
State: Illinois **Filing Company:** UnitedHealthcare of Illinois, Inc.
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: IL IFP 2027
Project Name/Number: /

Filing at a Glance

Company: UnitedHealthcare of Illinois, Inc.
Product Name: IL IFP 2027
State: Illinois
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02I.005D Individual - HMO
Filing Type: Rate
Date Submitted: 06/02/2026
SERFF Tr Num: UHLC-134951297
SERFF Status: Assigned
State Tr Num:
State Status: Assigned to Reviewer
Co Tr Num: IL IFP 2027 - RATE

Effective: 01/01/2027
Date Requested:
Author(s): Joanna Hall, Kyle Hall, Andrew Edwards, Mia Chen, Laurel Hazard, Corey Spitzer
Reviewer(s): Christina Roy (primary), Becky Sheppard, Beth Verticchio
Disposition Date:
Disposition Status:
Effective Date:

State Filing Description:

State: Illinois
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: IL IFP 2027
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: Individual
Submission Type: New Submission Individual Market Type: Individual
Overall Rate Impact: Filing Status Changed: 06/03/2026
State Status Changed: 06/03/2026
Deemer Date: Created By: Mia Chen
Submitted By: Mia Chen Corresponding Filing Tracking Number:
State TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)
State Sub-TOI: HOrg02I.005D Individual - HMO
PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null
Exchange Intentions: Includes rates for plans to be sold on and off the Health Insurance Exchange

Filing Description:

This is a filing for new plans and rates effective 1/1/2027.

Company and Contact

Filing Contact Information

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414-443-4011 [Phone]

Filing Company Information

UnitedHealthcare of Illinois, Inc.
200 East Randolph Street
Ste 5300
Chicago, IL 60601
(312) 803-5900 ext. [Phone]

CoCode: 95776
Group Code: -99
Group Name:
FEIN Number: 36-3280214

State of Domicile: Illinois
Company Type: HMO
State ID Number: 95776

State: Illinois

Filing Company: UnitedHealthcare of Illinois, Inc.

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

Product Name: IL IFP 2027

Project Name/Number: /

Filing Fees

State Fees

Fee Required?No

Retaliatory?No

Fee Explanation:

State:Illinois

Filing Company:UnitedHealthcare of Illinois, Inc.

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

Product Name:IL IFP 2027

Project Name/Number:/

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

%

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

SERFF Tracking Number of Last Filing:

UHLC-134673116

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	12.347%	12.347%	\$62,870,404	40,956	\$509,188,991	15.479%	6.952%

State: Illinois **Filing Company:** UnitedHealthcare of Illinois, Inc.
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Product Name: IL IFP 2027
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
UHC IND HMO	42529IL007		51296
UHC IND HMO ADAV	42529IL008		7772

Trend Factors: Included in URRT

FORMS:

New Policy Forms: POL27.H.2022.IEX.IL.ADV, POL27.H.2022.IEX.IL.BASE,
POL27.H.2022.IEX.IL.RXDED, POL27.H.2022.IEX.IL.ADV.RXDED,
POL27.H.2022.IEX.IL.ADV.OFF, POL27.H.2022.IEX.IL.BASE.OFF,
POL27.H.2022.IEX.IL.ADV.RXDED.OFF, POL27.H.2022.IEX.IL.RXDED.OFF

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 377,367
Benefit Change: None
Percent Change Requested: Min: 6.95 Max: 15.48 Avg: 12.35

PRIOR RATE:

Total Earned Premium: 509,188,991.00
Total Incurred Claims: 413,935,006.00
Annual \$: Min: 227.14 Max: 2,794.24 Avg: 714.51

REQUESTED RATE:

Projected Earned Premium: 413,626,955.00
Projected Incurred Claims: 338,608,815.00
Annual \$: Min: 237.63 Max: 3,525.05 Avg: 802.73

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Product Name:	IL IFP 2027			
Project Name/Number:	/			

URRT

State Determination

Review Status:	Incomplete
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UnitedHealthcare of Illinois, Inc.

Part II: Written Justification of Rate Increase

Illinois 2027 Individual Exchange Rates

June 2, 2026



Part II: Written Description Justifying the Rate Increase

The following memorandum describes the key drivers of the rate changes of individual rates for UnitedHealthcare of Illinois, Inc. ("UHCIL"). UHCIL policies are individual medical plans offered in Illinois and are fully compliant with the Patient Protection and Affordable Care Act.

Scope and Range of the Rate Increase

UHCIL is filing 2027 rates for individual products. The proposed rate change is 12.3% and will affect 59,068 individuals. The rate changes vary between 7.0% and 15.5%. Given that the rate changes are based on the same single risk pool, the rate changes vary by plan due to plan design changes. Rate changes by plan are summarized below.

2027 Plan ID	Plan Name	Rate Change
42529IL0070021	UHC Bronze Standard Open (Virtual Urgent Care, HSA, No Referrals)	10.4%
42529IL0070023	UHC Bronze Copay Focus Open (Virtual Urgent Care, HSA, No Referrals)	9.8%
42529IL0070035	UHC Bronze Value Open (Virtual Urgent Care, Rx Copay, No Referrals)	11.5%
42529IL0080006	UHC Bronze Copay Focus+ Open (Virtual Urgent Care, HSA, Dental + Vision, No Referrals)	9.1%
42529IL0080009	UHC Bronze Value+ Open (Virtual Urgent Care, Rx Copay, Dental + Vision, No Referrals)	10.9%
42529IL0070030	UHC Bronze Essential Open (Virtual Urgent Care, HSA, No Referrals)	7.0%
42529IL0070013	UHC Silver Copay Focus Open (Virtual Urgent Care, No Referrals)	14.2%
42529IL0070017	UHC Silver Standard Open (Virtual Urgent Care, No Referrals)	15.3%
42529IL0070025	UHC Silver Advantage Open (Virtual Urgent Care, Rx Copay, No Referrals)	13.5%
42529IL0070031	UHC Silver-X Standard Open (Virtual Urgent Care, No Referrals) (Off-Exchange Only)	12.9%
42529IL0070032	UHC Silver-X Advantage Open (Virtual Urgent Care, Rx Copay, No Referrals) (Off-Exchange Only)	14.1%
42529IL0070033	UHC Silver-X Copay Focus Open (Virtual Urgent Care, No Referrals) (Off-Exchange Only)	13.0%
42529IL0080001	UHC Silver Advantage+ Open (Virtual Urgent Care, Rx Copay, Dental + Vision, No Referrals)	13.2%
42529IL0080004	UHC Silver Standard+ Open (Virtual Urgent Care, Dental + Vision, No Referrals)	13.1%
42529IL0080007	UHC Silver Copay Focus+ Open (Virtual Urgent Care, Dental + Vision, No Referrals)	15.5%
42529IL0070012	UHC Gold Standard Open (Virtual Urgent Care, Rx Copay, No Referrals)	14.8%
42529IL0070027	UHC Gold Copay Focus Open (Virtual Urgent Care, No Referrals)	14.4%
42529IL0070034	UHC Gold Advantage Open (Virtual Urgent Care, No Referrals)	14.1%
42529IL0080008	UHC Gold Advantage+ Open (Virtual Urgent Care, Dental + Vision, No Referrals)	13.1%
42529IL0080010	UHC Gold Copay Focus+ Open (Virtual Urgent Care, Dental + Vision, No Referrals)	New Plan
42529IL0080011	UHC Gold Standard+ Open (Virtual Urgent Care, Rx Copay, Dental + Vision, No Referrals)	New Plan

Financial Experience of the Product

The premium collected in plan year 2025 was \$219,375,204. Incurred claims during this period were \$138,061,146 and UHCIL expects payments of \$43,527,785 for risk adjustment. The loss ratio, or portion of premium required to pay medical claims, for plan year 2025 is 82.78%.

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 using expensive procedures such as surgery versus simply monitoring or providing medications.
- Higher costs from deductible leveraging: Healthcare costs continue to rise every year. If deductibles and copayments remain the same, a higher percentage of healthcare costs need to be covered by health insurance premiums each year.
- 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.
- Changes in market morbidity: Premiums reflect a modest increase in expected claims costs due to federal changes to premium subsidy eligibility for certain immigrant populations in 2027. These changes are expected to lead to some healthier members exiting coverage, resulting in a slightly higher average risk level and a small upward impact on premiums.

Changes in Benefits

Changes in benefits impact costs and therefore affect premium changes. Plan benefits are typically changed for one of three reasons: to comply with the requirements of the Affordable Care Act or state law, to respond to consumer feedback, or to address a particular medical cost issue to provide greater long-term affordability of the product.

The Affordable Care Act implemented requirements for the “value” that must be offered by plan designs in the Individual and Small Group markets. These are called “metal levels”. For a benefit plan to remain classified within a particular metal level from year to year, adjustments to deductibles, copayments or coinsurance are sometimes required. These adjustments impact the cost and therefore the premium increases for the plan.

Administrative Costs and Anticipated Margins

UHCIL works to directly control administrative expenses by adopting better processes and technology and developing programs and innovations that make healthcare more affordable. We have led the marketplace by introducing key innovations that make healthcare services more accessible and affordable for customers, improve the quality and coordination of healthcare services, and help individuals and their physicians make more informed healthcare decisions.

Taxes and fees imposed by the state and federal government are significant factors that impact healthcare spending and must be included as additional administrative costs associated with the plans. These fees include Affordable Care Act taxes and fees which impact health insurance costs and need to be reflected in premium. Another component of premium is margin, which is set to address expected volatility and risk in the market.



The requested rate change is anticipated to be sufficient to cover the projected benefit and administrative costs for the 2027 plan year.



SERFF Tracking #:	UHLC-134951297	State Tracking #:	Company Tracking #:	IL IFP 2027 - RATE
State:	Illinois	Filing Company:	UnitedHealthcare of Illinois, Inc.	
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO			
Product Name:	IL IFP 2027			
Project Name/Number:	/			

URRT Items

Item Name	Attachment(s)
Actuarial Memorandum - Redacted	il_42529_uhcil_both_ind_redactedam_v01_060226.pdf



UnitedHealthcare of Illinois, Inc.

Part III: Actuarial Memorandum

Illinois 2027 Individual Exchange Rates

June 2, 2026



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1 Actuarial Memorandum

This memorandum documents the development of Individual market health insurance premium rates for UnitedHealthcare of Illinois, Inc. (“UHCIL”). UHCIL is offering Individual health insurance products on and off the Exchange in the Bronze, Silver and Gold metal tiers, with the premium rates documented in this memorandum effective January 1, 2027. The proposed plans are shown in Appendix A.

Considerations for the Regulatory Environment

The rates presented and submitted here were developed assuming that CSR payments are not funded by the federal government in 2027 and the cost of these payments will instead be funded through member premiums and Advanced Premium Tax Credits. Should the federal government fund CSRs, UHCIL reserves the right to amend this rate filing to assure rate reasonability to the extent permitted by the State of Illinois and the federal government. These rates reflect the expiration of enhanced Advanced Premium Tax Credit levels after 2025 and assume continuation of this environment into 2027.

This version of the actuarial memorandum is considered PUBLIC and hence does not contain information determined to be TRADE SECRET. A separate actuarial memorandum was submitted and deemed TRADE SECRET, which included all proprietary information related to UHCIL. TRADE SECRET information includes the following, but not limited to: UHCIL assumptions, assumptions and methodologies that could provide insight into UHCIL’s pricing strategy and contract reimbursement information.

2 General Information Section

Company Identifying Information

Company Legal Name: UnitedHealthcare of Illinois, Inc.
 State: Illinois
 HIOS Issuer ID: 42529
 Market: Individual
 Effective Date: January 1, 2027

Company Contact Information

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



3 Proposed Rate Changes

UHCIL will sell Individual policies with an effective date of January 1, 2027. The 2027 aggregate rate change as shown on the Unified Rate Review Template (URRT) is [REDACTED]. Rate changes by plan are found in Worksheet 2, row 1.11 of the URRT. The quantitative impact for all significant factors driving the proposed rate change is shown in the table below.

[Table Redacted]

[REDACTED]

4 Market Experience

4.1 Experience and Current Period Premium, Claims, and Enrollment

Paid Through Date: [REDACTED]

Current Date: [REDACTED]

Allowed and Incurred Claims Incurred During the Experience Period

Allowed claims and incurred claims are pulled from the same source(s) and calculated using a similar methodology. Only claim amounts for members in the Individual Single Risk Pool for claims which have already been processed are included in our claims data (incomplete claims). Pharmacy rebates are processed outside the claims system and are equal on an incurred and allowed basis.

A set of completion factors is applied to the incomplete claims to develop the expected allowed and incurred claims for the experience period.

[Table Redacted]

The same methodology was used to develop the estimate of claims incurred but not paid for both allowed claims and incurred claims in the experience period. The methodology incorporates estimates based upon developed completion factors. Model results are evaluated for reasonableness and actuarial judgment may be applied.

The claims used to develop completion factors are reflective of the experience period claims for the information submitted. The incurred but not paid claims are not unusually high or unusually low relative to the experience period claims paid.

4.2 Benefit Categories

Claims processed through UHCIL's systems were mapped to the benefit categories in Worksheet 1, Section II of the URRT based on where services were administered and the types of medical services rendered.



- **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.

The benefit categories were defined by our claims department using standard industry definitions.

4.3 *Projection Factors*

The following describes the factors used to project experience period allowed claims to the 2027 projection period.

4.3.1 Trend Factors

A trend assumption was applied to translate 2025 experience year claims costs to calendar year 2027 claims costs.

The assumptions shown in "Year 1 Trend" and "Year 2 Trend" of Worksheet 1 of the URRT represent 12 months of ongoing changes in utilization, unit costs and technology. The combined, annualized trend assumption implied is [REDACTED]. This assumption is based on [REDACTED]. This trend assumption does not include any expected changes in demographics, morbidity or benefit changes.

4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

This section explains adjustments other than trend that are made to the experience period claims in order to develop the projected Index Rate.

Morbidity Adjustment

The Morbidity Adjustment factor is [REDACTED] as shown on Worksheet 1 of the URRT.

[REDACTED]

Demographic Shift

The Demographic Shift adjustment factor is [REDACTED] as shown on Worksheet 1 of the URRT.

[REDACTED]



Plan Design Changes

The Plan Design Changes adjustment factor is [REDACTED] as shown on Worksheet 1 of the URRT.

[REDACTED]

Other

The Other adjustment factor is [REDACTED] as shown on Worksheet 1 of the URRT.

[REDACTED]

4.3.3 Manual Rate Adjustments

No manual rate was needed as the experience period claims are considered fully credible.

4.3.4 Credibility of Experience

Full credibility has been assigned to the base period experience. The experience has been appropriately adjusted to reflect the material changes anticipated between the experience period and the projection period.

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

$$Z = \min \left[1, \left(\frac{MM}{FC} \right)^{.5} \right]$$

Where,

- Z is the credibility percentage applied to the experience data,
- MM is the experience period member months and
- FC is the member months required for full credibility

[REDACTED]

Consideration was given to guidance provided in Actuarial Standards of Practice #25, *Credibility Procedures*.

4.3.5 Establishing the Index Rate

As shown on Worksheet 1 of the URRT, the Index Rate for this filing is \$ [REDACTED]. It estimates the total combined allowed claims PMPM for EHBs in the Illinois Individual market.

4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate (MAIR) for the projection period is \$ [REDACTED] as shown on Worksheet 1 of the URRT. The MAIR is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, 45 CFR 156.80(d)(1). The Index Rate and market level adjustments are on an allowed claims basis.



A	Projected Index Rate for January 1, 2027	████████
B	Reinsurance	████████
C	Risk Adjustment Payment/Charge	████████
D	Exchange User Fees	████████
<hr/> =(A-B-C)/(1-D)		Market-wide Adjusted Index Rate
		████████

Reinsurance

UHCIL does not expect any reinsurance recoveries from federal or state reinsurance programs.

Risk Adjustment Payment/Charge

The projection period risk adjustment charge was developed by estimating the individual components of the risk adjustment transfer formula (e.g., PLRS, AV, etc.) for both UHCIL and the statewide average. A description of the development of each component is described below:

- PLRS: ██████████
- IDF: ██████████
- GCF: ██████████
- ARF: ██████████
- AV: ██████████
- Statewide average premium: ██████████

The projected risk adjustment payable/receivable was converted to an allowed basis when developing the MAIR.

The risk adjustment fee of \$0.18 PMPM was incorporated into 2027 rates and included within the taxes and fees.

████████

Exchange User Fees

The Exchange User Fee is ██████████ as a percentage of allowed claims in the development of the MAIR. ██████████

As a percent of premium, the Exchange User Fee is ██████████

4.4 Plan Adjusted Index Rate

The Plan Adjusted Index Rates (PAIR) were developed by applying allowable plan level adjustments to the MAIR. The allowable plan-level adjustments are shown in Appendix C.

The following describes how each component of the adjustment was developed.

Actuarial Value and Cost-Sharing Design

████████

The induced utilization factors for each plan are determined using the formula: $1.24 - AV + AV^2$, where AV refers to the Silver loaded Pricing AVs.



CSR LOAD

We have included an adjustment to the filed plans to reflect the impact of CSRs no longer being funded by the federal government. The regulation still requires CSR variant plans to be offered to low-income members, under the same federal AV requirements (keeping similar plan design and cost sharing structures as the current regulations), but the subsidy amounts will instead be a liability to the insurers and not the government. [REDACTED]

[REDACTED]

Provider Network, Delivery System Characteristics and Utilization Management Practices

[REDACTED]

Benefits in Addition to EHBs

[REDACTED]

An adjustment has been applied for non-Hyde abortion service coverage required by the state. This cost has been estimated using the mandatory minimum of \$1.00 PMPM per 45 CFR 156.280(e)(4), although the actual estimated costs for these services is less than this amount.

Administrative Costs

Non-benefit administrative costs were applied on a percent of premium basis and on a PMPM basis. They are bucketed into three categories as shown on Worksheet 2 of the URRT: (1) administrative expenses, (2) taxes and fees and (3) profit and risk load.

ADMINISTRATIVE EXPENSE

UHCIL expects to incur [REDACTED] in general administrative expenses for the Individual ACA block of business in Illinois for 2027.

We expect to incur an additional [REDACTED] in broker commissions over this period. [REDACTED]

Health Care Quality Improvement and Fraud Detection Expenses were estimated as [REDACTED] of premium and were included in the administrative expense load.

[REDACTED]

TAXES AND FEES

Taxes and regulatory fees included in the development of 2027 rates include the following:

- Risk Adjustment User Fee: \$0.18 PMPM
- PCORI Fee: \$0.34 PMPM
- Non-Reform Assessment Fee(s): [REDACTED]
- State Premium Tax: [REDACTED]
- Federal Income Tax: [REDACTED]



The Exchange User Fee load is not included here. It was previously built into the MAIR as discussed in Section 4.3.6.

PROFIT AND RISK LOAD

The proposed 2027 premiums allocate [REDACTED] to profit and risk margin on a post-tax basis.

Catastrophic Plans

UHCIL will not offer Catastrophic plans in Illinois for 2027.

4.5 Calibration

Age Curve Calibration

The approximate age calibration factor is [REDACTED]. It was determined as follows:

$$ACF = \frac{\sum Members}{\sum Members * Age Factor}$$

Where:

- ACF is the age calibration factor,
- Members are the projected members and
- Age Factor is the rating factor associated with each member.

An age factor of 0 is used for members who are not expected to pay premium.

Section 4.6 demonstrates how the PAIRs and age curve are used to generate a schedule of premiums.

Geographic Factor Calibration

The geographic calibration factor is [REDACTED]. It was determined as follows:

$$GCF = \frac{\sum Members}{\sum Members * Area Factor}$$

Where:

- GCF is the geographic calibration factor,
- Members are the projected members and
- Area Factor is the rating factor associated with each member.

Geographic area factors are calculated based upon expected reimbursement rates UHCIL aims to achieve by rating area. These factors are relative to the membership-weighted average reimbursement rate for all areas UHCIL will service in Illinois. The factors only reflect differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and not differences in population morbidity by geographic area.



Section 4.6 demonstrates how the PAIRs and area factors are used to generate a schedule of premiums.

Tobacco Use Rating Factor Calibration

The tobacco calibration factor is [REDACTED]. It was determined as follows:

$$TCF = \frac{\sum Members}{\sum Members * Tobacco Factor}$$

Where:

- TCF is the tobacco calibration factor,
- Members are the projected members and
- Tobacco Factor is the rating factor associated with each member.

Section 4.6 demonstrates how the PAIRs and tobacco factors are used to generate a schedule of premiums.

Application of Calibration Factors

The age, geographic and tobacco calibration adjustments are not plan specific. These adjustments are applied uniformly to all plans.

The age rating curve used by UHCIL in Illinois is the curve indicated in the HHS Notice of Benefit and Payment Parameters for 2018 Final Rule.

4.6 Consumer Adjusted Premium Rate Development

The member's premium rate is calculated by first multiplying the PAIR by the calibration factors. This is the Calibrated PAIR, which is shown on Worksheet 2, row 3.15 of the URRT. The result can then be multiplied by the member's specific age, geographic and tobacco rating factors to determine the approximate member rate.

$$CPAIR = PAIR \times ACF \times GCF \times TCF$$

$$CAPR = CPAIR \times Age Factor \times Geographic Factor \times Tobacco Factor$$

Where:

- CPAIR is the Calibrated Plan Adjusted Index Rate,
- PAIR is the Plan Adjusted Index Rate,
- ACF is the age calibration factor,
- GCF is the geographic calibration factor,
- TCF is the tobacco calibration factor,
- CAPR is the Consumer Adjusted Premium Rate and
- Age, Geographic and Tobacco Factors are the rating factors associated with each member.

The premium for family coverage is determined by summing the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account.



The rate manual and a demonstration of how the allowable rating factors are applied to the Calibrated PAIR to determine the Consumer Adjusted Premium Rate are shown in Appendix B.

5 Projected Loss Ratio

The projected medical loss ratio (MLR) for the individual line of business is [REDACTED]. This was calculated using the federally prescribed MLR methodology.

[REDACTED] Taxes and regulatory fees were excluded from premium in the calculation of this value. The calculation for the projected federal MLR is included in Appendix D.

6 Plan Product Information

6.1 AV Metal Values

The federal Actuarial Value Calculator was used to generate the AV metal values shown on Worksheet 2, row 1.6 of the URRT. Please refer to the Unique Plan Design Justification and Documentation document for the impact of plans and cost sharing inputs modifications made in order to enter these into the federal Actuarial Value Calculator.

6.2 Membership Projections

The total membership projections for 2027 were based upon internal modeling of market share estimates for the Illinois counties we intend to service. The percentage of membership distributions by metal tier and variant was based on the metal, CSR variants and rating area/county distribution enrollments for Illinois from actual UHCIL enrollment with additional consideration to current Individual ACA Open Enrollment Period reports and the regulatory landscape. Refinements to this data are applied for strategic initiatives and actuarial judgment.

[REDACTED]

6.3 Terminated Plans and Products

Please see Appendix A for crosswalk of the terminated plans and products. Please see Worksheet 2, Section I of the URRT for plan names associated with the terminated and mapped plans.

6.4 Plan Type

The drop downs in Worksheet 2, Section 1 of the URRT describe the issuer's plan types appropriately.



7 Miscellaneous Instructions

7.1 *Effective Rate Review Information*

1a Scope and Purpose

Please see Section 1 and 2.

1b Market

This filing covers products in the Individual ACA market.

1c Policy Forms

The proposed plans and service areas for this filing are shown in Appendix A. Product codes and names can be seen on Worksheet 2, Section 1 of the Unified Rate Review Template (URRT).

The drop downs in Worksheet 2, Section 1 of the URRT describe the issuer's plan appropriately.

Form filing numbers for this filing are as follows: [REDACTED] and [REDACTED].

1d Description of Benefits

UHCIL is filing 21 plans, plus CSR plans on the Exchange (i.e., Zero, Limited, 73%, 87%, and 94% CSR variants). Plan designs cover state mandated benefits and all required essential health benefits (EHBs), including pediatric dental coverage. [REDACTED]. An adjustment has been applied for voluntary abortion service coverage required by the state. All plans will be available in the entire service area.

Detailed plan design information is shown in the AV Calculator screenshots and policy form filing documentation.

The proposed plans are shown in Appendix A.

1e Marketing Methods

UHCIL products will be sold through the internet, by brokers, in direct response to incoming inquiries and through the Exchange. Products are guaranteed issue and guaranteed renewable.

2a History of Rate Adjustments

UHCIL entered the market in 2022. A history of approved average adjustments is summarized in the following table:

Plan Year	Average Rate Change
2023	15.9%



2024	3.0%
2025	1.5%
2026	21.9%

2b Effective Date of Requested Rate Increase

The proposed rates are effective January 1, 2027.

2c Months of Rate Guarantee

The proposed rates are guaranteed through calendar year 2027.

2d SERFF Number of Prior Filing

The 2026 SERFF tracking number is [REDACTED].

2e Effective Date of Prior Filing

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

2f Proposed Percentage Rate Change

Please see Section 3.

2g Reason for Rate Change

Please see Section 3.

2h Average Annual Premium

The average 2027 annual premium is expected to be [REDACTED] with and [REDACTED] without the requested rate adjustment, respectively.

2i Number of Policyholders and Covered Lives

The number of policy holders and total covered lives currently in force that are affected by the rate adjustments proposed in the filing as of April 1, 2026, is [REDACTED] and [REDACTED], respectively.

2j Projected Loss Ratio With and Without Proposed Rate Increase

The projected traditional loss ratio is [REDACTED] with the proposed rate increase and [REDACTED] without the rate increase.

2k Cumulative, Future and Lifetime Loss Ratios

Please see the rate data collection tool for this information. Please note that the presented loss ratio estimates are not the same as the projected federal minimum loss ratio discussed in Section 5.



3a Dates of Service for the Experience Period Used to Develop Rates

Claims incurred in calendar year 2025 were used in the development of the proposed premium rates.

3b Date Through Which Claims Were Paid

Please see Section 4.1.

3c Estimated Allowed Claims During the Experience Period used to Develop Rates

Please see Section 4.1.

3d Method for Determining Allowed Claims

Please see Section 4.1.

3e Incurred but Not Paid Claims

Please see Section 4.1.

3f Premium in Experience Period (Net of MLR Rebate)

The best estimate of premium earned during the experience period is shown on Section I on Worksheet 1 of the URRT. [REDACTED]

4a&4b Adjustments to Allowed Claims During the Experience Period

Please see Section 4.3.

5a Changes to Benefits

Benefit levels were changed from 2026 to 2027 to comply with federal and state regulations, align with maximum member cost sharing limitations as allowed by law (e.g., maximum out-of-pocket limitations, deductibles, etc.), and to achieve competitive goals.

5b Trend Factors (Cost and Utilization)

Please see Section 4.3.1 for a description of the trend development.

Actual vs. expected trends are shown in the table below.

[Table Redacted]

UHCIL entered the Individual market in 2022, so only three years of actual trend are available.

5c Projected Changes in the Demographics of the Population Insurance

Please see Section 4.3.2.

5d Projected Changes in the Morbidity of the Insured Population

Please see Section 4.3.2.



5e Other Projected Changes

Please see Section 4.3.2.

6a Methodology Used to Develop the Credibility Manual Rate

Please see Section 4.3.3.

6b Source and Appropriateness of the Experience Used to Develop the Credibility Manual Rate

Please see Section 4.3.3.

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

Please see Section 4.3.3.

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

Please see Section 4.3.3.

7a Credibility Methodology

Please see Section 4.3.4.

7b Credibility Level(s)

Please see Section 4.3.4.

8a Essential Health Benefits

All EHBs were covered. No adjustments were made to add additional EHBs between the experience and projected periods.

The percent of claims representing EHBs in the projection period is [REDACTED]. Claims used in this calculation include total expected allowed claims whether supplemental coverage available through UHCIL or mandated by the state of Illinois.

8b State Mandated Benefits Which Are Not Essential Health Benefits

An adjustment has been applied for voluntary abortion service coverage required by the state. This cost has been estimated using the mandatory minimum of \$1.00 PMPM per 45 CFR 156.280(e)(4), although the actual estimated costs for these services is less than this amount.

8c Eliminated Benefits

There are no eliminated benefits.

8d Additional Mandated Supplementary Benefits

There are no additional mandated supplemental benefits.



8e Changes in the Level of Covered Services

There are no changes in the level of covered services.

8f EHB Substitutions

There are no EHB substitutions.

9 Credibility Adjusted Projected Claims

Please see Section 4.3.5.

10 Projected Index Rate

Please see Section 4.3.5.

11 Risk Transfer Payments

Please see Section 4.3.6.

12 Development of the Market Adjusted Index Rate

Please see Section 4.3.6.

13 Plan Adjusted Index Rate

Please see Section 4.4.

14a AV Metal Values

Please see Section 6.1.

14b AV Pricing Values

Please see Section 4.4.

15 Paid to Allowed Ratio

Please see Section 4.4.

16a Projected Non-Benefit Expenses, Risk and Profit

Please see Section 4.4.

16b Comparison of Current and Proposed Non-Benefit Expenses, Risk and Profit

A comparison of non-benefit expense loads not prescribed by regulation between 2026 to 2027 is shown in the table below (please note that quality improvement has been separated from SG&A for this exhibit).

[Table Redacted]

16c Varying Non-Benefit Expenses by Plan



17a Age Factors

Please see Section 4.5 and Appendix B.

17b Geographic Factors

Please see Section 4.5 and Appendix B.

17c Tobacco Factors

Please see Section 4.5 and Appendix B.

17d Family Composition

Family premiums are calculated on a per-member basis consistent with 45 CFR 147.102(c)(1). Only the three oldest dependents are considered if there are more than three dependents who are younger than age 21.

18a Development of Rate Tables

Please see Section 4.6.

18b Weighted Average Age

The approximate weighted average age for the single risk pool is [REDACTED]. This represents the age associated with the average age factor, based on the formula described below:

$$\text{Average Age} = \frac{\sum \text{Members} * \text{Age Factor}}{\sum \text{Members}}$$

Where:

- Members are the projected members and
- Age Factor is the rating factor associated with each member.

Consistent with the development of the age calibration factor, an age factor of 0 is used for members who are not expected to pay premium.

18c Age Curve Calibration

Please see Section 4.5.

18d Geographic Calibration Factor

Please see Section 4.5.

19 Development of All Product Base Rates

Please see Section 4.4 and Appendices B and C.

20 Risk Corridor Payments or Recoveries

This section is not applicable.



21 Company Financial Position

The Company maintains net worth at or above the required Risk Based Capital Authorized Control Level.

22 Last Five Years' RBC

The last five years' Risk Based Capital ratios are provided below.

[Table Redacted]

23a Projected Federal MLR

Please see Section 5.

23b Explanation When the Future Loss Ratio Is Not Consistent With the Federal Rebate MLR

This is not applicable as the projected federally calculated loss ratio is the same as rebate formula MLR.

24 Reliance

Please see Section 7.2.

25 Certifications of Compliance

Please see Section 7.3.

7.2 Reliance

■■■■■

7.3 Actuarial Certification

I, ■■■■■, am a Member of the American Academy of Actuaries (MAAA). I meet the Qualification Standards of Actuarial Opinion as adopted by the American Academy of Actuaries for preparing premium rate filings for insurers.

This actuarial certification applies to the UnitedHealthcare of Illinois, Inc. Individual products to be offered in the federal health Exchange. I certify that the projected Index Rate is:

- In compliance with all applicable state and federal statutes and regulations (45 CFR 156.80 and 147.102)
- Developed in compliance with applicable Actuarial Standards of Practice, including:
 - ASOP No. 5, *Incurred Health and Disability Claims*
 - ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*
 - ASOP No. 12, *Risk Classification*
 - ASOP No. 23, *Data Quality*
 - ASOP No. 25, *Credibility Procedures*
 - ASOP No. 41, *Actuarial Communications*



- ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient.

The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

The geographic rating factors reflect only differences in the cost of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Unified Rate Review Template for all plans. Any alternate methodologies are described in the Unique Plan Design Justification and Documentation.

The Part I Unified Rate Review Template does not demonstrate the process used to develop the rates. Rather it represents information required by federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the Index Rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,



June 2, 2026



Appendix A: Proposed Plans

[Table Redacted]

A table showing the terminated plans and products is provided below.

[Table Redacted]

PUBLIC



Appendix B: Rate Manual

[Table Redacted]

[Table Redacted]

[Table Redacted]

Consumer Adjusted Premium Rate Example

Plan ID:

■■■■■

Area:

■■■■■

[Table Redacted]

There might be small differences between the premium rates shown above and those implied by the URRT due to rounding.



Appendix C: Plan-Level Modifiers

IDFs and AVs

[Table Redacted]

Plan Adjusted Index Rate Development

[Table Redacted]

PUBLIC



Appendix D: MLR Calculation

[Table Redacted]

Some numbers were adjusted for rounding. The projected MLR exceeds 80%.

PUBLIC



Appendix E: CSR Enrollment

Projected CSR Member Months

[Table Redacted]

PUBLIC



State:	Illinois	Filing Company:	UnitedHealthcare of Illinois, Inc.
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	IL IFP 2027		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Review Requirement Checklist
Comments:	
Attachment(s):	il_42529_uhcil_both_ind_checklist_v01_060226.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	il_42529_uhcil_both_ind_actcert_v01_060226.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	il_42529_uhcil_both_ind_covlet_v01_060226.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Public Rate Filing Summary
Comments:	
Attachment(s):	il_42529_uhcil_both_ind_publicratefilingsummary_v01_060226.pdf il_42529_uhcil_both_ind_publicratefilingsummary_v01_060226.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Redacted Actuarial Memorandum
Comments:	
Attachment(s):	il_42529_uhcil_both_ind_redactedam_v01_060226.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Confidentiality Request Letter
Comments:	
Attachment(s):	il_42529_uhcil_both_ind_confidentiality_v01_060226.pdf
Item Status:	

SERFF Tracking #:	UHLC-134951297	State Tracking #:		Company Tracking #:	IL IFP 2027 - RATE
State:	Illinois	Filing Company:	UnitedHealthcare of Illinois, Inc.		
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
Product Name:	IL IFP 2027				
Project Name/Number:	/				
Status Date:					

SERFF Tracking #:	UHLC-134951297	State Tracking #:		Company Tracking #:	IL IFP 2027 - RATE
State:	Illinois	Filing Company:	UnitedHealthcare of Illinois, Inc.		
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
Product Name:	IL IFP 2027				
Project Name/Number:	/				

Attachment il_42529_uhcil_both_ind_publicratefilingssummary_v01_060226.xlsx is not a PDF document and cannot be reproduced here.

Contact Person:**Illinois Division of Insurance****320 West Washington Street
Springfield, IL 62767-0001****Review Requirements Checklist****Effective 05/01/2022****Health Actuarial Unit****DOI.HealthActuarial@Illinois.gov****Line(s) of Business****For Policies issued after 01/01/2014****Health Premium Rates****Line(s) of Insurance****Individual/Small Group Major Medical
Surgical/Medical/Hospital PPO and Non PPO and HMO**

Illinois Insurance Code Link	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.	"Supporting Documentati on" tab of SERFF rate filing

COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Grandfathered Status		<p>1.) Not Grandfathered- This rate filing is not being made in support of a grandfathered plan.</p> <p>2.) Grandfathered Plan- This rate filing is being made in support of a grandfathered plan. None of the changes that have been made to this plan since the last rate filing have caused the plan to lose its grandfathered status.</p> <p>3.) Formerly a Grandfathered Plan- This rate filing is being made in support of a formerly grandfathered plan. The following SERFF filing(s) contained changes that caused the plan to lose its grandfathered status: _____.</p>	1) Not Grandfathered. This rate filing is not being made in support of a grand- fathered plan.
Implementation Date		The proposed effective date of rate revision implementation.	1/1/2027
Rate Filing Requirements	215 ILCS 5/355	<p>The Federal Patient Protection and Affordable Care Act (PPACA) has established premium reporting and review processes for all health insurance issuers. The Rate Data Collection Form is available on the Department's web site. The revised Actuarial Memorandum requirements are found in the "Actuarial Memorandum" section of this checklist.</p> <p>Rates must be submitted in a separate SERFF filing from policy forms.</p>	"Supporting Documentation" tab and "URRT" tab of SERFF rate filing
Rate Filing Submission		Rate Filings must be submitted in their entirety into both SERFF and the Web Portal for review.	"Supporting Documentation" tab and "URRT" tab of SERFF rate filing
TOI (Type of Insurance)		<p>A health insurance issuer offering any group or individual health insurance coverage, including managed care and HMO plans (regardless of whether the plans are grandfathered or non-grandfathered) must submit all new rate filings and rate revisions for review.</p> <p>Inserted directly below is a link to SERFF's Website for the TOI's required.</p> <p>http://www.serff.com/documents/index_ppaca_tois.pdf</p>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Federal Unified Rate Review Templates		<p>Parts I and III must be submitted with each filing.</p> <p>Parts I and III are required to be completed and Submitted for all rate increases the issuer has in a state. Link to the Rate Review Templates:</p> <p>https://www.qhpcertification.cms.gov/s/Unified%20Rate%20Review</p>	"URRT" tab of SERFF rate filing
Rate Data Collection Form		<p>The filing must contain an Excel spreadsheet (.xls or .xlsx format), along with a PDF version of the spreadsheet, according to format found at http://www2.illinois.gov/sites/Insurance/Companies/Documents/Experience.xlsx</p>	"Supporting Documentation" tab of SERFF rate filing

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://www2.illinois.gov/sites/Insurance/Companies/documents/RateReviewChecklistSmallGroup.pdf</p> <p>Individual Checklist: http://www2.illinois.gov/sites/Insurance/Companies/documents/RateReviewChecklistIndividual.pdf</p>	"Supporting Documentation" tab and "URRT" tab of SERFF rate filing
Actuarial Certification		The Actuarial Certification must be completed for all filings. http://www2.illinois.gov/sites/Insurance/Companies/documents/ActuarialCertificationForRateFilings.pdf	"Supporting Documentation" tab of SERFF
Rate Schedules/Manuals		Shall be attached in SERFF as separate attachments from other documents required in SERFF.	"Rate/Rule Schedule" tab of SERFF rate filing
HHS Rate Data Requirements		Data required to be entered in the Rate Review Detail tab in SERFF must be complete and accurate. DOI does not require all of this data for rate review but HHS reviews the data contained in this section for accuracy.	"Rate/Rule Schedule" tab of SERFF rate filing
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 Documentation" tab of SERFF
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 	Yes.

Company Name UnitedHealthcare of Illinois, Inc.


SERFF Filing Number UHLC-134951297

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

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

I understand that any intentional material misstatements may result in disciplinary action.

Printed Name Zhuoying Chen

Signature 

Title Associate Director, Actuarial Services

Date June 2, 2026

June 2, 2026

Ms. Ann Gillespie
Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767

RE: UnitedHealthcare of Illinois, Inc.
SERFF Rate Filing UHLC-134951297
SERFF Form Filings UHLC-134838049 and UHLC-134838085

Ms. Gillespie,

The purpose of the rate filing is to submit rates for products compliant with the Affordable Care Act (ACA) provisions. These rates are submitted in compliance with IDOI Company Bulletin 2026-06 and other guidance.

The filing has a requested effective date of January 1, 2027. An actuarial memorandum and an experience spreadsheet are included within the filing.

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 by phone at (763) 361-3263 or via e-mail at zhuoying_chen@uhc.com.

Respectfully,

A handwritten signature in black ink, appearing to read 'Z Chen', with a stylized, cursive script.

Zhuoying Chen, FSA, MAAA
Associate Director, Actuarial Services
(763) 361-3263
zhuoying_chen@uhc.com

Plan Year 2027 Public Rate Filing Summary for Individual and Small Group ACA-Compliant Plans
215 ILCS 5/355(d) and (e)

Company Name:	UnitedHealthcare of Illinois, Inc.
SERFF Filing ID:	UHLC-134951297
Individual or Small Group:	Individual
Effective Date:	1/1/2027
Exchange Information: (On-Exchange or Off-Exchange Only)	On-Exchange
Product Type(s) Offered: (HMO, PPO, and/or POS)	HMO
Metal Tiers Offered: (please list which metal tiers are offered)	Bronze, Silver, and Gold
Tobacco Rating Factors Used? (y/n)	Y
Description of Service Areas:	UnitedHealthcare of Illinois, Inc. is offering Individual ACA health insurance products in the following counties: Bond, Calhoun, Cass, Christian, Clinton, Cook, DuPage, Effingham, Greene, Jersey, Kane, Kankakee, Kendall, Lake, Logan, Macon, Macoupin, Madison, Mason, McHenry, Menard, Monroe, Montgomery, Morgan, Randolph, Sangamon, Scott, Shelby, St. Clair, Washington, Will
Rate Change Summary:	
Average Rate Change:	12.35%
Maximum Rate Change:	15.48%
Minimum Rate Change:	6.95%
Reason for differences between max and min rate increases:	Change in plan designs.
Enrollment (members) as of Dec. 31, 2025:	29,985
Company Justification for Rate Change:	The proposed rate change is 12.35% and will affect 59,068 individuals. The primary factors that affect the rate change are: <ul style="list-style-type: none">• Change in experience used in the 2027 premium rate development relative to the 2026 rate development.• Changes in unit cost per service and utilization of services.• Change in expected market morbidity reflecting updated assumptions on the impact of enhanced premium tax credit expiration, as well as federal changes to subsidy eligibility for certain lawfully present noncitizens.• Changes in benefits including those made to comply with the requirements of the Affordable Care Act.• Changes in non-benefit expenses such as taxes, and fees.
Expected Medical Loss Ratio:	86.2%
Expected Annual Medical Trend:	7.5%
Expected Administrative Cost Ratio:	9.8%
Any Other Relevant Comments: (optional)	

Comments from the public may be submitted on the Illinois Department of Insurance's website.



UnitedHealthcare of Illinois, Inc.

Part III: Actuarial Memorandum

Illinois 2027 Individual Exchange Rates

June 2, 2026



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1 Actuarial Memorandum

This memorandum documents the development of Individual market health insurance premium rates for UnitedHealthcare of Illinois, Inc. (“UHCIL”). UHCIL is offering Individual health insurance products on and off the Exchange in the Bronze, Silver and Gold metal tiers, with the premium rates documented in this memorandum effective January 1, 2027. The proposed plans are shown in Appendix A.

Considerations for the Regulatory Environment

The rates presented and submitted here were developed assuming that CSR payments are not funded by the federal government in 2027 and the cost of these payments will instead be funded through member premiums and Advanced Premium Tax Credits. Should the federal government fund CSRs, UHCIL reserves the right to amend this rate filing to assure rate reasonability to the extent permitted by the State of Illinois and the federal government. These rates reflect the expiration of enhanced Advanced Premium Tax Credit levels after 2025 and assume continuation of this environment into 2027.

This version of the actuarial memorandum is considered PUBLIC and hence does not contain information determined to be TRADE SECRET. A separate actuarial memorandum was submitted and deemed TRADE SECRET, which included all proprietary information related to UHCIL. TRADE SECRET information includes the following, but not limited to: UHCIL assumptions, assumptions and methodologies that could provide insight into UHCIL’s pricing strategy and contract reimbursement information.

2 General Information Section

Company Identifying Information

Company Legal Name: UnitedHealthcare of Illinois, Inc.
 State: Illinois
 HIOS Issuer ID: 42529
 Market: Individual
 Effective Date: January 1, 2027

Company Contact Information

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



3 Proposed Rate Changes

UHCIL will sell Individual policies with an effective date of January 1, 2027. The 2027 aggregate rate change as shown on the Unified Rate Review Template (URRT) is [REDACTED]. Rate changes by plan are found in Worksheet 2, row 1.11 of the URRT. The quantitative impact for all significant factors driving the proposed rate change is shown in the table below.

[Table Redacted]

[REDACTED]

4 Market Experience

4.1 Experience and Current Period Premium, Claims, and Enrollment

Paid Through Date: [REDACTED]

Current Date: [REDACTED]

Allowed and Incurred Claims Incurred During the Experience Period

Allowed claims and incurred claims are pulled from the same source(s) and calculated using a similar methodology. Only claim amounts for members in the Individual Single Risk Pool for claims which have already been processed are included in our claims data (incomplete claims). Pharmacy rebates are processed outside the claims system and are equal on an incurred and allowed basis.

A set of completion factors is applied to the incomplete claims to develop the expected allowed and incurred claims for the experience period.

[Table Redacted]

The same methodology was used to develop the estimate of claims incurred but not paid for both allowed claims and incurred claims in the experience period. The methodology incorporates estimates based upon developed completion factors. Model results are evaluated for reasonableness and actuarial judgment may be applied.

The claims used to develop completion factors are reflective of the experience period claims for the information submitted. The incurred but not paid claims are not unusually high or unusually low relative to the experience period claims paid.

4.2 Benefit Categories

Claims processed through UHCIL's systems were mapped to the benefit categories in Worksheet 1, Section II of the URRT based on where services were administered and the types of medical services rendered.



- **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.

The benefit categories were defined by our claims department using standard industry definitions.

4.3 *Projection Factors*

The following describes the factors used to project experience period allowed claims to the 2027 projection period.

4.3.1 Trend Factors

A trend assumption was applied to translate 2025 experience year claims costs to calendar year 2027 claims costs.

The assumptions shown in "Year 1 Trend" and "Year 2 Trend" of Worksheet 1 of the URRT represent 12 months of ongoing changes in utilization, unit costs and technology. The combined, annualized trend assumption implied is [REDACTED]. This assumption is based on [REDACTED]. This trend assumption does not include any expected changes in demographics, morbidity or benefit changes.

4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

This section explains adjustments other than trend that are made to the experience period claims in order to develop the projected Index Rate.

Morbidity Adjustment

The Morbidity Adjustment factor is [REDACTED] as shown on Worksheet 1 of the URRT.

[REDACTED]

Demographic Shift

The Demographic Shift adjustment factor is [REDACTED] as shown on Worksheet 1 of the URRT.

[REDACTED]



Plan Design Changes

The Plan Design Changes adjustment factor is [REDACTED] as shown on Worksheet 1 of the URRT.

[REDACTED]

Other

The Other adjustment factor is [REDACTED] as shown on Worksheet 1 of the URRT.

[REDACTED]

4.3.3 Manual Rate Adjustments

No manual rate was needed as the experience period claims are considered fully credible.

4.3.4 Credibility of Experience

Full credibility has been assigned to the base period experience. The experience has been appropriately adjusted to reflect the material changes anticipated between the experience period and the projection period.

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

$$Z = \min \left[1, \left(\frac{MM}{FC} \right)^{.5} \right]$$

Where,

- Z is the credibility percentage applied to the experience data,
- MM is the experience period member months and
- FC is the member months required for full credibility

[REDACTED]

Consideration was given to guidance provided in Actuarial Standards of Practice #25, *Credibility Procedures*.

4.3.5 Establishing the Index Rate

As shown on Worksheet 1 of the URRT, the Index Rate for this filing is \$ [REDACTED]. It estimates the total combined allowed claims PMPM for EHBs in the Illinois Individual market.

4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate (MAIR) for the projection period is \$ [REDACTED] as shown on Worksheet 1 of the URRT. The MAIR is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, 45 CFR 156.80(d)(1). The Index Rate and market level adjustments are on an allowed claims basis.



A	Projected Index Rate for January 1, 2027	████████
B	Reinsurance	████████
C	Risk Adjustment Payment/Charge	████████
D	Exchange User Fees	████████
<hr/>		
$=(A-B-C)/(1-D)$	Market-wide Adjusted Index Rate	████████

Reinsurance

UHCIL does not expect any reinsurance recoveries from federal or state reinsurance programs.

Risk Adjustment Payment/Charge

The projection period risk adjustment charge was developed by estimating the individual components of the risk adjustment transfer formula (e.g., PLRS, AV, etc.) for both UHCIL and the statewide average. A description of the development of each component is described below:

- PLRS: ██████████
- IDF: ██████████
- GCF: ██████████
- ARF: ██████████
- AV: ██████████
- Statewide average premium: ██████████

The projected risk adjustment payable/receivable was converted to an allowed basis when developing the MAIR.

The risk adjustment fee of \$0.18 PMPM was incorporated into 2027 rates and included within the taxes and fees.

████████

Exchange User Fees

The Exchange User Fee is ██████████ as a percentage of allowed claims in the development of the MAIR. ██████████

As a percent of premium, the Exchange User Fee is ██████████

4.4 Plan Adjusted Index Rate

The Plan Adjusted Index Rates (PAIR) were developed by applying allowable plan level adjustments to the MAIR. The allowable plan-level adjustments are shown in Appendix C.

The following describes how each component of the adjustment was developed.

Actuarial Value and Cost-Sharing Design

████████

The induced utilization factors for each plan are determined using the formula: $1.24 - AV + AV^2$, where AV refers to the Silver loaded Pricing AVs.



CSR LOAD

We have included an adjustment to the filed plans to reflect the impact of CSRs no longer being funded by the federal government. The regulation still requires CSR variant plans to be offered to low-income members, under the same federal AV requirements (keeping similar plan design and cost sharing structures as the current regulations), but the subsidy amounts will instead be a liability to the insurers and not the government. [REDACTED]

[REDACTED]

Provider Network, Delivery System Characteristics and Utilization Management Practices

[REDACTED]

Benefits in Addition to EHBs

[REDACTED]

An adjustment has been applied for non-Hyde abortion service coverage required by the state. This cost has been estimated using the mandatory minimum of \$1.00 PMPM per 45 CFR 156.280(e)(4), although the actual estimated costs for these services is less than this amount.

Administrative Costs

Non-benefit administrative costs were applied on a percent of premium basis and on a PMPM basis. They are bucketed into three categories as shown on Worksheet 2 of the URRT: (1) administrative expenses, (2) taxes and fees and (3) profit and risk load.

ADMINISTRATIVE EXPENSE

UHCIL expects to incur [REDACTED] in general administrative expenses for the Individual ACA block of business in Illinois for 2027.

We expect to incur an additional [REDACTED] in broker commissions over this period. [REDACTED]

Health Care Quality Improvement and Fraud Detection Expenses were estimated as [REDACTED] of premium and were included in the administrative expense load.

[REDACTED]

TAXES AND FEES

Taxes and regulatory fees included in the development of 2027 rates include the following:

- Risk Adjustment User Fee: \$0.18 PMPM
- PCORI Fee: \$0.34 PMPM
- Non-Reform Assessment Fee(s): [REDACTED]
- State Premium Tax: [REDACTED]
- Federal Income Tax: [REDACTED]



The Exchange User Fee load is not included here. It was previously built into the MAIR as discussed in Section 4.3.6.

PROFIT AND RISK LOAD

The proposed 2027 premiums allocate [REDACTED] to profit and risk margin on a post-tax basis.

Catastrophic Plans

UHCIL will not offer Catastrophic plans in Illinois for 2027.

4.5 Calibration

Age Curve Calibration

The approximate age calibration factor is [REDACTED]. It was determined as follows:

$$ACF = \frac{\sum Members}{\sum Members * Age Factor}$$

Where:

- ACF is the age calibration factor,
- Members are the projected members and
- Age Factor is the rating factor associated with each member.

An age factor of 0 is used for members who are not expected to pay premium.

Section 4.6 demonstrates how the PAIRs and age curve are used to generate a schedule of premiums.

Geographic Factor Calibration

The geographic calibration factor is [REDACTED]. It was determined as follows:

$$GCF = \frac{\sum Members}{\sum Members * Area Factor}$$

Where:

- GCF is the geographic calibration factor,
- Members are the projected members and
- Area Factor is the rating factor associated with each member.

Geographic area factors are calculated based upon expected reimbursement rates UHCIL aims to achieve by rating area. These factors are relative to the membership-weighted average reimbursement rate for all areas UHCIL will service in Illinois. The factors only reflect differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and not differences in population morbidity by geographic area.



Section 4.6 demonstrates how the PAIRs and area factors are used to generate a schedule of premiums.

Tobacco Use Rating Factor Calibration

The tobacco calibration factor is [REDACTED]. It was determined as follows:

$$TCF = \frac{\sum Members}{\sum Members * Tobacco Factor}$$

Where:

- TCF is the tobacco calibration factor,
- Members are the projected members and
- Tobacco Factor is the rating factor associated with each member.

Section 4.6 demonstrates how the PAIRs and tobacco factors are used to generate a schedule of premiums.

Application of Calibration Factors

The age, geographic and tobacco calibration adjustments are not plan specific. These adjustments are applied uniformly to all plans.

The age rating curve used by UHCIL in Illinois is the curve indicated in the HHS Notice of Benefit and Payment Parameters for 2018 Final Rule.

4.6 Consumer Adjusted Premium Rate Development

The member's premium rate is calculated by first multiplying the PAIR by the calibration factors. This is the Calibrated PAIR, which is shown on Worksheet 2, row 3.15 of the URRT. The result can then be multiplied by the member's specific age, geographic and tobacco rating factors to determine the approximate member rate.

$$CPAIR = PAIR \times ACF \times GCF \times TCF$$

$$CAPR = CPAIR \times Age Factor \times Geographic Factor \times Tobacco Factor$$

Where:

- CPAIR is the Calibrated Plan Adjusted Index Rate,
- PAIR is the Plan Adjusted Index Rate,
- ACF is the age calibration factor,
- GCF is the geographic calibration factor,
- TCF is the tobacco calibration factor,
- CAPR is the Consumer Adjusted Premium Rate and
- Age, Geographic and Tobacco Factors are the rating factors associated with each member.

The premium for family coverage is determined by summing the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account.



The rate manual and a demonstration of how the allowable rating factors are applied to the Calibrated PAIR to determine the Consumer Adjusted Premium Rate are shown in Appendix B.

5 Projected Loss Ratio

The projected medical loss ratio (MLR) for the individual line of business is [REDACTED]. This was calculated using the federally prescribed MLR methodology.

[REDACTED] Taxes and regulatory fees were excluded from premium in the calculation of this value. The calculation for the projected federal MLR is included in Appendix D.

6 Plan Product Information

6.1 AV Metal Values

The federal Actuarial Value Calculator was used to generate the AV metal values shown on Worksheet 2, row 1.6 of the URRT. Please refer to the Unique Plan Design Justification and Documentation document for the impact of plans and cost sharing inputs modifications made in order to enter these into the federal Actuarial Value Calculator.

6.2 Membership Projections

The total membership projections for 2027 were based upon internal modeling of market share estimates for the Illinois counties we intend to service. The percentage of membership distributions by metal tier and variant was based on the metal, CSR variants and rating area/county distribution enrollments for Illinois from actual UHCIL enrollment with additional consideration to current Individual ACA Open Enrollment Period reports and the regulatory landscape. Refinements to this data are applied for strategic initiatives and actuarial judgment.

[REDACTED]

6.3 Terminated Plans and Products

Please see Appendix A for crosswalk of the terminated plans and products. Please see Worksheet 2, Section I of the URRT for plan names associated with the terminated and mapped plans.

6.4 Plan Type

The drop downs in Worksheet 2, Section 1 of the URRT describe the issuer's plan types appropriately.



7 Miscellaneous Instructions

7.1 *Effective Rate Review Information*

1a Scope and Purpose

Please see Section 1 and 2.

1b Market

This filing covers products in the Individual ACA market.

1c Policy Forms

The proposed plans and service areas for this filing are shown in Appendix A. Product codes and names can be seen on Worksheet 2, Section 1 of the Unified Rate Review Template (URRT).

The drop downs in Worksheet 2, Section 1 of the URRT describe the issuer's plan appropriately.

Form filing numbers for this filing are as follows: [REDACTED] and [REDACTED].

1d Description of Benefits

UHCIL is filing 21 plans, plus CSR plans on the Exchange (i.e., Zero, Limited, 73%, 87%, and 94% CSR variants). Plan designs cover state mandated benefits and all required essential health benefits (EHBs), including pediatric dental coverage. [REDACTED]. An adjustment has been applied for voluntary abortion service coverage required by the state. All plans will be available in the entire service area.

Detailed plan design information is shown in the AV Calculator screenshots and policy form filing documentation.

The proposed plans are shown in Appendix A.

1e Marketing Methods

UHCIL products will be sold through the internet, by brokers, in direct response to incoming inquiries and through the Exchange. Products are guaranteed issue and guaranteed renewable.

2a History of Rate Adjustments

UHCIL entered the market in 2022. A history of approved average adjustments is summarized in the following table:

Plan Year	Average Rate Change
2023	15.9%



2024	3.0%
2025	1.5%
2026	21.9%

2b Effective Date of Requested Rate Increase

The proposed rates are effective January 1, 2027.

2c Months of Rate Guarantee

The proposed rates are guaranteed through calendar year 2027.

2d SERFF Number of Prior Filing

The 2026 SERFF tracking number is [REDACTED].

2e Effective Date of Prior Filing

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

2f Proposed Percentage Rate Change

Please see Section 3.

2g Reason for Rate Change

Please see Section 3.

2h Average Annual Premium

The average 2027 annual premium is expected to be [REDACTED] with and [REDACTED] without the requested rate adjustment, respectively.

2i Number of Policyholders and Covered Lives

The number of policy holders and total covered lives currently in force that are affected by the rate adjustments proposed in the filing as of April 1, 2026, is [REDACTED] and [REDACTED], respectively.

2j Projected Loss Ratio With and Without Proposed Rate Increase

The projected traditional loss ratio is [REDACTED] with the proposed rate increase and [REDACTED] without the rate increase.

2k Cumulative, Future and Lifetime Loss Ratios

Please see the rate data collection tool for this information. Please note that the presented loss ratio estimates are not the same as the projected federal minimum loss ratio discussed in Section 5.



3a Dates of Service for the Experience Period Used to Develop Rates

Claims incurred in calendar year 2025 were used in the development of the proposed premium rates.

3b Date Through Which Claims Were Paid

Please see Section 4.1.

3c Estimated Allowed Claims During the Experience Period used to Develop Rates

Please see Section 4.1.

3d Method for Determining Allowed Claims

Please see Section 4.1.

3e Incurred but Not Paid Claims

Please see Section 4.1.

3f Premium in Experience Period (Net of MLR Rebate)

The best estimate of premium earned during the experience period is shown on Section I on Worksheet 1 of the URRT. [REDACTED]

4a&4b Adjustments to Allowed Claims During the Experience Period

Please see Section 4.3.

5a Changes to Benefits

Benefit levels were changed from 2026 to 2027 to comply with federal and state regulations, align with maximum member cost sharing limitations as allowed by law (e.g., maximum out-of-pocket limitations, deductibles, etc.), and to achieve competitive goals.

5b Trend Factors (Cost and Utilization)

Please see Section 4.3.1 for a description of the trend development.

Actual vs. expected trends are shown in the table below.

[Table Redacted]

UHCIL entered the Individual market in 2022, so only three years of actual trend are available.

5c Projected Changes in the Demographics of the Population Insurance

Please see Section 4.3.2.

5d Projected Changes in the Morbidity of the Insured Population

Please see Section 4.3.2.



5e Other Projected Changes

Please see Section 4.3.2.

6a Methodology Used to Develop the Credibility Manual Rate

Please see Section 4.3.3.

6b Source and Appropriateness of the Experience Used to Develop the Credibility Manual Rate

Please see Section 4.3.3.

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

Please see Section 4.3.3.

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

Please see Section 4.3.3.

7a Credibility Methodology

Please see Section 4.3.4.

7b Credibility Level(s)

Please see Section 4.3.4.

8a Essential Health Benefits

All EHBs were covered. No adjustments were made to add additional EHBs between the experience and projected periods.

The percent of claims representing EHBs in the projection period is [REDACTED]. Claims used in this calculation include total expected allowed claims whether supplemental coverage available through UHCIL or mandated by the state of Illinois.

8b State Mandated Benefits Which Are Not Essential Health Benefits

An adjustment has been applied for voluntary abortion service coverage required by the state. This cost has been estimated using the mandatory minimum of \$1.00 PMPM per 45 CFR 156.280(e)(4), although the actual estimated costs for these services is less than this amount.

8c Eliminated Benefits

There are no eliminated benefits.

8d Additional Mandated Supplementary Benefits

There are no additional mandated supplemental benefits.



8e Changes in the Level of Covered Services

There are no changes in the level of covered services.

8f EHB Substitutions

There are no EHB substitutions.

9 Credibility Adjusted Projected Claims

Please see Section 4.3.5.

10 Projected Index Rate

Please see Section 4.3.5.

11 Risk Transfer Payments

Please see Section 4.3.6.

12 Development of the Market Adjusted Index Rate

Please see Section 4.3.6.

13 Plan Adjusted Index Rate

Please see Section 4.4.

14a AV Metal Values

Please see Section 6.1.

14b AV Pricing Values

Please see Section 4.4.

15 Paid to Allowed Ratio

Please see Section 4.4.

16a Projected Non-Benefit Expenses, Risk and Profit

Please see Section 4.4.

16b Comparison of Current and Proposed Non-Benefit Expenses, Risk and Profit

A comparison of non-benefit expense loads not prescribed by regulation between 2026 to 2027 is shown in the table below (please note that quality improvement has been separated from SG&A for this exhibit).

[Table Redacted]

16c Varying Non-Benefit Expenses by Plan



17a Age Factors

Please see Section 4.5 and Appendix B.

17b Geographic Factors

Please see Section 4.5 and Appendix B.

17c Tobacco Factors

Please see Section 4.5 and Appendix B.

17d Family Composition

Family premiums are calculated on a per-member basis consistent with 45 CFR 147.102(c)(1). Only the three oldest dependents are considered if there are more than three dependents who are younger than age 21.

18a Development of Rate Tables

Please see Section 4.6.

18b Weighted Average Age

The approximate weighted average age for the single risk pool is [REDACTED]. This represents the age associated with the average age factor, based on the formula described below:

$$\text{Average Age} = \frac{\sum \text{Members} * \text{Age Factor}}{\sum \text{Members}}$$

Where:

- Members are the projected members and
- Age Factor is the rating factor associated with each member.

Consistent with the development of the age calibration factor, an age factor of 0 is used for members who are not expected to pay premium.

18c Age Curve Calibration

Please see Section 4.5.

18d Geographic Calibration Factor

Please see Section 4.5.

19 Development of All Product Base Rates

Please see Section 4.4 and Appendices B and C.

20 Risk Corridor Payments or Recoveries

This section is not applicable.



21 Company Financial Position

The Company maintains net worth at or above the required Risk Based Capital Authorized Control Level.

22 Last Five Years' RBC

The last five years' Risk Based Capital ratios are provided below.

[Table Redacted]

23a Projected Federal MLR

Please see Section 5.

23b Explanation When the Future Loss Ratio Is Not Consistent With the Federal Rebate MLR

This is not applicable as the projected federally calculated loss ratio is the same as rebate formula MLR.

24 Reliance

Please see Section 7.2.

25 Certifications of Compliance

Please see Section 7.3.

7.2 Reliance

■■■■■

7.3 Actuarial Certification

I, ■■■■■, am a Member of the American Academy of Actuaries (MAAA). I meet the Qualification Standards of Actuarial Opinion as adopted by the American Academy of Actuaries for preparing premium rate filings for insurers.

This actuarial certification applies to the UnitedHealthcare of Illinois, Inc. Individual products to be offered in the federal health Exchange. I certify that the projected Index Rate is:

- In compliance with all applicable state and federal statutes and regulations (45 CFR 156.80 and 147.102)
- Developed in compliance with applicable Actuarial Standards of Practice, including:
 - ASOP No. 5, *Incurred Health and Disability Claims*
 - ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*
 - ASOP No. 12, *Risk Classification*
 - ASOP No. 23, *Data Quality*
 - ASOP No. 25, *Credibility Procedures*
 - ASOP No. 41, *Actuarial Communications*



- ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient.

The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

The geographic rating factors reflect only differences in the cost of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Unified Rate Review Template for all plans. Any alternate methodologies are described in the Unique Plan Design Justification and Documentation.

The Part I Unified Rate Review Template does not demonstrate the process used to develop the rates. Rather it represents information required by federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the Index Rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,



June 2, 2026



Appendix A: Proposed Plans

[Table Redacted]

A table showing the terminated plans and products is provided below.

[Table Redacted]

PUBLIC



Appendix B: Rate Manual

[Table Redacted]

[Table Redacted]

[Table Redacted]

Consumer Adjusted Premium Rate Example

Plan ID:

■■■■■

Area:

■■■■■

[Table Redacted]

There might be small differences between the premium rates shown above and those implied by the URRT due to rounding.



Appendix C: Plan-Level Modifiers

IDFs and AVs

[Table Redacted]

Plan Adjusted Index Rate Development

[Table Redacted]

PUBLIC



Appendix D: MLR Calculation

[Table Redacted]

Some numbers were adjusted for rounding. The projected MLR exceeds 80%.

PUBLIC



Appendix E: CSR Enrollment

Projected CSR Member Months

[Table Redacted]

PUBLIC



June 2, 2026

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

Re: UnitedHealthcare of Illinois, Inc.
SERFF Tracking Number UHLC-134951297

Dear Director Gillespie,

UnitedHealthcare of Illinois, Inc. (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 Document:

- Rate Data Collection Form
- Reinsurance Data Collection
- Service Area Crosswalk Template
- Network Service Area Crosswalk Template
- Actuarial Certification
- Cover Letter
- AV Calculator Screenshots
- Proposed Enrollment Template
- Unique Plan Design Justification
- Federal Part III Actuarial Memorandum
- Memorandum Appendix, including Sample Rate Calculation
- Federal Part I Unified Rate Review Template
- 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
- Redacted Federal Part III Actuarial Memorandum
- Public Rate Filing Summary
- SERFF Rate/Rule Schedule tab
- Federal Rates Table Template
- Health Premium Rates Checklist
- Part II: Written Justification of Rate Increase

If you have any questions with regards to our trade secret assertion, please do not hesitate to contact me at (763) 361-3263 or via e-mail at zhuoying_chen@uhc.com.

Respectfully,

A handwritten signature in black ink, appearing to read "Z Chen". The signature is fluid and cursive, with the first letter "Z" being large and prominent.

Zhuoying Chen, FSA, MAAA
Associate Director, Actuarial Services
(763) 361-3263
zhuoying_chen@uhc.com