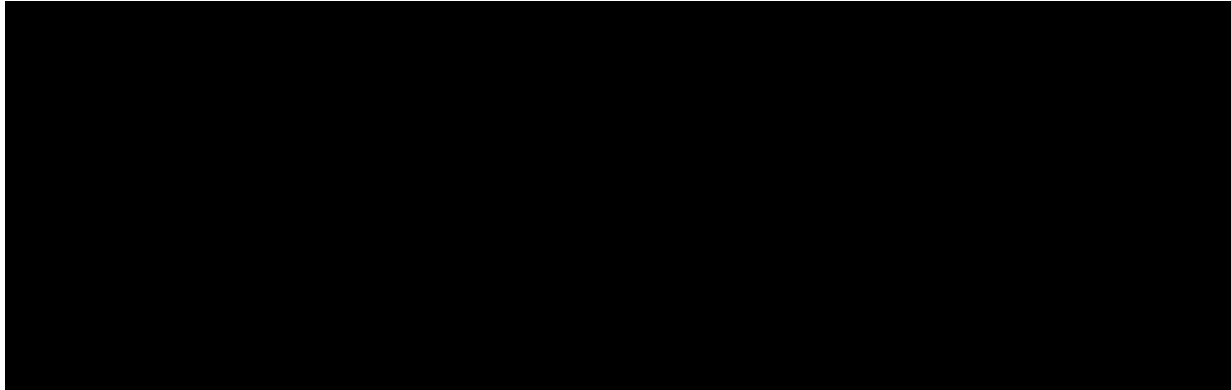
The profit and risk margin is shown in Worksheet 2, Section 3 of the URRT. [REDACTED]

The profit and risk margin is derived from the difference between the administrative expenses, taxes and fees, and 1 minus the target loss ratio and the administrative expenses, taxes and fees.

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

Taxes and Fees

Taxes and fees are expected to be [REDACTED] and include premium tax, exchange fees (if any), risk adjustment user fees, and federal income tax. The following is a breakdown of the taxes and fees.



Section 12: Calibration

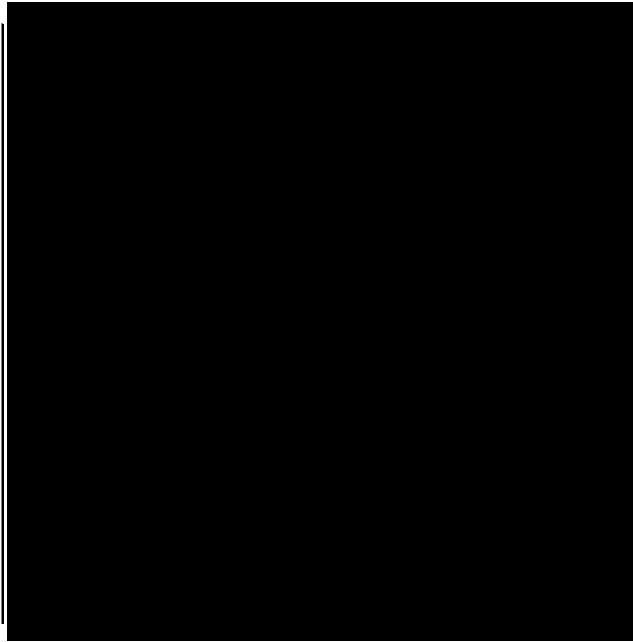
Plan Adjusted Index Rates need to be calibrated to apply the allowable rating factors of age and geography in order to calculate the Consumer Adjusted Premium Rates. Calibration factors are applied uniformly to all plans.

Age Calibration

The calculated age curve calibration is [REDACTED], which equals the one divided by the average age factor of the expected member distribution by age. The age factors used in this calculation are the HHS-specified age curve.

Geographic Calibration

The geographic factor calibration is [REDACTED] which equals the one divided by the expected average area factor. A table of the geographic rating factors is below.



[REDACTED]
Population morbidity by area was not considered when determining geographic area factors.

Tobacco Calibration

Tobacco factors are not used in the rating of these products, and no calibration is needed.

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

Section 13: Consumer Adjusted Premium Rate Development

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

Plan Adjusted Index Rate

X Age Calibration Factor

X Geographic Calibration Factor

X Consumer Specific Age Rating Factor

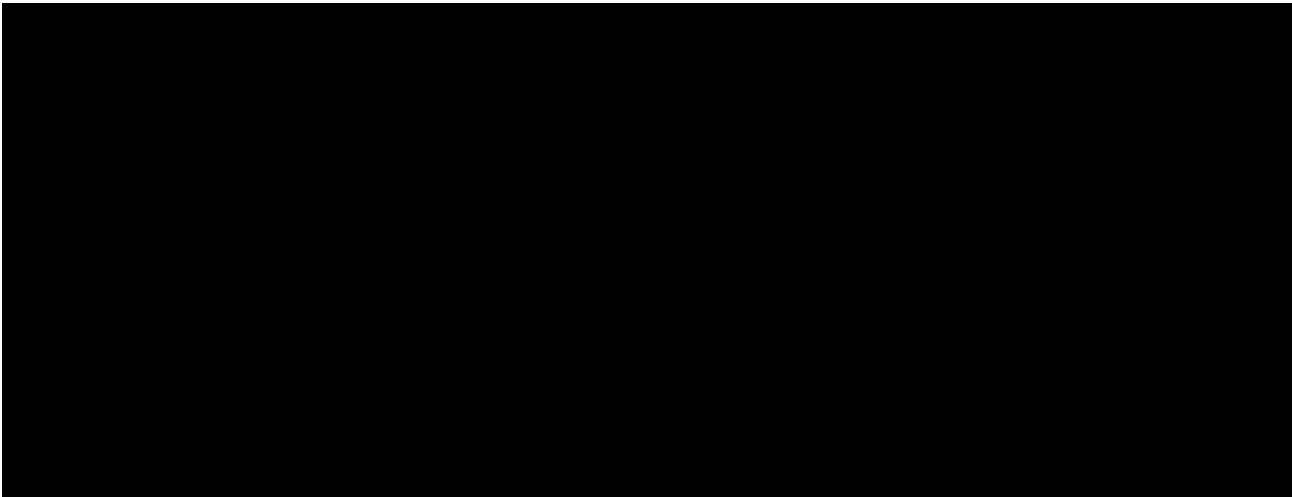
X Consumer Specific Geographic Rating Factor

X Small Group Trend Adjustment

= Consumer Adjusted Premium Rate

Section 14: Projected Loss Ratio

The projected loss ratio using the federally prescribed MLR methodology for calendar year 2026 is [REDACTED]
UnitedHealthcare Insurance Company of Illinois agrees to comply with the rebate requirements of 45 CFR Part 158 should the actual market MLR fall below the 80.0% requirement.



Section 15: AV Metal Values

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

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

The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. Additional details are provided below to describe the types of adjustments that were made for plan designs that are not directly compatible with the AV calculator.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Section 16: Membership Projections

Member distribution by plan was then based on current enrollment, taking into consideration changes in the portfolio of plans to be offered in 2026. Strictly for purposes of the URRT, we have projected membership by plan.

Section 17: Terminated Plans and Products

[REDACTED]

[REDACTED]

Section 18: Plan Type

A plan type of POS has been selected.

Section 19: Reliance

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

UnitedHealthcare Finance Department

- Projected SG&A Assumption

UnitedHealthcare National Pricing Team

- Plan Relativity Modeling

UnitedHealthcare Healthcare Economics Department

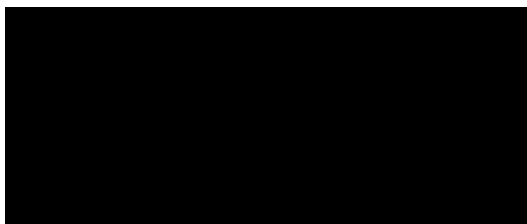
- Projected Trend
- Claims Reserves
- ACO/Premium Designated Provider Cost Savings Estimates

Section 20: Actuarial Certification

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

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

- The projected index rate is:
 - In compliance with state and federal statutes and regulations related to the development of the index rate and allowable rating factors (such as 45 CFR 156.80 and 147.102),
 - Developed in compliance with the applicable Actuarial Standards of Practice,
 - Reasonable in relation to the benefits provided and population anticipated to be covered,
 - Neither excessive, deficient, nor unfairly discriminatory.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.
- The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. The unique plan design actuarial certification required by 45 CFR Part 156.135 has been separately attached.
- The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop their rates. Rather, it represents information required by federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges, and for certification that the index rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.



6/3/25
Date

SERFF Tracking #:	UHLC-134549388	State Tracking #:	OFF-EXCHANGE	Company Tracking #:	
State:	Illinois	Filing Company:	UnitedHealthcare Insurance Company of Illinois		
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO				
Product Name:	IL 202601 SG ACA - UHIC of IL				
Project Name/Number:	/				

Supporting Document Schedules

Satisfied - Item:	Review Requirement Checklist
Comments:	
Attachment(s):	IL UHICofIL SG 202601 - Health Premium Rate Review Checklist.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Rate Schedule
Comments:	
Attachment(s):	IL UHICofIL SG 202601-rate schedule.pdf
Item Status:	
Status Date:	
Satisfied - Item:	RTT
Comments:	
Attachment(s):	IL_92476_UHICofIL_SG_RTT_2026Q1_v2.xlsm IL_92476_UHICofIL_SG_RTT_2026Q1_v2.zip
Item Status:	
Status Date:	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	IL UHICofIL SG 202601 - Cover Letter.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Confidentiality Request
Comments:	
Attachment(s):	il_92476_uhiciL_off_sg_confidentiality_v01_060425.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Public Rate Filing Summary
Comments:	
Attachment(s):	IL_92476_uhiciL_off_SG_public-rate-filing-summary.pdf
Item Status:	

SERFF Tracking #:	UHLC-134549388	State Tracking #:	OFF-EXCHANGE	Company Tracking #:
State:	Illinois	Filing Company:	UnitedHealthcare Insurance Company of Illinois	
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO			
Product Name:	IL 202601 SG ACA - UHIC of IL			
Project Name/Number:	/			

Status Date:	
--------------	--

SERFF Tracking #:	UHLC-134549388	State Tracking #:	OFF-EXCHANGE	Company Tracking #:	
<hr/>					
State:	Illinois	Filing Company:	UnitedHealthcare Insurance Company of Illinois		
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO				
Product Name:	IL 202601 SG ACA - UHIC of IL				
Project Name/Number:	/				

Attachment IL_92476_UHICofIL_SG_RTT_2026Q1_v2.xlsm is not a PDF document and cannot be reproduced here.

Attachment IL_92476_UHICofIL_SG_RTT_2026Q1_v2.zip is not a PDF document and cannot be reproduced here.

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.	Cover letter is in the supporting documents 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- This rate filing is not being made in support of a grandfathered plan.
Implementation Date		The proposed effective date of rate revision implementation.	1/1/2026
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>	Supporting documents
Rate Filing Submission		Rate Filings must be submitted in their entirety into both SERFF and the Web Portal for review.	Supporting documents - "Actuarial Memorandum and Certifications" section and web portal
TOI (Type of Insurance)		<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>	General information
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>	Supporting documents - "Unified Rate Review Template" section.
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	Supporting documents - "Review Requirement checklist" section

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>	Supporting documents - "Actuarial Memorandum and Certifications" section and web portal
Actuarial Certification		<p>The Actuarial Certification must be completed for all filings. http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/ActuarialCertificationForRateFilings.pdf</p>	Supporting Documents - "Certification of
Rate Schedules/Manuals		Shall be attached in SERFF as separate attachments from other documents required in SERFF.	Supporting documents - "Rate Schedule
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.	
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.	Supporting documents - "Actuarial Memorandum and Certifications"
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 	1. Yes 2. Yes 3. Yes 4. Yes

Illinois Small Employer Group (1-50) Rate Filing Rate Schedule

UnitedHealthcare Insurance Company of Illinois

Rate Schedule in Support of Illinois Small Employer Group (1-50) Rate Filing
UnitedHealthcare Insurance Company of Illinois

Base Rate and Trend

Rating Quarter	Quarterly Base Rate
2026Q1	\$1,174.59
2026Q2	\$1,203.61
2026Q3	\$1,232.63
2026Q4	\$1,262.80

Rating Quarter	Proposed 2026 Trend Factor	Current 2025 Trend Factor
Q1	1.012	1.011
Q2	1.037	1.032
Q3	1.062	1.054
Q4	1.088	1.077

Rate Schedule in Support of Illinois Small Employer Group (1-50) Rate Filing
UnitedHealthcare Insurance Company of Illinois

Age Factors

There are no changes in the proposed age factors.

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

Rate Schedule in Support of Illinois Small Employer Group (1-50) Rate Filing
UnitedHealthcare Insurance Company of Illinois

Area Factors

Proposed changes to area factors are detailed below:

Geographic Rating Area	1/1/2026 Proposed Factor	Current 2025 Factor	% Change
Rating Area 1	0.798	0.806	-1.0%
Rating Area 2	0.812	0.820	-1.0%
Rating Area 3	0.792	0.792	0.0%
Rating Area 4	0.782	0.782	0.0%
Rating Area 5	0.884	0.931	-5.0%
Rating Area 6	0.753	0.753	0.0%
Rating Area 7	0.837	0.837	0.0%
Rating Area 8	0.805	0.805	0.0%
Rating Area 9	0.951	0.951	0.0%
Rating Area 10	0.870	0.870	0.0%
Rating Area 11	0.798	0.798	0.0%
Rating Area 12	0.740	0.712	4.0%
Rating Area 13	1.058	1.058	0.0%

Rate Schedule in Support of Illinois Small Employer Group (1-50) Rate Filing
UnitedHealthcare Insurance Company of Illinois

Plan Relativity Factors

Plans Effective 1/1/26 (continued on next page)

SCID	Plan Code	Product Name	Min AV	Max AV	Metallic Level	Final Plan Rel
92476IL0090060	EOXF	Choice Plus	80.7%	80.7%	Gold	0.6366
92476IL0090109	EOXG	Choice Plus	89.7%	89.7%	Platinum	0.7168
92476IL0090202	EP8A	Choice Plus	80.6%	80.6%	Gold	0.6200
92476IL0090237	EPJG	Core	80.6%	80.6%	Gold	0.5377
92476IL0090203	EPJF	Choice Plus	71.8%	71.8%	Silver	0.5747
92476IL0090238	EPJH	Core	71.8%	71.8%	Silver	0.4999
92476IL0090132	EPKW	Choice Plus	72.0%	72.0%	Silver	0.5792
92476IL0090078	EPKV	Choice Plus	81.5%	81.5%	Gold	0.6380
92476IL0090082	EPK5	Choice Plus	71.7%	71.7%	Silver	0.5780
92476IL0090186	EP73	Choice Plus	81.0%	81.0%	Gold	0.6289
92476IL0090221	EP77	Core	81.0%	81.0%	Gold	0.5451
92476IL0090139	EPLT	Choice Plus	81.3%	81.3%	Gold	0.6377
92476IL0090164	EPLZ	Core - SIL	81.3%	81.3%	Gold	0.5864
92476IL0090187	EP74	Choice Plus	81.4%	81.4%	Gold	0.6272
92476IL0090222	EP78	Core	81.4%	81.4%	Gold	0.5437
92476IL0090120	EOXY	Choice Plus	90.6%	90.6%	Platinum	0.7408
92476IL0090254	EPL8	Choice Plus	89.3%	89.3%	Platinum	0.7308
92476IL0090253	EPL7	Choice Plus	89.5%	89.5%	Platinum	0.7036
92476IL0090255	EPL9	Choice Plus	81.5%	81.5%	Gold	0.6498
92476IL0090140	EPLU	Choice Plus	80.9%	80.9%	Gold	0.6291
92476IL0090165	EPL2	Core - SIL	80.9%	80.9%	Gold	0.5787
92476IL0090017	EP72	Choice Plus	79.7%	79.7%	Gold	0.6149
92476IL0090323	EP76	Core	79.7%	79.7%	Gold	0.5335
92476IL0090135	EPLR	Choice Plus	81.3%	81.3%	Gold	0.6405
92476IL0090160	EPLX	Core - SIL	81.3%	81.3%	Gold	0.5890
92476IL0090141	EPLV	Choice Plus	80.5%	80.5%	Gold	0.6242
92476IL0090166	EPL3	Core - SIL	80.5%	80.5%	Gold	0.5743
92476IL0090136	EPLS	Choice Plus	80.8%	80.8%	Gold	0.6325
92476IL0090161	EPLY	Core - SIL	80.8%	80.8%	Gold	0.5817
92476IL0090137	EPMD	Choice Plus	79.6%	79.6%	Gold	0.6236
92476IL0090162	EPME	Core - SIL	79.6%	79.6%	Gold	0.5737
92476IL0090123	EOX2	Choice Plus	79.9%	79.9%	Gold	0.6204
92476IL0090122	EOXZ	Choice Plus	80.4%	80.4%	Gold	0.6113
92476IL0090142	EPLW	Choice Plus	80.1%	80.1%	Gold	0.6179
92476IL0090167	EPL4	Core - SIL	80.1%	80.1%	Gold	0.5686
92476IL0090138	EPMG	Choice Plus	79.6%	79.6%	Gold	0.6125
92476IL0090163	EPMF	Core - SIL	79.6%	79.6%	Gold	0.5637
92476IL0090188	EP75	Choice Plus	71.7%	71.7%	Silver	0.5725

Rate Schedule in Support of Illinois Small Employer Group (1-50) Rate Filing
UnitedHealthcare Insurance Company of Illinois

Plans Effective 1/1/26 (continued)

SCID	Plan Code	Product Name	Min AV	Max AV	Metallic Level	Final Plan Rel
92476IL0090223	EP79	Core	71.7%	71.7%	Silver	0.4981
92476IL0090143	EPL5	Choice Plus	82.0%	82.0%	Gold	0.6412
92476IL0090290	EPJL	Choice Plus	88.0%	88.0%	Platinum	0.6875
92476IL0090303	EPJK	Core	88.0%	88.0%	Platinum	0.5940
92476IL0090043	EOXW	Choice Plus	71.6%	71.6%	Silver	0.5731
92476IL0090282	EPKT	NexusACO OAP	79.3%	82.0%	Gold	0.5858
92476IL0090283	EPKU	NexusACO OAP	79.2%	81.9%	Gold	0.5831
92476IL0090153	EPKX	Core - SIL	72.0%	72.0%	Silver	0.5338
92476IL0090156	EPKY	Core - SIL	81.5%	81.5%	Gold	0.5867
92476IL0090159	EPLG	Core - SIL	71.7%	71.7%	Silver	0.5327
92476IL0090259	EPMA	Core - SIL	89.3%	89.3%	Platinum	0.6702
92476IL0090261	EPMC	Core - SIL	89.5%	89.5%	Platinum	0.6457
92476IL0090260	EPMB	Core - SIL	81.5%	81.5%	Gold	0.5974
92476IL0090168	EPL6	Core - SIL	82.0%	82.0%	Gold	0.5896
92476IL0090148	EPLD	Core - SIL	71.0%	71.5%	Silver	0.5358
92476IL0090149	EPLF	Core - SIL	63.5%	64.3%	Bronze	0.4935
92476IL0090157	EPLF	Core - SIL	79.5%	81.8%	Gold	0.6030
92476IL0090145	EPLC	Core - SIL	89.6%	89.6%	Platinum	0.6553
92476IL0090258	EPK4	Core - SIL	82.0%	82.0%	Gold	0.5954
92476IL0090257	EPK2	Core - SIL	80.4%	80.4%	Gold	0.5908
92476IL0090144	EPLB	Core - SIL	89.5%	89.5%	Platinum	0.6690
92476IL0090263	EPIR	Choice Plus	64.1%	65.0%	Bronze	0.5425
92476IL0090265	EOXP	Choice Plus	63.2%	64.7%	Bronze	0.5408
92476IL0090267	EPLI	Choice Plus	63.6%	64.4%	Bronze	0.5468
92476IL0090262	EPIQ	Choice Plus	63.5%	65.0%	Bronze	0.5424
92476IL0090264	EOXO	Choice Plus	62.7%	64.9%	Bronze	0.5407
92476IL0090266	EPLH	Choice Plus	63.0%	64.5%	Bronze	0.5467
92476IL0090173	EPII	Choice Plus	81.8%	81.9%	Gold	0.6810
92476IL0090209	EPIK	Core	81.8%	81.9%	Gold	0.5885
92476IL0090278	EPIZ	Core	79.7%	81.9%	Gold	0.5714
92476IL0090271	EPIY	Choice Plus	79.7%	81.9%	Gold	0.6605
92476IL0090174	EPIJ	Choice Plus	71.8%	72.0%	Silver	0.5984
92476IL0090210	EPII	Core	71.8%	72.0%	Silver	0.5197
92476IL0090008	EPIM	Choice Plus	72.0%	72.0%	Silver	0.5982
92476IL0090322	EPIO	Core	72.0%	72.0%	Silver	0.5195
92476IL0090129	EPK9	Choice Plus	71.0%	71.5%	Silver	0.5814
92476IL0090176	EPIN	Choice Plus	71.1%	71.9%	Silver	0.5857
92476IL0090212	EPIP	Core	71.1%	71.9%	Silver	0.5091
92476IL0090268	EPIS	Choice Plus	70.8%	72.0%	Silver	0.5864
92476IL0090275	EPIT	Core	70.8%	72.0%	Silver	0.5097
92476IL0090269	EPIU	Choice Plus	69.5%	72.0%	Silver	0.5729
92476IL0090276	EPIV	Core	69.5%	72.0%	Silver	0.4985
92476IL0090130	EPLA	Choice Plus	63.5%	64.3%	Bronze	0.5345
92476IL0090270	EPIW	Choice Plus	64.7%	65.0%	Bronze	0.5435

Rate Schedule in Support of Illinois Small Employer Group (1-50) Rate Filing
UnitedHealthcare Insurance Company of Illinois

Plans Effective 1/1/26 (continued)

SCID	Plan Code	Product Name	Min AV	Max AV	Metallic Level	Final Plan Rel
92476IL0090277	EPIX	Core	64.7%	65.0%	Bronze	0.4739
92476IL0090128	EPK8	Choice Plus	79.5%	81.8%	Gold	0.6561
92476IL0090054	EOXC	Choice Plus	81.9%	81.9%	Gold	0.6346
92476IL0090058	EOXE	Choice Plus	90.9%	90.9%	Platinum	0.7164
92476IL0090285	EOXR	Choice Plus	78.3%	78.3%	Gold	0.6033
92476IL0090292	EPJO	Choice Plus	89.1%	89.1%	Platinum	0.7219
92476IL0090293	EPJP	Choice Plus	88.1%	88.1%	Platinum	0.7046
92476IL0090310	EPJ2	Core	78.2%	78.2%	Gold	0.5261
92476IL0090311	EPJ3	Core	78.2%	78.2%	Gold	0.5216
92476IL0090294	EPJQ	Choice Plus	80.1%	80.1%	Gold	0.6278
92476IL0090295	EPJR	Choice Plus	89.1%	89.1%	Platinum	0.6911
92476IL0090296	EPJS	Choice Plus	80.5%	80.5%	Gold	0.6272
92476IL0090297	EPJT	Choice Plus	78.2%	78.2%	Gold	0.6061
92476IL0090298	EPJU	Choice Plus	78.2%	78.2%	Gold	0.6007
92476IL0090305	EPJV	Core	89.1%	89.1%	Platinum	0.6226
92476IL0090306	EPJW	Core	88.1%	88.1%	Platinum	0.6083
92476IL0090307	EPJX	Core	80.1%	80.1%	Gold	0.5442
92476IL0090308	EPJY	Core	89.1%	89.1%	Platinum	0.5970
92476IL0090309	EPJZ	Core	80.5%	80.5%	Gold	0.5437
92476IL0090326	EPKR	NexusACO OAP	81.5%	81.5%	Gold	0.5833
92476IL0090327	EPKS	NexusACO OAP	80.8%	80.8%	Gold	0.5753
92476IL0090325	EPKQ	NexusACO OAP	80.7%	80.7%	Gold	0.5867
92476IL0090324	EPKP	NexusACO OAP	88.7%	88.7%	Platinum	0.6439
92476IL0090274	EPJI	Choice Plus	88.6%	88.6%	Platinum	0.6829
92476IL0090281	EPJJ	Core	88.6%	88.6%	Platinum	0.5902
92476IL0090119	EOXX	Choice Plus	81.9%	81.9%	Gold	0.6271
92476IL0090242	EOXN	Choice Plus	62.8%	64.3%	Bronze	0.5264
92476IL0090108	EOXM	Choice Plus	79.6%	81.9%	Gold	0.6591
92476IL0090115	EOXL	Choice Plus	70.2%	71.9%	Silver	0.5857
92476IL0090111	EOXI	Choice Plus	80.8%	80.8%	Gold	0.6197
92476IL0090055	EOXD	Choice Plus	80.7%	80.7%	Gold	0.6218
92476IL0090114	EOXK	Choice Plus	71.7%	71.7%	Silver	0.5993
92476IL0090110	EOXH	Choice Plus	91.0%	91.0%	Platinum	0.7246
92476IL0090113	EOXJ	Choice Plus	90.1%	90.1%	Platinum	0.7458
92476IL0090125	EPK7	Choice Plus	89.6%	89.6%	Platinum	0.7142
92476IL0090252	EPK3	Choice Plus	82.0%	82.0%	Gold	0.6477
92476IL0090251	EPKZ	Choice Plus	80.4%	80.4%	Gold	0.6426
92476IL0090124	EPK6	Choice Plus	89.5%	89.5%	Platinum	0.7294
92476IL0090288	EPI2	Choice Plus	80.1%	81.9%	Gold	0.6724
92476IL0090301	EPI3	Core	80.1%	81.9%	Gold	0.5814
92476IL0090289	EPI4	Choice Plus	71.2%	72.0%	Silver	0.6055
92476IL0090314	EPLJ	Choice Plus	70.8%	72.0%	Silver	0.6057
92476IL0090302	EPI5	Core	71.2%	72.0%	Silver	0.5256
92476IL0090315	EPLK	Core - SIL	70.8%	72.0%	Silver	0.5576
92476IL0090284	EOXQ	Choice Plus	68.9%	71.6%	Silver	0.5810
92476IL0090316	EPLL	Choice Plus	69.0%	71.8%	Silver	0.5555
92476IL0090317	EPLM	Core - SIL	69.0%	71.8%	Silver	0.5125

4 June 2025

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

RE: UnitedHealthcare Insurance Company of Illinois
SERFF Rate Filing UHLC-134549388
SERFF Form Filing UHLC-134525925

Mr. Patton,

The purpose of the rate filing is to revise rates for products currently compliant with the Affordable Care Act (ACA) provisions. These rate changes apply to the entire state of Illinois.

The filing has a requested effective date of January 1, 2026. An actuarial memorandum and an experience spreadsheet are included within the filing.

The form numbers associated with this filing are:

POL26.I.2018.SG.IL
COC26.INS.2018.SG.IL
COC26.INS.2018.SG.IL.HSA

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

Please feel free to contact me if I may be of assistance during your review. I can be reached directly via e-mail at paul_j_knepp@uhc.com.

Respectfully,

A handwritten signature in dark ink, appearing to read "Paul J. Knepp", is written over a light blue dotted line.

Paul Knepp, FSA, MAAA
Sr. Director Actuarial Services

June 4, 2025

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

Re: UnitedHealthcare Insurance Company of Illinois
SERFF Tracking Number UHLC-134549388

Dear Acting Director Gillespie,

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

Trade Secret Documents:

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

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

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

If you have any questions with regards to our trade secret assertion, please do not hesitate to contact me via email at paul_j_knepp@uhc.com

Respectfully,
Paul Knepp, FSA, MAAA

Plan Year 2026 Public Rate Filing Summary for Individual and Small Group ACA-Compliant Plans
215 ILCS 5/355(d) and (e)

Company Name:	UnitedHealthcare Insurance Company of Illinois
SERFF Filing ID:	UHLC-134549388
Individual or Small Group:	Small Group
Effective Date:	1/1/2026
Exchange Information: (On-Exchange or Off-Exchange Only)	Off-Exchange Only
Product Type(s) Offered: (HMO, PPO, and/or POS)	POS
Metal Tiers Offered: (please list which metal tiers are offered)	Platinum, Gold, Silver, Bronze
Tobacco Rating Factors Used? (y/n)	n
Description of Service Areas:	Statewide, all counties
Rate Change Summary:	
Average Rate Change:	10.40%
Maximum Rate Change:	22.78%
Minimum Rate Change:	5.67%
Expected Number of People Affected:	31,291
Company Justification for Rate Change:	<p>There are many different healthcare cost trends that contribute to increases in the overall U.S. healthcare spending each year. These trend factors affect health insurance premiums, which can mean a premium rate increase to cover costs. Some of the key healthcare cost trends that have affected this year’s rate actions include:</p> <ul style="list-style-type: none">•Increasing cost of medical services: Annual increases in reimbursement rates to healthcare providers, such as hospitals, doctors, and pharmaceutical companies.•Increased utilization: The number of office visits and other services continues to grow. In addition, total healthcare
Expected Medical Loss Ratio:	79.0%
Expected Annual Medical Trend:	10.1%
Expected Administrative Cost Ratio:	11.2%
Any Other Relevant Comments: (optional)	

Comments from the public are welcome at DOI.HealthRateReview@illinois.gov through July 12, 2025.