

State: Illinois
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: IL UHCofIL SG TR 202601
Project Name/Number: /

Filing at a Glance

Company: UnitedHealthcare of Illinois, Inc.
Product Name: IL UHCofIL SG TR 202601
State: Illinois
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.004F Small Group Only - HMO
Filing Type: Rate
Date Submitted: 09/29/2025
SERFF Tr Num: UHLC-134684015
SERFF Status: Pending State Action
State Tr Num:
State Status: Assigned to Reviewer
Co Tr Num:

Effective 01/01/2026
Date Requested:
Author(s): Paul Knepp, Kevin Morris, Nadja Hibbert
Reviewer(s): Christina Roy (primary), Becky Sheppard, Beth Verticchio, George Korean
Disposition Date:
Disposition Status:
Effective Date:

State Filing Description:

State: Illinois
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: IL UHCofIL SG TR 202601
Project Name/Number: /

Filing Company: UnitedHealthcare of Illinois, Inc.

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: Group Market Size: Small
Group Market Type: Employer Overall Rate Impact: 8.8%
Filing Status Changed: 10/28/2025
State Status Changed: 09/29/2025 Deemer Date:
Created By: Nadja Hibbert Submitted By: Paul Knepp
Corresponding Filing Tracking Number:
State TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO) State Sub-TOI: HOrg02G.004F Small Group Only - HMO
PPACA: Not PPACA-Related
PPACA Notes: null
Include Exchange Intentions: No

Filing Description:

This filing is for the groups on the UHCofIL license that are not yet subject to the PPACA regulations for 1/1/26 and beyond. This filing changes pricing trend. There are no other changes to the filed rates. This filing is specific to Transitional Relief groups. A separate filing with the same rates was filed for the Grandfathered groups on this 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 of Illinois, Inc. CoCode: 95776 State of Domicile: Illinois
200 East Randolph Street Group Code: -99 Company Type: HMO
Ste 5300 Group Name: State ID Number: 95776
Chicago, IL 60601 FEIN Number: 36-3280214
(312) 803-5900 ext. [Phone]

State:

TOI/Sub-TOI:

Product Name:

Project Name/Number: /

Illinois

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

IL UHCofIL SG TR 202601

Filing Company:

UnitedHealthcare of Illinois, Inc.

Filing Fees

State Fees

Fee Required?

Retaliatory?

Fee Explanation:

No

No

SERFF Tracking #:	UHLC-134684015	State Tracking #:	Company Tracking #:
State:	Illinois	Filing Company:	UnitedHealthcare of Illinois, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	IL UHCofIL SG TR 202601		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	File & use
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	4.200%
Effective Date of Last Rate Revision:	01/01/2025
Filing Method of Last Filing:	File & use
SERFF Tracking Number of Last Filing:	UHLC-134221260

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 of Illinois, Inc.	Increase	8.800%	8.800%	\$49,480	5	\$562,272	8.800%	8.800%

State: Illinois
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: IL UHCofIL SG TR 202601
Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: UnitedHealthcare of Illinois, Inc.
HHS Issuer Id: 42529

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
HMO			35

Trend Factors:

FORMS:

New Policy Forms: COC.I.11.IL, POL.I.11.IL
Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 385
Benefit Change: Increase
Percent Change Requested: Min: 8.8 Max: 8.8 Avg: 8.8

PRIOR RATE:

Total Earned Premium: 562,271.90
Total Incurred Claims: 203,233.50
Annual \$: Min: 241.54 Max: 12,283.32 Avg: 1,460.45

REQUESTED RATE:

Projected Earned Premium: 618,068.54
Projected Incurred Claims: 469,580.26
Annual \$: Min: 262.79 Max: 13,364.25 Avg: 1,588.97

State:Illinois

Filing Company:UnitedHealthcare of Illinois, Inc.

TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:IL UHCofil SG TR 202601

Project Name/Number:/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate schedule		New		IL UHCofil SG TR 202601- rate schedule.pdf,

Illinois Small Employer Group (2-50) Rate Filing Rate Schedule

UnitedHealthcare of Illinois, Inc.

Non-PPACA (Grandfathered and Transitional Relief) Groups

Effective date: 1/1/26

Base Rates

The purpose of the rate filing is to increase pricing trends from 8.8% to 10.1% annually as of 1/1/26. The revised trends match what was filed for the ACA compliant plans for 1/1/26.

Market	Market Description	Medical Products	Medical	Rx
471	Chicago	HMO - Navigate	\$1,505.39	\$250.29
471	Chicago	HMO - Other	\$1,863.34	\$275.70

Age Factors

UnitedHealthcare's age/gender factors are shown below.

Age Band	Employee		Spouse		Child
	Male	Female	Male	Female	
20 - 24	0.328	0.752	0.328	0.752	0.545
25 - 29	0.409	0.983	0.409	0.983	0.545
30 - 34	0.521	1.143	0.521	1.143	0.545
35 - 39	0.668	1.139	0.668	1.139	0.545
40 - 44	0.828	1.170	0.828	1.170	0.545
45 - 49	1.059	1.378	1.059	1.378	0.545
50 - 54	1.452	1.665	1.452	1.665	0.545
55 - 59	1.890	1.966	1.890	1.966	0.545
60 - 64	2.559	2.335	2.559	2.335	0.545
65 Group Primary	3.451	2.784	3.451	2.784	0.545
65 Medicare Primary	1.251	1.251	1.251	1.251	0.545

No changes are being made to age/gender factors.

Effective Date Adjustments

The current annual pricing trend is 8.8% in all areas. This filing requests that the annual pricing trend be increased to 10.1%.

Actuarial Memorandum in Support of Illinois Small Employer Group (2-50) Rate Filing
UnitedHealthcare of Illinois, Inc.

Area Factors

Each area or market has its own start rate.

The chart below documents UnitedHealthcare's current area factors for the 471 market.

County	List of Zip Codes	Rating Factor
BOONE	All Zips	1.101
COOK	60004, 60005, 60006, 60007, 60008, 60009, 60016, 60017, 60018, 60019, 60025, 60026, 60029, 60053, 60056, 60062, 60068, 60070, 60090, 60095, 60104, 60107, 60130, 60131, 60133, 60141, 60153, 60154, 60155, 60159, 60160, 60161, 60162, 60163, 60164, 60165, 60168, 60169, 60171, 60173, 60176, 60179, 60193, 60194, 60196, 60301, 60302, 60303, 60304, 60305, 60402, 60453, 60454, 60455, 60456, 60458, 60459, 60499, 60501, 60513, 60525, 60526, 60534, 60546, 60558, 60638, 60644, 60666, 60682, 60701, 60707, 60714, 60804	0.790
COOK	60406, 60409, 60411, 60412, 60415, 60419, 60422, 60425, 60426, 60428, 60429, 60430, 60438, 60439, 60443, 60445, 60452, 60457, 60461, 60462, 60463, 60464, 60465, 60466, 60467, 60469, 60471, 60472, 60473, 60475, 60476, 60477, 60478, 60480, 60482, 60487, 60608, 60609, 60615, 60616, 60617, 60619, 60620, 60621, 60623, 60628, 60629, 60632, 60633, 60636, 60637, 60643, 60649, 60652, 60653, 60655, 60803, 60805, 60827	0.802
COOK	60055, 60067, 60074, 60078, 60094, 60192, 60195	0.816
COOK	60043, 60076, 60077, 60082, 60091, 60093, 60201, 60202, 60203, 60204, 60208, 60209, 60290, 60601, 60602, 60603, 60604, 60605, 60606, 60607, 60610, 60611, 60612, 60613, 60614, 60618, 60622, 60624, 60625, 60626, 60630, 60631, 60634, 60639, 60640, 60641, 60642, 60645, 60646, 60647, 60651, 60654, 60656, 60657, 60659, 60660, 60661, 60664, 60668, 60669, 60670, 60673, 60674, 60675, 60677, 60678, 60680, 60681, 60684, 60685, 60686, 60687, 60688, 60689, 60690, 60691, 60693, 60694, 60695, 60696, 60697, 60699, 60706, 60712	0.828
COOK	60022, 60038, 60065, 60079	0.866
DEKALB	All Zips	0.900
DUPAGE	60101, 60103, 60105, 60106, 60108, 60116, 60117, 60126, 60128, 60132, 60137, 60138, 60139, 60143, 60148, 60157, 60172, 60181, 60188, 60191, 60197, 60199, 60399, 60514, 60515, 60516, 60517, 60521, 60522, 60523, 60527, 60532, 60559, 60561, 60572	0.790
DUPAGE	60122	0.816
DUPAGE	60184, 60185, 60186, 60187, 60189, 60190	0.820
DUPAGE	60502, 60503, 60504, 60519, 60540, 60555, 60563, 60565, 60566, 60567, 60598, 60599	0.916
GRUNDY	All Zips	0.893
IROQUOIS	All Zips	0.900
KANE	60568	0.790
KANE	60109, 60110, 60118, 60120, 60121, 60123, 60124, 60136, 60140, 60170, 60177	0.816
KANE	60119, 60134, 60144, 60147, 60151, 60174, 60175, 60183, 60510, 60539	0.820
KANE	60505, 60506, 60507, 60511, 60542, 60554	0.916
KANKAKEE	All Zips	1.000
KENDALL	60536, 60537, 60512, 60538, 60541, 60543, 60545, 60560	0.916
LA SALLE	All Zips	1.120
LAKE	60015, 60049, 60089	0.790
LAKE	60010, 60011, 60020, 60041, 60042, 60047, 60073, 60084	0.816
LAKE	60010, 60002, 60030, 60031, 60035, 60037, 60040, 60044, 60045, 60046, 60048, 60060, 60061, 60064, 60069, 60075, 60083, 60085, 60086, 60087, 60088, 60092, 60096, 60099	0.866
MCHENRY	60001, 60012, 60013, 60014, 60021, 60033, 60034, 60039, 60050, 60051, 60071, 60072, 60081, 60097, 60098, 60102, 60142, 60152, 60156, 60180	0.816
WILL	60401, 60417, 60423, 60448, 60449, 60468, 60484	0.802
WILL	60403, 60404, 60408, 60410, 60421, 60431, 60432, 60433, 60434, 60435, 60436, 60441, 60442, 60446, 60451, 60481, 60490, 60491, 60544, 60585, 60586	0.833
WILL	60440, 60564	0.916
WINNEBAGO	All Zips	0.935

No changes are being made to area factors.

Size Factors

The chart below documents UnitedHealthcare's current size factors.

Group Size	Factor
1-2	1.30
3-4	1.00
5-10	0.93
11-15	0.87
16-50	0.90

No changes are being made to size factors.

Plan Relativity Factors

The chart below displays a sample of UnitedHealthcare's plan codes with associated benefit plan relativity (or plan factor) for medical plans.

Plan Code	Rel	Plan Code	Rel
IS2	0.8369	X3E	0.8559
ILC	0.8895	X3F	1.0423
ILD	0.8810	X3I	0.9836
ILE	0.8770	X3J	0.9250
HMA	0.8499	X3G	0.9552
HMB	0.9027	X3H	0.8947
HMC	0.8295	X3K	0.8411
PVA	1.0768	IUW	1.0190
PVB	1.0345	IUX	0.9925
PVC	0.8230	IUZ	0.9551
PVD	0.7873	IU1	0.9404
PVE	0.7646	IU5	0.8928
PVF	0.9740	IU7	0.8473
PVG	0.9215	IU8	0.8056
PVH	0.8753	IUY	0.9821
X3A	1.0671	IU2	0.8969
X3B	1.0264	IU3	0.8488
X3C	0.9598	IU6	0.8511
X3D	0.9039		

Actuarial Memorandum in Support of Illinois Small Employer Group (2-50) Rate Filing
UnitedHealthcare of Illinois, Inc.

The chart below displays a sample of UnitedHealthcare's plan codes with associated benefit plan relativity (or plan factor) for Rx plans.

Rx Code	Rel
2V	0.683
H9	0.762
2VHSA	-
H9HSA	-
5S	0.637
5U	0.681
5V	0.574

With respect to benefit plan relativities (plan factors); plan factors for all plans are set at a consistent level based on benefit plan design differentials.

No changes are being made to plan relativity factors.

Industry Factors

The chart below displays UnitedHealthcare's Industry Factor table by Standard Industrial Classification (SIC) code.

Market: 471			Market: 471			Market: 471		
SIC CODE Range		Factor	SIC CODE Range		Factor	SIC CODE Range		Factor
1	740	1.000	4500	4811	1.000	8070	8070	1.000
741	742	0.900	4812	4822	0.950	8071	8099	1.150
743	750	1.000	4823	4951	1.000	8100	8110	1.000
751	752	0.900	4952	4959	1.100	8111	8111	1.100
753	760	1.000	4960	5510	1.000	8112	8230	1.000
761	783	1.050	5511	5521	1.100	8231	8231	0.950
784	910	1.000	5522	5540	1.000	8232	8321	1.000
911	971	1.100	5541	5599	1.100	8322	8399	1.100
972	1010	1.000	5600	5811	1.000	8400	8710	1.000
1011	1099	1.200	5812	5813	1.200	8711	8748	0.950
1100	1210	1.000	5814	5920	1.000	8749	8810	1.000
1211	1241	1.200	5921	5921	1.200	8811	8811	1.200
1242	1310	1.000	5922	5991	1.000	8812	9110	1.000
1311	1389	1.200	5992	5992	1.200	9111	9199	1.050
1390	1410	1.000	5993	6010	1.000	9200	9210	1.000
1411	1499	1.200	6011	6099	0.900	9211	9229	1.050
1500	1610	1.000	6100	6110	1.000	9230	9310	1.000
1611	1629	1.100	6111	6163	0.900	9311	9311	1.050
1630	2410	1.000	6164	6711	1.000	9312	9410	1.000
2411	2421	1.200	6712	6799	0.900	9411	9451	1.050
2422	2425	1.000	6800	7230	1.000	9452	9510	1.000
2426	2499	1.100	7231	7241	1.100	9511	9532	1.050
2500	2710	1.000	7242	7298	1.000	9533	9610	1.000
2711	2796	0.950	7299	7299	1.100	9611	9661	1.050
2797	3311	1.000	7300	7341	1.000	9662	9710	1.000
3312	3399	1.100	7342	7349	1.100	9711	9721	1.050
3400	3611	1.000	7350	7360	1.000	9722	9999	1.000
3612	3710	0.950	7361	7361	1.100			
3711	3811	1.000	7362	7362	1.000			
3812	3829	0.950	7363	7363	1.200			
3830	4010	1.000	7364	7370	1.000			
4011	4013	1.100	7371	7379	0.900			
4014	4110	1.000	7380	7380	1.000			
4111	4173	1.100	7381	7381	1.100			
4174	4200	1.000	7382	7910	1.000			
4201	4299	1.100	7911	7999	1.100			
4300	4411	1.000	8000	8010	1.000			
4412	4412	1.200	8011	8049	1.150			
4413	4423	1.000	8050	8050	1.000			
4424	4499	1.200	8051	8069	1.150			

No changes are being made to industry factors.

State:	Illinois	Filing Company:	UnitedHealthcare of Illinois, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	IL UHCofIL SG TR 202601		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Review Requirement Checklist
Comments:	
Attachment(s):	ChecklistForRenewalsCB2014-04_IL SG UHCofIL TR 202601_v2.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	IL UHCofIL SG TR 202601 - cover letter.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certificate of Compliance
Comments:	
Attachment(s):	Exhibit A-Cert of Compliance - UHCofIL TR 202601.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Part II Memorandum
Comments:	
Attachment(s):	IL_UHCofIL_TR_PartII_2026.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum - redacted
Comments:	
Attachment(s):	Illinois SG UHCofIL TR 202601 Memorandum_v2_Redacted.pdf
Item Status:	
Status Date:	



Illinois Department of Insurance

PAT QUINN
Governor

ANDREW BORON
Director

CHECKLIST FOR RENEWAL OF EXISTING POLICY PLANS

As referenced in Company Bulletin CB 2014-03, the following are additional guidelines for submitting rate filings:

- 1) Where a company chooses to continue using the last set of rates that were given a SERFF disposition of "Filed" by DOI, no further actuarial review by DOI will be required. These filings should be submitted to DOI no later than fifteen (15) days prior to the date the company intends to implement the rates.

Updates to the manual rates already on file are as follows: Trends are being increased and extended to January 2026 and beyond.

- 2) Where a company chooses to use rates that are different than the last set of rates that were given a SERFF disposition of "Filed" by DOI, then the following apply:
 - a) A rate filing changing trend only will result in an expedited DOI actuarial review with an estimated completion time of two (2) weeks.
 - b) A rate filing changing any other assumptions/factors other than trend will result in a full actuarial review.

**Updates to the manual rates already on file are as follows: Trends are being increased and extended to January 2026 and beyond.
The cover letter indicates that 2a above applies to this filing.**

- 3) All rate filings should contain at a minimum the information set out in this paragraph. The failure to include such information, requiring a subsequent request to the company for same, will result in a commensurate delay in actuarial review times. The required information follows:
 - a) A cover letter indicating the following:
 - i) The rate filing option the company has chosen (either 1, 2a, or 2b above);
 - ii) The SERFF filing number for the last "Filed" rate filing;
 - iii) The trend used in the last "Filed" rate filing; and
 - iv) The intended implementation date of the rates.

The cover letter is attached in SERFF.

- b) An actuarial memorandum including:
 - i) Proposed effective date;
 - ii) Requested rate increase – from current rates and annual;

- iii) Reason for rate increase (attribution analysis);
- iv) Historical rate increases;
- v) Target loss ratio for the rating and two preceding periods;
- vi) Historic loss ratios;
- vii) Benefit description including:
 - A) Type of Policy
 - B) Benefits
 - C) Renewability
 - D) General Marketing Method
 - E) Underwriting Method,
 - F) Premium Classifications
 - G) Age Basis and Issue Age
- viii) Market (individual or small group);
- ix) Average premium before and after rate increase;
- x) Historical financial experience (earned premiums, incurred claims, resulting loss ratios, policyholders, covered lives, member months, etc. by calendar year since inception of product);
- xi) Description and demonstration of the development of proposed base rate increase describing the source of each assumption used including trends, lapse rates, and interest rates;
- xii) Description and demonstration of all changes in rating factors;
- xiii) Base period experience including:
 - A) Base period from and through dates
 - B) Paid through date
 - C) Completion methodology and average factors and IBNR
 - D) Contract reserves
 - E) Allowed claims experience by service type
 - F) Paid claims experience by service type
 - G) Corresponding member months
 - H) Credibility analysis
 - I) Treatment of large claims and development of pooling charges and credits
- xiv) Treatment of reinsurance;
- xv) Projected policyholders, individuals and member months;
- xvi) Projection factors by type of service (inpatient, outpatient, professional, other and prescription drug), including:
 - A) Utilization
 - B) Cost
 - C) Service mix
- xvii) Experience adjustments:
 - A) Due to benefit changes
 - B) Due to demographic changes
- xviii) Historic trends should be provided, if not provided in prior filings;
- xix) Summary of changes in filing from previous filing (benefits, rating factors, administrative costs, gain/loss margins etc.);
- xx) Loss ratio with and without proposed rate increase;
- xxi) Cumulative, future and lifetime loss ratios;
- xxii) Company's State rebate MLR for this market with credibility adjustment;

- xxiii) Explanation when the future loss ratio is not consistent with the federal rebate MLR;
- xxiv) Administrative costs and load included in rates; and
- xxv) Rate filing disclosure form required for “unreasonable” rate increases.

These items are addressed in the Actuarial Memorandum.

If you have any questions regarding this checklist, please contact Susan Lamb at susan.lamb@illinois.gov.

-2-

9/25/2025

25 September, 2025

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

RE: UnitedHealthcare of Illinois – Transitional Relief (non-PPACA compliant plans)
SERFF Filing UHLC-134684015

Mr. Patton,

The purpose of the rate filing is to extend the pricing trend to 1/1/26 and beyond. The current filed and approved pricing trend is 8.8% and this filing is requesting that be increased to 10.1%. No other rates are being revised with this filing. This is a new rate filing. Please refer to SERFF # UHLC-134221260 for our last filed rate filing.

This filing is subject to the review described in 2a on the “ChecklistForRenewalsCB2014-04_IL SG UHCofIL TR 202601”.

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:
COC.I.11.IL, POL.I.11.IL

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

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

Respectfully,

A handwritten signature in black ink, appearing to read "Paul Knepp", enclosed within a rectangular border.

Paul Knepp, FSA, MAAA

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

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

Section 916.EXHIBIT A Certificate of Compliance

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

CERTIFICATE OF COMPLIANCE
UnitedHealthcare of Illinois, Inc.

(Company Name)

By: Paul Knepp Title: Senior Director Actuarial Services

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

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

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

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

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

In utilizing the procedure for policy form filing and approval set forth in 50 Ill. Adm. Code 916, UnitedHealthcare of Illinois, Inc. hereby expressly agrees and consents to a review, by the Director, to be made at any time, and further hereby expressly agrees and consents to the discontinuance by the company of future use of the approved policy forms, 30 days from the date of mailing an order of withdrawal issued by the Director pursuant to Section 143(1) of the Illinois Insurance Code. The order shall set forth the reasons why the previously approved policy forms are violative of or contrary to the provisions of the Illinois Insurance Code or all provisions of 50 Ill. Adm. Code applicable to policy forms. Each company shall have the right to request a hearing within that 30 day period. The request shall be made in writing to the Director. The order of withdrawal shall be stayed and the company shall be given a hearing under the provisions of Sections 143(1), 401(c), 401.1, 402(2), 426 and 429 of the Illinois Insurance Code [215 ILCS 5/143(1), 401(c), 401.1, 402(2), 426 and 429] and 50 Ill. Adm. Code 2402, as may be applicable, to determine:

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

UnitedHealthcare of Illinois, Inc.

(Company Name)

By:



(Signature)

Title: Senior Director Actuarial Services

Date: 9/25/25

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

UnitedHealthcare of Illinois, Inc. (UnitedHealthcare)
Part II - Written Rate Justification for Consumers

(1) Scope and Range of the Rate Change

The requested rate change for Small group health benefit plans sold in the state of Illinois to Transitional Relief Groups will be effective January 1, 2026 and impact 35 covered lives. The rate change experienced by members will vary depending on plan selection and geographic area. The average 2026 rate increase is 8.8%, with a maximum increase of 8.8% and a minimum increase of 8.8%. Additional premium changes may occur upon renewal due to changes in member age, changes in plan selection, and changes in geographic location.

The rates in this filing are based on the actual claims experience of Illinois Small groups in calendar year 2024. That experience has been projected forward to the contract period starting January 1st, 2026. The rate projection process used our estimates of the expected cost per service and the frequency that our member's use service.

(2) Financial Experience of the Product

The benefit care ratio (the relationship of incurred claims to received premiums) for this product during the 2024 calendar year is 36.1%. This ratio is the portion of premium that is needed to pay medical claims. The remaining 63.9% of the benefit care ratio is the portion of premium remaining for taxes and fees, administrative expenses, and profit. This is based on a small and shrinking population with limited credibility.

Historical benefit care ratios are:

Year	Benefit Cost Ratio
2022	49.3%
2023	145.8%
2024	36.1%

Note that benefit care ratio is not the same as Medical Loss Ratio, which is also projected to be over 80%.

(3) Changes in Medical Service Costs

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:

- 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 spending will vary by the intensity of care and use of different types of health services. The price of care can be affected by the use of expensive procedures such as surgery versus simply monitoring or providing medications.
- Higher costs from deductible leveraging: Healthcare costs continue to rise every year. Because deductibles and copayments remain the same on many plans, a higher percentage of healthcare costs need to be covered by health insurance premiums each year.
- Cost shifting from the public to the private sector: Reimbursements from the Centers for Medicare and Medicaid Services (CMS) to hospitals do not generally cover the cost of providing care to these patients. 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 healthcare spending and utilization.

- Rates were not adjusted due to the effective repeal of the Affordable Care Act's so-called individual mandate to have health insurance coverage.

(4) Administrative Costs and Anticipated Margins

UnitedHealthcare works to control administrative expenses by adopting better processes and technology and developing programs and innovations that make healthcare more affordable. Taxes and fees imposed by the State and Federal government impact healthcare spending and have to be included in the administrative costs associated with the plans. Another component of premium is profit, which is set to address expected volatility and risk in the market. The resulting federally prescribed, single- year MLR is estimated to be greater than 80%.

The requested rate change is anticipated to be sufficient to cover the projected benefit and administrative costs for the 2026 plan year.

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

UnitedHealthcare of Illinois, Inc.

Non-PPACA (Transitional Relief) Groups

Effective date: 1/1/26

Actuarial Memorandum in Support of Illinois Small Employer Group (2-50) Rate Filing
UnitedHealthcare of Illinois, Inc.

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Scope and Purpose of Filing

The purpose of this memorandum is to provide relevant actuarial information regarding the development of premium rates for small employer group insurance sold by UnitedHealthcare of Illinois, Inc. (UnitedHealthcare). Small group to UnitedHealthcare means groups with between 2 and 50 eligible employees (2-50); that is, employer groups that are subject to small employer group health insurance regulations as promulgated in Illinois Code (IC) 215 ILCS 93. The rates are applicable for medical (including drug) expense benefits. This rate filing is prepared according to the Illinois Department of Insurance – “Rate filing actuarial memorandum and justification review standards” document. This rate filing is specific to the rates for transitional groups. A separate filing with the exact same rates will be submitted for Grandfathered groups. The rate filing for ACA groups was also filed separately.

This filing should not be used for any other purpose.

Requested Rate Action

[REDACTED]

Status

These rates are only open to groups with coverage prior to 2014. It is not open to new business.

Description of Benefits

Group comprehensive medical and prescription drug benefit plans sold to 2-50 employer groups.

Renewability Clause

Consistent with Illinois law at 215 ILCS 97/30, group policies issued to Small employers are guaranteed to be renewable at the option of the employer. Issues that could result in termination of a guaranteed renewable policy are described in the statute and the policy and include: nonpayment of premium; failure to meet group participation or contribution requirements; fraud or misrepresentation of a material fact; the discontinuation of the particular type of policy issued to the group; or the insurer's decision to exit the group health insurance market in the state.

Applicability

These rates do not apply to new business. They are only applicable to the existing block of business, established prior to 2014.

Morbidity

The calendar year 2024 incurred claims were used. Those claims were paid through May 2025 and assumed to be 100% complete with no IBNR. There were no contract reserves. The allowed claims by service type are shown in the Rate Review justification (RRJ). The RRJ included experience from groups subject to the Affordable Care Act (ACA) on this license to add credibility and those combined claims are Illinois Small Group Actuarial Memorandum for UHCofIL TR 202601
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considered 100% credible. No adjustment was made for large claims. This is then trended forward to the midpoint of the future rating period. That adjusted, trended experience claim per member per month (PMPM) is compared to the current manual claim adjusted to reflect the experience base's case characteristics such as benefit plan, age/gender, industry, and area.

This data is based on UnitedHealthcare's own experience under this license for Small employers located in Illinois.

Mortality

This product is offered on an annual contract basis. As such mortality assumptions are not used in the rating process and therefore are not applicable to this filing. Mortality assumptions (i.e. probabilities of death) more pertain to business that relates to the survival of policyholders such as life insurance. Group health insurance, however, does not use these assumptions in the development of anticipated health care costs (and resultant premiums). Group health insurance uses morbidity assumptions - estimates of the relative health risk of a population of individuals.

Persistency

This product is offered on an annual contract basis. As such persistency assumptions are not used in the rating process and therefore are not applicable to this filing. Persistency, or more important, lapse assumptions more pertain to long term individual health products such as long term disability and long term care. These are so-called lapse-supported product lines. Group health insurance, however, does not use these assumptions in the development of anticipated health care costs (and resultant premiums). Group health insurance uses morbidity assumptions - estimates of the relative health risk of a population of individuals.

Expenses

[REDACTED] This includes administration, commissions, premium tax, profit, and risk margin.

Please note that this expense calculation does not match the expense calculation used in the loss ratio calculation as defined by PPACA.

Marketing Method

The market for this product is Small employers with between 2 and 50 employees. The product is sold to employers usually via a broker.

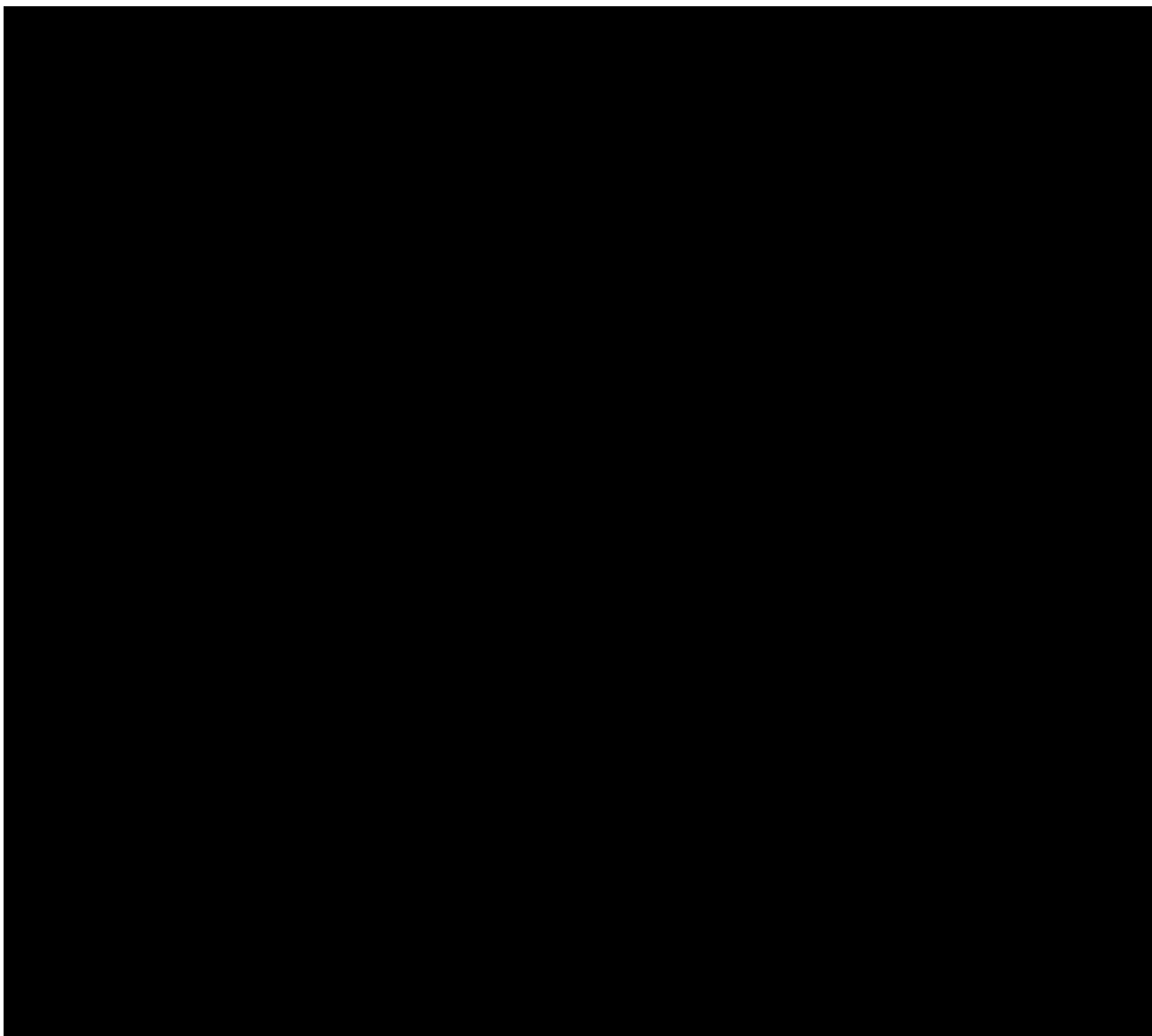
Underwriting

Underwriting considers many group case characteristics in their process, such as ongoing medical claims, demographics, and market considerations. These considerations are all subject to the specific requirements of Section 25 of the Small Employer Health Insurance Rating Act [215ILCS92/25].

Premium Classes

Manual rates vary by age, gender, effective date of coverage, geographic area, group size, benefit plan, and industry.

Area Factors



Issue Age Range

Age factors used in the manual rate calculation are based on age of members as of the effective date of coverage. No age factors are being changed in this filing.

Average Annual Premium

[REDACTED]

These average annual premiums do not reflect the projected impact of pricing trends, demographic changes, nor benefit plan changes. These average annual premiums are based on the groups that are known to be transitional relief groups as of this filing.

Premium Modalization Factors

Premiums are billed on a monthly basis and no modalization factors are used.

Trend Assumptions – Medical and Insurance

[REDACTED]

UnitedHealthcare's Pricing Trend is determined by our Healthcare Economics (HCE) department using a sophisticated proprietary forecasting model which is updated / reevaluated periodically. This Pricing Trend model considers changes in unit cost, utilization, mix of services, leveraging, mandates, calendar workdays, and other important determinants of future health care costs.

[REDACTED]

At UHC, HCE is responsible for all trend management issues (i.e. study, forecast and recommendation). Due to how this task is assigned within UHC, I am not able to completely judge the reasonableness of the assumptions produced by HCE without performing substantial additional work beyond what is required to produce this rate filing.

Minimum Required Loss Ratio for the Form

To the best of my knowledge, the state of IL does not have a minimum loss ratio requirement for group comprehensive medical and drug coverage for employers with 2-50 employees. PPACA does have a minimum loss ratio requirement of 80% for Small groups.

Anticipated Loss Ratio

[REDACTED]

Please note that this expense calculation does not match the Federal Medical Loss Ratio calculation used in the loss ratio calculation as defined by PPACA.

Distribution of Business

The distribution of the 2-50 transitional relief business in IL as of August 2025 on this license is:

[REDACTED]

Contingency and Risk Margins

[REDACTED] This includes administration, commissions, premium tax, profit, and risk margin.

Please note that this expense calculation does not match the expense calculation used in the loss ratio calculation as defined by PPACA.

Experience on the Form

[REDACTED]

The projections above are based on the groups that are known to be transitional relief as of this filing. Actual results will vary depending on how many groups remain on non-PPACA plans.

Please note that this expense calculation does not match the Federal Medical Loss Ratio calculation used in the loss ratio calculation as defined by PPACA.

Lifetime Loss Ratio

Not applicable. This is an annually rated product.

History of Rate Adjustments

Number of Policyholders

Nationwide data is not readily available.

Proposed Effective Date

The rates presented in this filing are for effective dates of coverage beginning 1/1/2026.

Actuarial Qualifications

I, [REDACTED] am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I satisfy the 2024 continuing professional development requirements of the Academy and

therefore am qualified to issue this 2025 statement of actuarial opinion. I have reviewed applicable ASOPs during the preparation of this rate filing.

Other Actuarial Disclosures:

- This rate filing document is uniquely identified with date/time stamp and filename shown in the document footer
- The intended user of this rate filing is the Illinois Department of Insurance
- There are no cautions with regards to risk or uncertainty in the items discussed in the rate filing
- This rate filings should not be used for any other purpose than which is stated in the “Scope and Purpose of Filing” section. Within that context, there are no limitations or constrains on the use or applicability of the rating items discussed herein.
- There are no conflicts of interest with regards to my production of this rate filing
- I rely on the actuaries within our Healthcare Economics department (HCE) to produce pricing trend assumptions. At UnitedHealthcare HCE is responsible for all trend management issues (i.e. study, forecast, and recommendation). Due to how this task is assigned within UnitedHealthcare, I am not able to completely judge the reasonableness of the assumptions produced by HCE without performing substantial additional work beyond what’s required to produce this rate filing.

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

Actuarial Certification

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

Final Comments

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

