

**State:** Illinois  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only  
- Other  
**Product Name:** IL UHCPofRV SG ACA 202701  
**Project Name/Number:** /

## Filing at a Glance

Company: UnitedHealthcare Plan of the River Valley, Inc.  
Product Name: IL UHCPofRV SG ACA 202701  
State: Illinois  
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)  
Sub-TOI: HOrg02G.004E Small Group Only - Other  
Filing Type: Rate  
Date Submitted: 06/02/2026  
SERFF Tr Num: UHLC-134964405  
SERFF Status: Assigned  
State Tr Num:  
State Status: Assigned to Reviewer  
Co Tr Num:  
  
Effective 01/01/2027  
Date Requested:  
Author(s): Paul Knepp, Christopher Wada, Courtney Wolf, Rebecca Earl  
Reviewer(s): Christina Roy (primary), Becky Sheppard, Beth Verticchio  
Disposition Date:  
Disposition Status:  
Effective Date:  
  
State Filing Description:

**State:** Illinois  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only  
- Other  
**Product Name:** IL UHCPofRV SG ACA 202701  
**Project Name/Number:** /

**Filing Company:** UnitedHealthcare Plan of the River Valley, Inc.

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Small  
Group Market Type: Employer Overall Rate Impact: 9.2%  
Filing Status Changed: 06/02/2026  
State Status Changed: 06/02/2026 Deemer Date:  
Created By: Paul Knepp Submitted By: Paul Knepp  
Corresponding Filing Tracking Number:  
State TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO) State Sub-TOI: HOrg02G.004E Small Group Only - Other  
PPACA: Non-Grandfathered Immed Mkt Reforms  
PPACA Notes: null  
Include Exchange Intentions: No

### Filing Description:

IL Small Group ACA rates for 1/1/27 on the UnitedHealthcare Plan of the River Valley, Inc. 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 Plan of the River Valley, Inc.	CoCode: 95378	State of Domicile: Illinois
1300 River Drive, Suite 200	Group Code: 707	Company Type: HMO
Moline, IL 61265	Group Name:	State ID Number: 95378
(309) 765-1485 ext. [Phone]	FEIN Number: 36-3379945	

State:

Illinois

Filing Company:

UnitedHealthcare Plan of the River Valley, Inc.

TOI/Sub-TOI:

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

- Other

Product Name:

IL UHCPofRV SG ACA 202701

Project Name/Number:

/

Filing Fees

State Fees

Fee Required?

No

Retaliatory?

No

Fee Explanation:

SERFF Tracking #:	UHLC-134964405	State Tracking #:	Company Tracking #:
State:	Illinois	Filing Company:	UnitedHealthcare Plan of the River Valley, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	IL UHCPofRV SG ACA 202701		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	Review & Approve
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	11.200%
Effective Date of Last Rate Revision:	01/01/2026
Filing Method of Last Filing:	Review & Approval
SERFF Tracking Number of Last Filing:	UHLC-134548920

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 Plan of the River Valley, Inc.	Increase	9.200%	9.200%	\$53,307	0	\$579,426	9.200%	8.100%

**State:** Illinois  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only  
- Other  
**Product Name:** IL UHCPofRV SG ACA 202701  
**Project Name/Number:** /

## Rate Review Detail

### COMPANY:

Company Name: UnitedHealthcare Plan of the River Valley, Inc.  
HHS Issuer Id: 58239

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
58239IL004			1

Trend Factors: The annual pricing trend as of 1/1/27 and forward is 13.6%.

### FORMS:

New Policy Forms:

Affected Forms:

Other Affected Forms: POL27.H.RV.2018.SG.IL

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Other  
Member Months: 657  
Benefit Change: None  
Percent Change Requested: Min: 8.1 Max: 9.2 Avg: 9.2

### PRIOR RATE:

Total Earned Premium: 579,426.00  
Total Incurred Claims: 461,335.00  
Annual \$: Min: 457.43 Max: 2,855.66 Avg: 881.93

### REQUESTED RATE:

Projected Earned Premium: 577,839.00  
Projected Incurred Claims: 463,186.00  
Annual \$: Min: 495.35 Max: 3,059.25 Avg: 963.06

<b>SERFF Tracking #:</b>	UHLC-134964405	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	Illinois	<b>Filing Company:</b>	UnitedHealthcare Plan of the River Valley, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
<b>Product Name:</b>	IL UHCPofRV SG ACA 202701		
<b>Project Name/Number:</b>	/		

URRT

State Determination

<b>Review Status:</b>	Incomplete
-----------------------	------------

<b>SERFF Tracking #:</b>	UHLC-134964405	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	Illinois	<b>Filing Company:</b>	UnitedHealthcare Plan of the River Valley, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
<b>Product Name:</b>	IL UHCPofRV SG ACA 202701		
<b>Project Name/Number:</b>	/		

URRT Items

Item Name	Attachment(s)
Actuarial Memorandum - Redacted	IL_58239_UHCPofRV_SG_PartIII_2027Q1_Redacted.pdf

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

**UnitedHealthcare Plan of the River Valley, Inc.**

**NAIC: 95378**

**FEIN: 36-3379945**

**State of Illinois Rate Review**



## Table of Contents

Section 1: Purpose .....	3
Section 2: General Information .....	4
Section 3: Proposed Rate Changes .....	4
Section 4: Experience and Current Period Premium, Claims and Enrollment .....	6
Section 5: Benefit Categories .....	7
Section 6: Projection Factors .....	8
Section 7: Credibility Manual Rate Development .....	10
Section 8: Credibility of Experience .....	11
Section 9: Development of Projected Index Rate .....	11
Section 10: Development of the Market-wide Adjusted Index Rate .....	11
Section 11: Plan Adjusted Index Rate .....	12
Section 12: Calibration .....	14
Section 13: Consumer Adjusted Premium Rate Development .....	15
Section 14: Projected Loss Ratio .....	15
Section 15: AV Metal Values .....	16
Section 16: Membership Projections .....	17
Section 17: Terminated Plans and Products .....	17
Section 18: Plan Type .....	17
Section 19: Reliance .....	17
Section 20: Actuarial Certification .....	18

## Section 1: Purpose

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

This filing establishes rates intended to be used for non-grandfathered PPACA compliant small group health benefit plans sold off the Small Business Health Options Program in Illinois for the 2027 plan year. [REDACTED]

[REDACTED] The rates and other information in this submission are based on the current regulations and guidance from HHS. Changes to this filing may be necessary if there are revisions to the regulations or updated guidance from HHS.

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

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

## Section 2: General Information

### Company Identifying Information

Company Legal Name: UnitedHealthcare Plan of the River Valley, Inc.  
State: Illinois  
HIOS Issuer ID: 58239  
Market: Small Business, 1-50  
Proposed Effective Date: January 1, 2027

### Primary Contact Information

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

## Section 3: Proposed Rate Changes

[REDACTED]

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

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

- Changes that vary by plan
  - All plan relativity factors have been updated to reflect UnitedHealthcare's most recent pricing model.
  - The impact of any changes to plans that have occurred due to uniform modification are also reflected in the updated plan relativity factors. Please see the "Plan Adjusted Index Rate" section of the memorandum for more detail on these changes.

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

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

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

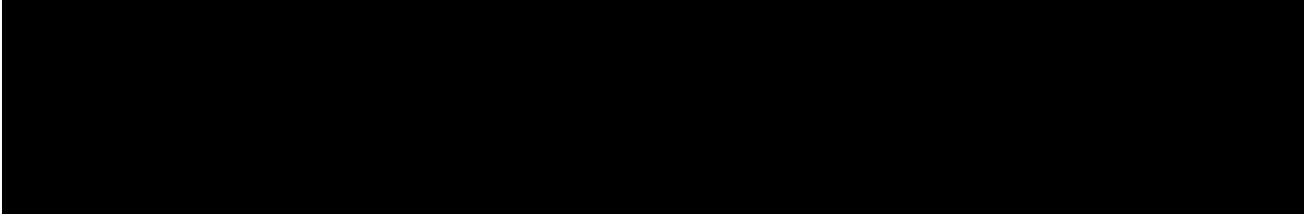
### Paid Through Date

The experience period is January 1, 2025 to December 31, 2025, with claims paid through February 28, 2026.

### Current Date

The current enrollment and premium is reported as of December 31, 2025.

### Allowed and Incurred Claims Incurred During the Experience Period



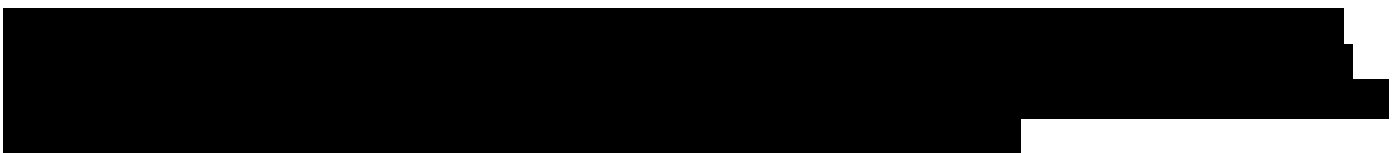
The claims data was available directly from company claims records.

### Support for estimate of incurred but not reported claims

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

### Experience Period Risk Adjustment and Reinsurance Adjustments (PMPMs)

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



### Experience Period Index Rates

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

## Section 5: Benefit Categories

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

### Inpatient Hospital

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

### Outpatient Hospital

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

### Professional

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

### Other Medical

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

### Capitation

Includes all services provided under one or more capitated agreements.

### Prescription Drug

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

## Section 6: Projection Factors

Trend

Two years of annual trend were applied to our 2025 experience to project it to the 2027 rating period.

The table below details the components of each trend factor.

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

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

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

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



## Section 7: Credibility Manual Rate Development

[REDACTED]

[REDACTED]

[REDACTED]

### Inclusion of Capitation Payments

Capitation payments are included in both the experience and projections.

## Section 8: Credibility of Experience

[REDACTED]

Consideration was given to ASOP #25 when determining the credibility and appropriateness of the experience and the manual rate.

## Section 9: Development of Projected Index Rate

[REDACTED]

[REDACTED]

[REDACTED]

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

### Reinsurance

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

### Risk Adjustment Payment/Charge

[REDACTED]

Since risk adjustment transfer payments are a function of the market level premium, our 2027 risk adjustment transfer PMPM amount is calculated by adjusting our estimated 2025 risk adjustment transfer PMPM amount for the projected market level trend, changes in reinsurance fees and recoveries, and other adjustments based on the overall financial performance of the market.

### Exchange User Fees

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

[REDACTED]

[REDACTED]

## Section 11: Plan Adjusted Index Rate

### Actuarial Value and Cost Sharing Adjustment

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

Our first step in calculating the Actuarial Value and Cost Sharing Adjustment for each plan is to estimate each plan's claims responsibility break out between the member's cost sharing vs our responsibility. The pricing model noted above utilizes over 12 million member months of calendar year 2024 data to estimate these "unsloped" cost relativities between plans. All claims are re-adjudicated separately under every plan to estimate the amount of cost shifting that is driven by the plan's combination of deductible, coinsurance, copays, and Out of Pocket Maximums. These unsloped rels in this step exclude the impact of risk adjustment and induced demand. Every group's projected experience is bucketed into an unsloped rel cohort.

The second step is to adjust our experience for the estimated risk adjustment. We know the actual risk adjustment in 2024 by plan and we assume that these risk adjustments will be similar in the projection period by unsloped rel cohort. The actual CMS risk adjustment is applied to our experience to normalize out the impact of morbidity.

### **Induced Demand Factors:**

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

### Provider network, delivery system and utilization management adjustment

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

### Distribution and Administrative Costs

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

### *Administrative Expense Load*

The administrative expense load is a long-term estimate of administrative expenses, including selling expenses and general administrative expenses. This load varies by plan on a percentage basis, but is constant by plan on a Per Member Per Month (PMPM) basis.

These assumptions are based on the general ledger actual results for 2025 with known adjustments. Known adjustments include, but are not limited to, pay increases/raises for employees and administrative expenses as a result of Healthcare Reform and compliance requirements. The administrative expense allocation methodology used in pricing is appropriate because it is consistent with how UnitedHealthcare runs its business and how it allocates administrative costs for Statutory Filings and the Healthcare Reform Exhibits.

### *Profit and Risk Margin*

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

The profit and risk margin assumption is set by leadership with the health plan.

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

[REDACTED]

[REDACTED]

## Section 12: Calibration

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Geographic rating factors are reviewed periodically versus UnitedHealthcare claims data that reflects unit cost differences by county. Such a review was conducted as part of our January 1, 2027 rate development. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

**Section 13: Consumer Adjusted Premium Rate Development**

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

Plan Adjusted Index Rate

X Age Calibration Factor

X Geographic Calibration Factor

X Consumer Specific Age Rating Factor

X Consumer Specific Geographic Rating Factor

X Small Group Trend Adjustment

---

= Consumer Adjusted Premium Rate

**Section 14: Projected Loss Ratio**

## Section 15: AV Metal Values

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

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

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

[REDACTED]

[REDACTED]

[REDACTED]

## Section 16: Membership Projections

The membership on this license was very small in prior years and in early 2025. It went to 0 members in mid-2025 and is possible that we will not sell any new members on this license in 2027. We are still filing this license and will re-evaluate the need for this license when we file for 2028.

Member distribution by plan was estimated assuming we would have 50 members in 2027. Strictly for purposes of the URRT, we have projected membership by plan.

## Section 17: Terminated Plans and Products



## Section 18: Plan Type

A plan type of HMO has been selected.

## Section 19: Reliance

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

### UnitedHealthcare Finance Department

- Projected SG&A Assumption

### UnitedHealthcare National Pricing Team

- Plan Relativity Modeling

### UnitedHealthcare Healthcare Economics Department

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

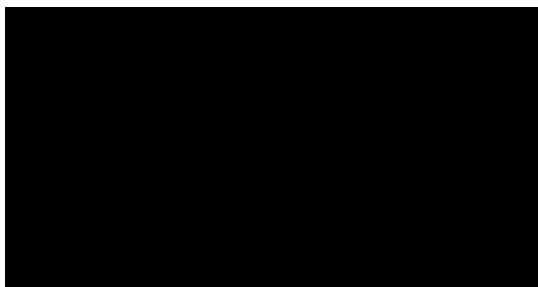


## Section 20: Actuarial Certification

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

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

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



6/1/26

\_\_\_\_\_  
Date

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

UnitedHealthcare Plan of the River Valley, Inc.  
Effective 1/1/2027

## 1 - General Information

### 1A - 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 subject to PPACA and sold by UnitedHealthcare Plan of the River Valley, Inc. (UnitedHealthcare). Small group to UnitedHealthcare means groups with between 1 and 50 eligible employees (1-50). The rates are applicable for medical (including drug) expense benefits. This rate filing is prepared according to the Illinois Department of Insurance – “Illinois Actuarial Memorandum Requirements – Small Group” document.

This filing includes rates for new plans and revised rates for existing plans.

This filing should not be used for any other purpose.

### 1B - Market

This filing impacts the Small Employer Group (1-50) block for UnitedHealthcare Plan of the River Valley, Inc. in the state of Illinois subject to PPACA.

### 1C - Policy Forms

The policy number associated with this filing is [REDACTED]

### 1D - Description of Benefits

Group comprehensive medical and prescription drug benefit plans sold to 1-50 employer groups. The benefits have been revised to meet the essential health benefits as prescribed by the state of Illinois.

### 1E - Marketing Method

The market for this product is Small employers with between 1 and 50 employees. The product is sold to employers usually via a broker.



Rates are effective through [REDACTED]  
[REDACTED]

---

## 2E - SERFF Number of Prior Filing

---

[REDACTED]

---

## 2F - Effective Date of Prior Filing

---

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

---

## 2G - Proposed Percentage Rate Change

---

UnitedHealthcare is proposing [REDACTED]. Please see URRT Worksheet 2 for proposed rate changes by plan.

[REDACTED]

---

## 2H - Reason for Rate Change

---

Updated experience and a refinement to our benefit pricing model indicate a rate revision is appropriate.

---

## 2I - Average Annual Premium

---

The experience period average monthly premium was [REDACTED]. This is equal to [REDACTED] on an annual basis. The projected 2027 average monthly premium is [REDACTED]. On an annual basis, this is equal to [REDACTED].

---

## 2J - Number of Policyholders and Covered Lives

---

As of December 2025, there were [REDACTED] for employers located in Illinois on this license. Covered lives include covered employees and their dependents.

---

## 2K - Projected Loss Ratio with and without Proposed Rate Increase

---

[REDACTED] If the actual loss ratio is below the 80% MLR requirement for small business, rebates will be paid as the law requires.

---

## 2L - Cumulative, Future, and Lifetime Loss Ratios

---

Not applicable. This is an annually rated product.

---

# 3 - Experience Period Premium and Claims

---

---

## 3A - Dates of Service for the Experience Period Used to Develop Rates

---

January 2025 to December 2025.

### 3B - Dates Through Which Claims Were Paid

---

Claims were paid through February 2026.

### 3C - Estimated Allowed Claims during the Experience Period Used to Develop Rates

---

The estimated allowed claim amount in the experience period is approximately [REDACTED]. There were approximately [REDACTED] in experience period.

### 3D - Method of Determining Allowed Claims

---

Incurred claims were developed by first starting with actual claims paid through 2/28/26 sorted by incurred date. Estimates of incurred but not paid were added to these paid claims.

### 3E - Incurred but Not Paid Claims

---

The allowed claims amount incurred in the experience period but not paid through the end of February 2026 was estimated at approximately [REDACTED]. This is about [REDACTED] of the allowed claims incurred and paid through the end of February 2026.

### 3F - Premium in Experience Period (Net of MLR Rebate)

---

The total premium (net of MLR Rebate) in the experience period was approximately [REDACTED]

## 4 - Adjustments to Allowed Claims during the Experience Period

### 4A&B - Adjustments to Allowed Claims during the Experience Period

---

The only adjustment was for the Incurred but Not Paid claims amount.

## 5 – Projection Factors

### 5A - Changes to Benefits

---

None

### 5B - Trend Factors (Cost and Utilization)

---

[REDACTED]

[REDACTED]

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

### 5C - Quarterly Trend Factors

---

The current and proposed trend factors are included in the table below:

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

### 5D - Projected Changes in the Demographics of the Insured Population

---

The age factors do not account for aging that occurs during the policy year. The HHS proposed age factors are used in rating.

### 5E - Projected Changes in the Morbidity of the Insured Population

---

Adjustments that we will continue to monitor but have not included in this filing include the following:

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

## 5F - Other Projected Changes

The "Other" column in the URRT includes adjustments for items that are not otherwise reflected in our rating experience.

## 6 – Credibility Manual Rate Development

### 6A - Methodology Used to Develop the Credibility Manual Rate

The experience for this legal entity contains

Consideration was given to ASOP #25 when determining the credibility and appropriateness of the experience and the manual rate.

### 6B - Source & Appropriateness of the Experience Used to Develop the Credibility Manual Rate

### 6C - Adjustments Made to the Data Used to Develop the Credibility Manual Rate

This claims data was trended forward to the contract period and adjusted for large claims and demographic differences.

### 6D - Inclusion of Capitation Payments in Developing the Credibility Manual Rate

Capitated claims were included.

## 7 - Credibility

### 7A - Credibility Methodology

UnitedHealthcare's experience includes



## 7B - Credibility Level

[REDACTED]

## 8 – Covered Services

### 8A - Covered Services – Essential Health Benefits

None

### 8B - Covered Services – State Mandated Benefits Which Are Not Essential Health Benefits

None

### 8C - Covered Services – Eliminated Benefits

None

### 8D - Covered Services – Additional Mandated Supplementary Benefits

None

### 8E - Covered Services – Changes in the Level of Covered Services

None

### 8F - Covered Services – EHB Substitutions

None

## 9 - Credibility Adjusted Projected Claims

The credibility adjusted Projected allowed claim amount is approximately [REDACTED]

## 10 - Projected Index Rate

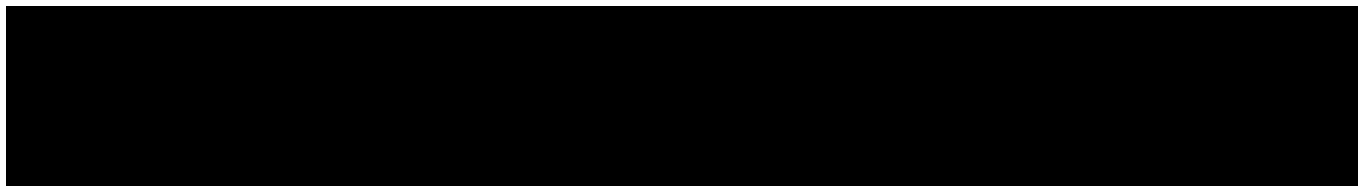
The Projected Index rate is [REDACTED], which is based on the projected claim amount of [REDACTED]

## 11 - Risk Transfer Payment

[REDACTED]

## 12 - Development of the Market Adjusted Index Rate

The market adjusted index rate includes market-wide adjustments for the risk adjustment program and exchange user fees. Please refer to Risk Transfer Payment section and the Non-Benefit Expenses and Profit section of this memorandum for a brief description of each of these items. Incurred values were grossed up by the average paid-to-allowed ratio to reflect an allowed basis.



## 13 - Development of the Plan Level Adjusted Index Rate

The development of the projected index rate and all rating factors is in compliance with all applicable federal statutes and regulations (45 CFR 156.80 and 147.102).

### Actuarial Value and Cost Sharing Adjustment



Provider network, delivery systems and utilization management adjustment

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

Benefits in Addition to EHBs

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

Distribution and Administrative Costs

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

## 14 – Actuarial Values

### 14A - AV Metal Values

All AV Metal Values were based on the AV Calculator. Some adjustments were made to plan designs in order to appropriately model the designs in the AV Calculator. When possible, data from the AV Calculator was used to make the adjustments. If the necessary data from the AV Calculator was not available, adjustments were developed based on UnitedHealthcare's historical experience and proprietary pricing model. These adjustments include the following:

[REDACTED]

[REDACTED]

[REDACTED]

### 14B - AV Pricing Values

The AV pricing value is set according to guidance to be the single value for each plan that is applied to the Market Adjusted Index Rate to generate the Plan Adjusted Index Rate.

## 15 - Paid to Allowed Ratio

The Paid to Allowed Ratio is [REDACTED]. The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period blended with the credibility manual, adjusted for expected leveraging and migration to new plans.

## 16 – Non-Benefit Expenses Including Risk and Profit Margin

### 16A - Projected Non-Benefit Expenses, Risk and Profit

---

**Administrative Expenses** - The administrative expense assumption is a long-term estimate of administrative expenses, including commissions, management fees, and other SG&A. [REDACTED]

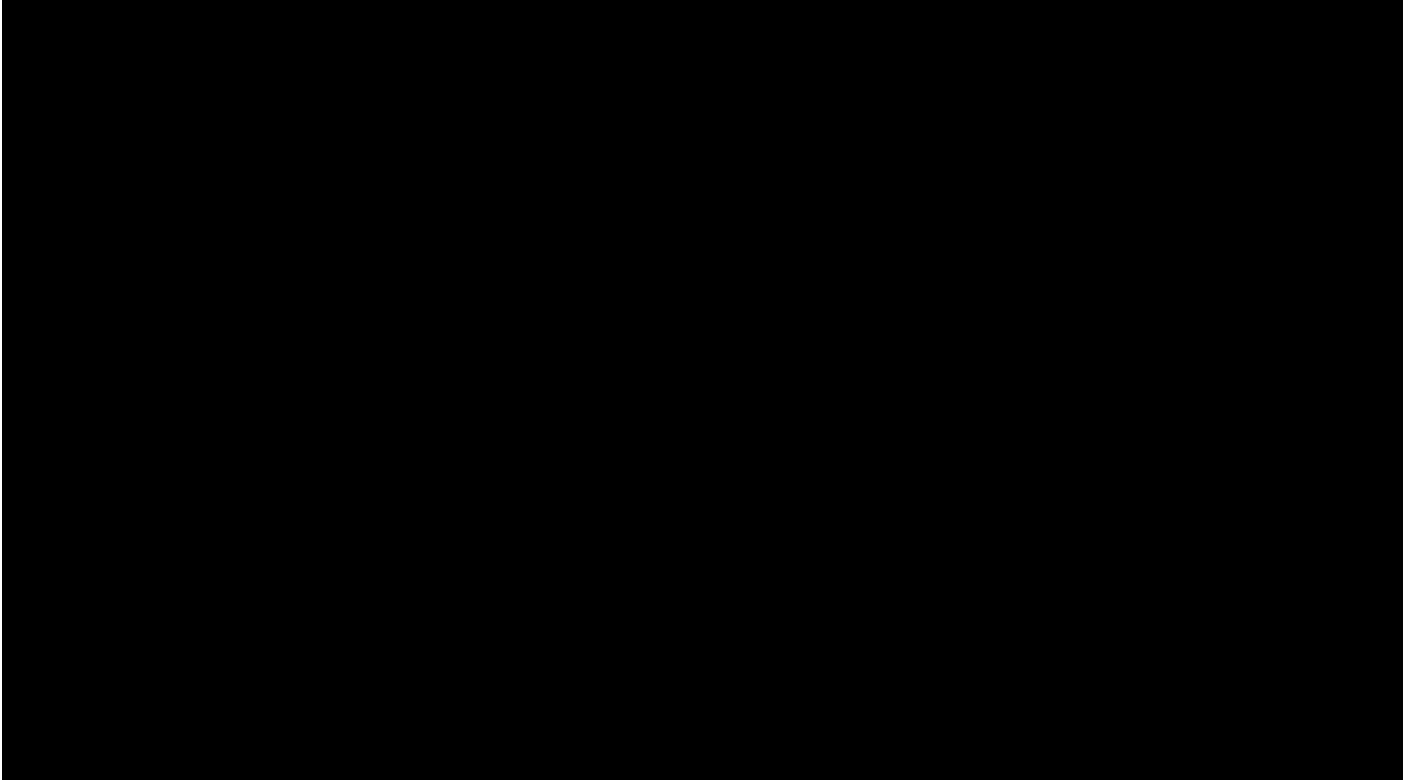
**Profit & Risk Margin** The profit and risk load varies by plan on a percentage basis but is constant by plan on a Per Member Per Month (PMPM) basis.

**Taxes and Fees** - The taxes and fees assumption includes insurer fees, premium taxes, and federal income taxes.

## **16B - Comparison of Current and Proposed Non-Benefit Expenses, Risk and Profit**

---

The tables below illustrate the anticipated non-claim expenses incurred by UnitedHealthcare as a percent of total premium collected. This is used to calculate the anticipated loss ratio that is then used in the base rate development. The anticipated loss ratio does not equate to the federal MLR used to calculate insurer rebates as there are multiple components illustrated below that are excluded/credited from the federal MLR calculation.



## **16C - Varying Non-Benefit Expenses by Plan**

---



## 17 - Adjusted Community Rating Factors

### 17A - Age Factors

UnitedHealthcare's age factors will follow the Federal recommended factors, which are shown below.

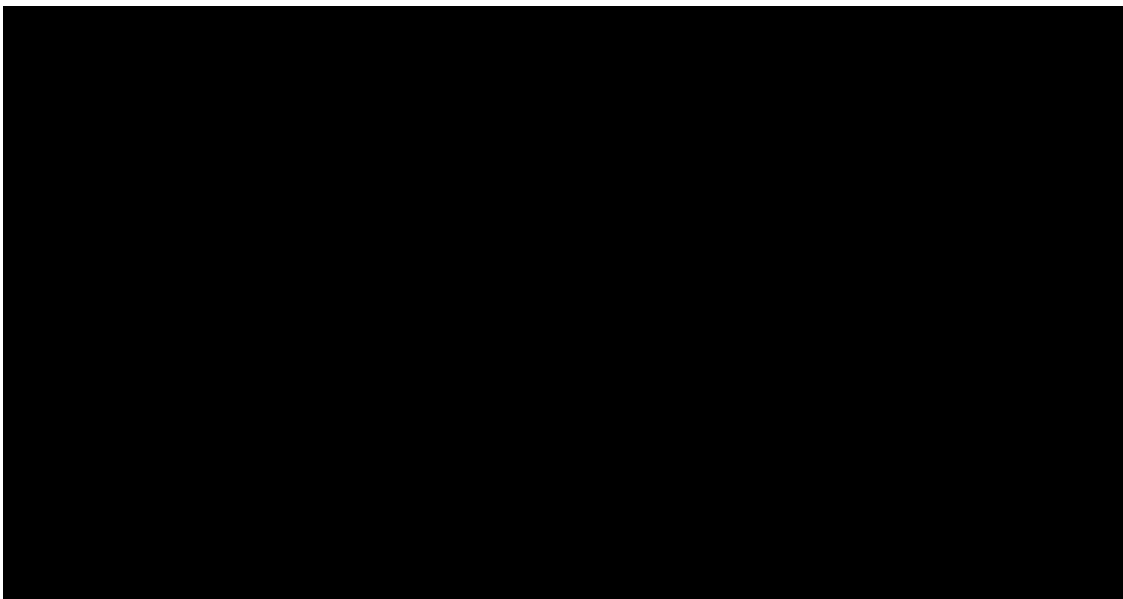
Age	Current Factor	Proposed Factor	Age	Current Factor	Proposed Factor
0	0.765	0.765	33	1.198	1.198
1	0.765	0.765	34	1.214	1.214
2	0.765	0.765	35	1.222	1.222
3	0.765	0.765	36	1.230	1.230
4	0.765	0.765	37	1.238	1.238
5	0.765	0.765	38	1.246	1.246
6	0.765	0.765	39	1.262	1.262
7	0.765	0.765	40	1.278	1.278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

Age factors are not changing with this filing.

## 17B - Geographic Factors

---

UnitedHealthcare's area factors are below. The areas are set by county as defined by the state of Illinois.



## 17C - Tobacco Factors

---

Tobacco status will not be used in rating in this 1/1/27 filing. Both tobacco users and non-tobacco users will get a 1.0 factor in rating.

## 17D - Family Composition

---

Final rates will be determined by calculating a rate for each individual member based on that member's age, tobacco status, benefit plan, and geographic area. The calculated rate for each member is aggregated to determine the group's rate. Only the three oldest dependents under 21 are used in the development of rates.

# 18 – Rate Tables

## 18A - Development of Rate Tables

---

The average demographic factors were projected based on the filed factors and the projected demographic make-up of the membership impacted by this filing. Those factors were considered when setting the base rates so that the required premium could be achieved.

## 18B - Weighted Average Age

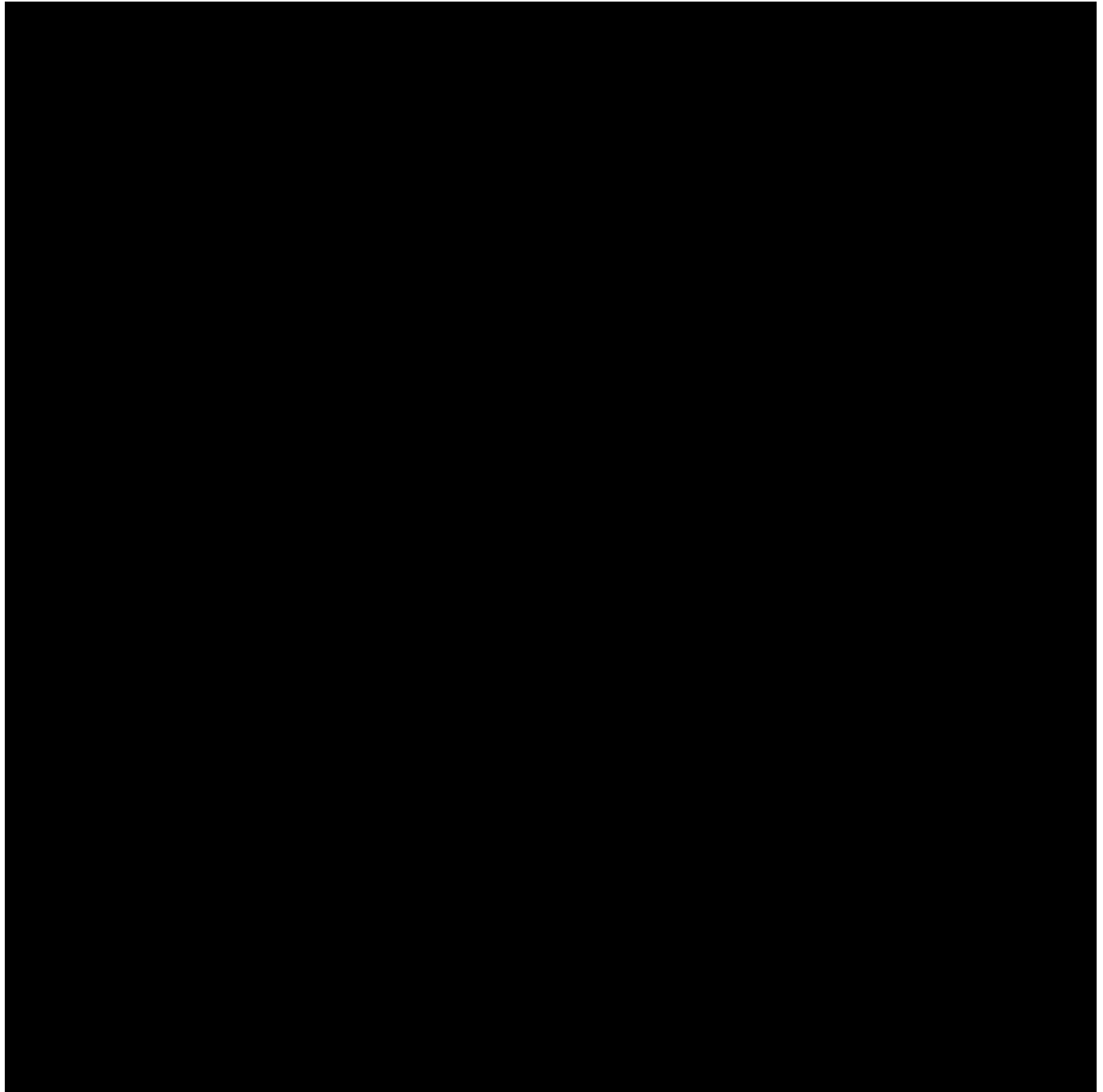
---

The weighted average age is approximately [REDACTED]. Please see the Age Curve Calibration section for more details.

## 18C - Age Curve Calibration

---

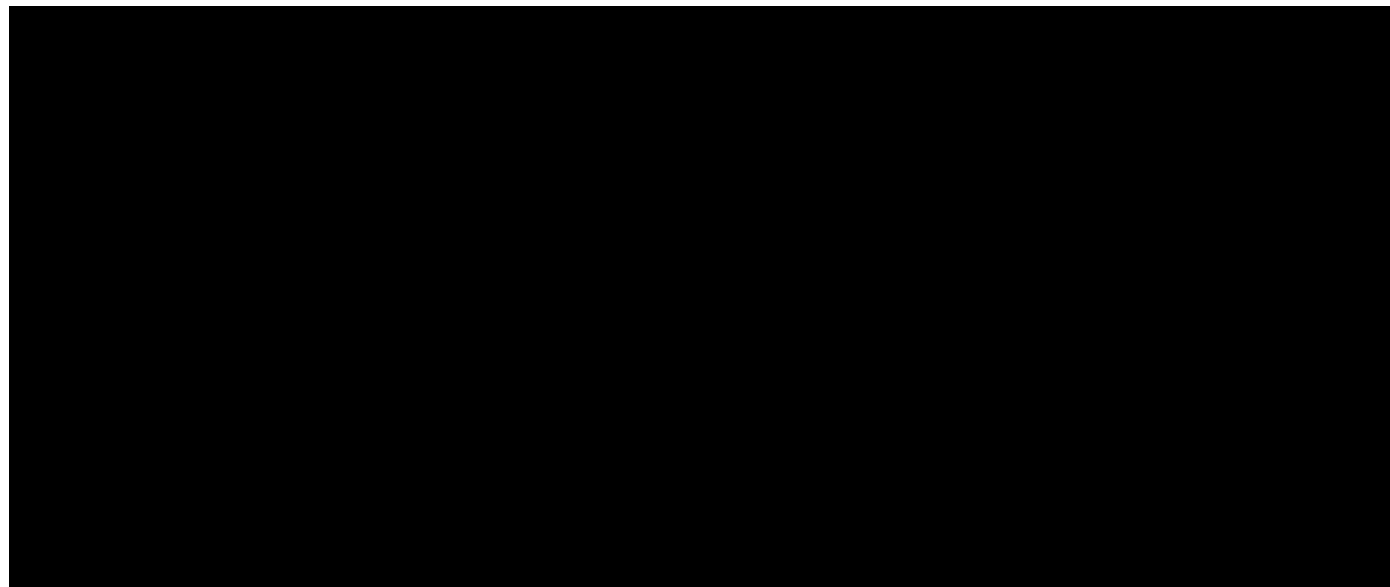
The calculated age curve calibration is [REDACTED], which equals one divided by the average age factor of the expected member distribution by age. This corresponds with an approximate age of 45 years. The age factors used in this calculation are the HHS-specified age curve.





## 18D - Geographic Calibration Factor

The geographic factor calibration is [REDACTED], which equals one divided by the expected average area factor.



## 19 - Development of All Product Base Rates

The development of the base rates from the Index Rate to the Market Adjusted Index Rate to the Plan Adjusted Index Rate to the Calibrated Plan Adjusted Index Rate can all be seen on Worksheets 1 and 2 of the URRT.

## 20 - Risk Corridor Payments or Recoveries

There were no risk corridor payments or recoveries in the experience period.

## 21 - Company Financial Position



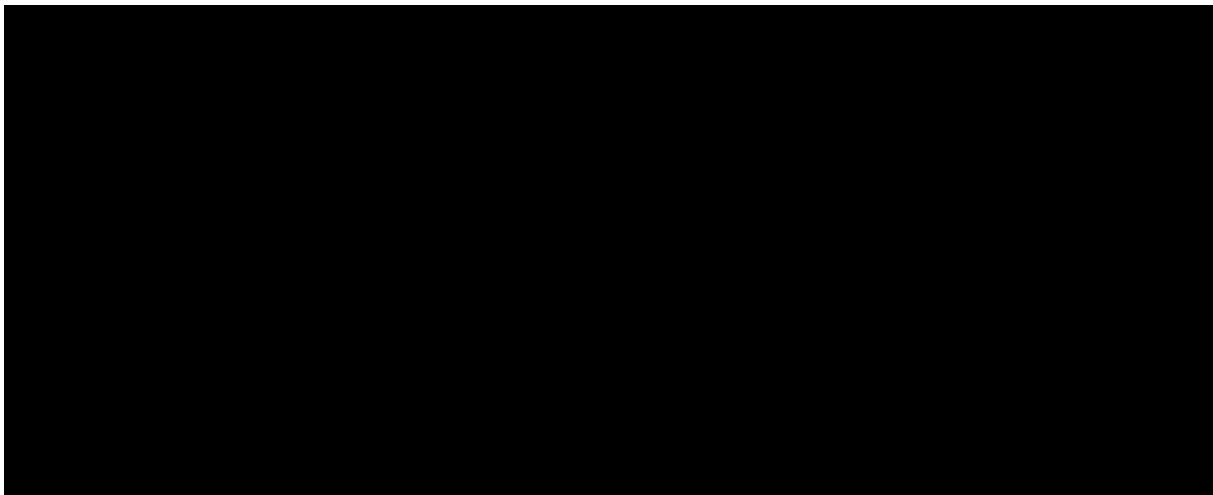
## 22 - Last Five Years RBC



## 23 – Federal Medical Loss Ratio Requirements

### 23A - Projected Federal MLR

When calculating the MLR utilizing the federal methodology, the estimated MLR is [REDACTED]. The table below illustrates the development of the projected loss ratio.



### 23B - Explanation for Future Loss Ratio

Not applicable.

## 24 - Reliance

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

#### UnitedHealthcare Finance Department

Projected SG&A Assumption

#### UnitedHealthcare National Pricing Team

Plan Relativity Modeling

#### UnitedHealthcare Healthcare Economics Department

Projected Trend

Claims Reserves

## 25 – Certifications of Compliance

### Identification of the Certifying Actuary

I, [REDACTED], am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I satisfy the 2025 continuing professional development requirements of the Academy and therefore am qualified to issue this 2026 statement of actuarial opinion. I have reviewed applicable ASOPs during the preparation of this rate filing.

### Certification of the Index Rate

I certify that the projected index rate is:

- In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- Developed in compliance with the applicable Actuarial Standards of Practice,
- Reasonable in relation to the benefits provided and the population anticipated to be covered, and,
- Neither excess nor deficient

### Certification of the Plan Level Rates

I certify that 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.

### Certification of Metal AV

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. Some plan designs did not fit into the AV Calculator and needed an adjustment to properly calculate the AV Metal Value.

### Certification of Geographic Factors

I certify that the geographic factors do not reflect anticipated differences in morbidity by area. The factors were determined by first looking at the expected differences in unit costs and practice patterns by area. Adjustments were then made to mitigate any dramatic changes that would have resulted by market if the geographic factors were strictly based on unit cost expectations. This adjustment was not based on morbidity by area.

### Certification of Compliance with Applicable Federal Regulations

I certify that 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.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare 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.

## Certification of Compliance with Actuarial Standards of Practice

---

### 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

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

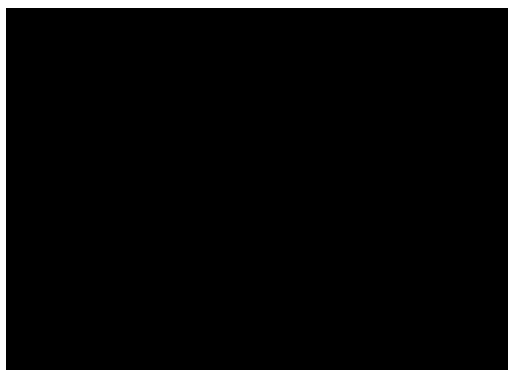
---

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.

Respectfully submitted,



<b>State:</b>	Illinois	<b>Filing Company:</b>	UnitedHealthcare Plan of the River Valley, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
<b>Product Name:</b>	IL UHCPofRV SG ACA 202701		
<b>Project Name/Number:</b>	/		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Review Requirement Checklist
<b>Comments:</b>	
<b>Attachment(s):</b>	IL UHCPofRV SG 202701 - Health Premium Rate Review Checklist.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	IL UHCPofRV SG 202701 - cover letter.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Rate Schedule
<b>Comments:</b>	
<b>Attachment(s):</b>	IL UHCPofRV SG 202701 - rate schedule.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Certification of Compliance
<b>Comments:</b>	
<b>Attachment(s):</b>	Exhibit A-Cert of Compliance - UHCPofRV SG ACA 202701.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Confidentiality Request
<b>Comments:</b>	
<b>Attachment(s):</b>	il_58239_uhcprv_off_sg_confidentiality_v01_2027.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b><u>Contact Person:</u></b>	<b>Illinois Division of Insurance</b>	<b>320 West Washington Street</b>
<b>Cindy Colonius</b>	<b>Review Requirements Checklist</b>	<b>Springfield, IL 62767-0001</b>
<b>217-782-4572</b>		<b>Effective 05/27/2014</b>
<a href="mailto:cindy.colonius@illinois.gov">cindy.colonius@illinois.gov</a>		

	<b>For Policies issued after 01/01/2014</b>
<b>Line(s) of Business</b>	<b>Line(s) of Insurance</b>
<b>Health Premium Rates</b>	<b>Individual/ Small Group Major Medical, Surgical/Medical/hospital PPO and Non PPO and HMO</b>

Illinois Insurance Code Link	Illinois Compiled Statutes Online	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Illinois Administrative Code Link	Administrative Regulations Online		
Product Coding Matrix	Product Coding Matrix		
REVIEW REQUIREMENTS	REFERENCE		
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Cover Letter	<a href="#">50 IL Adm. Code 916.40 (b)</a>	Cover Letters must generally describe the intent of the rate filing and whether the filing is a new rate, rate revision or justification of an existing rate. It is necessary to provide a listing of the policy form filing company tracking number(s) and company form number(s) to show the association between the rate being filed and those forms affected by the rate change. ** The Filing Description field in the General Information Tab in SERFF may be used in place of a cover letter.	Supporting documents – “Cover Letter” section

COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Grandfathered Status		<p>1.) Not Grandfathered- This rate filing is not being made in support of a grandfathered plan.</p> <p>2.) Grandfathered Plan- This rate filing is being made in support of a grandfathered plan. None of the changes that have been made to this plan since the last rate filing have caused the plan to lose its grandfathered status.</p> <p>3.) Formerly a Grandfathered Plan- This rate filing is being made in support of a formerly grandfathered plan. The following SERFF filing(s) contained changes that caused the plan to lose its grandfathered status:_____.</p>	Not Grandfathered- This rate filing is not being made in support of a grandfathered plan.
Implementation Date		The proposed effective date of rate revision implementation.	1/1/2027
Rate Filing Requirements	<a href="#">215 ILCS 5/355</a>  <a href="#">Company Bulletin 2010-08</a>	<p>The Federal Patient Protection and Affordable Care Act (PPACA) has established premium reporting and review processes for all health insurance issuers. The Rate Data Collection Form is available on the Department's web site under Company Bulletin 2010-08. The Rate Filing Actuarial Memorandum requirements in Company Bulletin 2010-08 are no longer applicable. The revised Actuarial Memorandum requirements are found in the "Actuarial Memorandum" section of this checklist.</p> <p>Rates must be submitted in a separate SERFF filing from policy forms.</p>	Supporting documents
Rate Filing Submission	<a href="#">Company Bulletin 2010-08</a>  <a href="#">Company Bulletin 2011-02</a>	Rate Filings must be submitted in their entirety into both SERFF and the Web Portal for review.	Supporting documents – "Actuarial Memorandum and Certifications" section and web portal.
TOI (Type of Insurance)	<a href="#">Company Bulletin 2010-08</a>	<p>A health insurance issuer offering any group or individual health insurance coverage, including managed care and HMO plans (regardless of whether the plans are grandfathered or non-grandfathered) must submit all new rate filings and rate revisions for review.</p> <p>A link to SERFF's Website for the TOI's required to file pursuant to CB 2010-08 and 2011-02</p> <p><a href="http://www.serff.com/documents/index_ppaca_tois.pdf">http://www.serff.com/documents/index_ppaca_tois.pdf</a></p>	General information
Federal Unified Rate Review Templates		<p>Parts I and III must be submitted with each filing.</p> <p>Parts I and III are required to be completed and Submitted for all rate increases the issuer has in a state. Link to the Rate Review Templates:</p> <p><a href="http://www.serff.com/plan_management_data_templates.htm">http://www.serff.com/plan_management_data_templates.htm</a></p>	Supporting documents – "Unified Rate Review Template" section.
Rate Data Collection Form	<a href="#">Company Bulletin 2010-08</a>	<p>The filing must contain an Excel spreadsheet (.xls or .xlsx format), along with a PDF version of the spreadsheet, according to format found in Company Bulletin 2010-08:</p> <p><a href="http://insurance.illinois.gov/cb/2010/Experience.xlsx">http://insurance.illinois.gov/cb/2010/Experience.xlsx</a></p>	Rate/Rule Schedule tab.

COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Actuarial Memorandum		<p>The Actuarial Memorandum is required and is to contain the complete justification for the submitted rates, including background information and an explanation of the rationale for the requested rate action, as well as other relevant information. The small group or individual Actuarial Memorandum requirements checklist must be completed for each filing.</p> <p>Small Group Checklist:  <a href="http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/RateReviewChecklistSmallGroup.pdf">http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/RateReviewChecklistSmallGroup.pdf</a></p> <p>Individual Checklist:  <a href="http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/RateReviewChecklistIndividual.pdf">http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/RateReviewChecklistIndividual.pdf</a></p>	Supporting documents – “Actuarial Memorandum and Certifications” section and web portal.
Actuarial Certification		<p>The Actuarial Certification must be completed for all filings.  <a href="http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/ActuarialCertificationForRateFilings.pdf">http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/ActuarialCertificationForRateFilings.pdf</a></p>	Supporting documents – “Certification of Compliance” section
Rate Schedules/Manuals		Shall be attached in SERFF as separate attachments from other documents required in SERFF.	Supporting documents – “Rate Schedule” section
HHS Rate Data Requirements		Data required to be entered in the Rate Review Detail tab in SERF 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 tab.
Public Access	<a href="#">215 ILCS 5/404</a>	In order to maintain confidentiality, the Actuarial Memorandum should be attached in the Supporting Documentations Tab. It should be attached separately from any other attachments. Also, it is necessary to name them as Actuarial Memorandums to assist DOI in recognizing the type of document that is being attached.	Supporting documents – “Actuarial Memorandum and Certifications”
Have you included the following forms?		<ol style="list-style-type: none"> <li>1. Federal Unified Rate Review Template</li> <li>2. Rate Data Collection Form</li> <li>3. Actuarial Memorandum</li> <li>4. Actuarial Certification</li> </ol>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>



June 1, 2026

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

RE: UnitedHealthcare Plan of the River Valley  
SERFF Filing UHLC-134964405

Mr. Patton,

The purpose of this rate filing is to revise base rates and benefit plan pricing. Area and Age factors are not changing with this filing. Pricing trend is being updated to 13.6% annually. These rate changes apply to the entire state of Illinois. This is a new rate filing.

The SERFF number for the last filed rate filing is UHLC-134548920

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

The policy form number associated with this filing is: POL27.H.RV.2018.SG.IL, which will be filed under SERFF Tracking # UHLC-134963512.

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 at 309-757-6399 or via email at Paul\_J\_Knepp@uhc.com

Respectfully,

A handwritten signature in black ink, appearing to read "Paul Knepp", is written over a light gray rectangular background.

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 Plan of the River Valley, Inc.

---

(Company Name)

By: Paul Knepp Title: Sr. Director of 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 Plan of the River Valley, 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 Plan of the River Valley, Inc.

(Company Name)

By:



(Signature)

Title: Sr. Director of Actuarial Services

Date: 6/1/26

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

June 1, 2026

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

Re: UnitedHealthcare Plan of the River Valley  
SERFF Tracking Number UHLC-134964405

Dear Acting Director Gillespie,

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

Trade Secret Documents:

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

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

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

If you have any questions with regards to our trade secret assertion, please do not hesitate to contact me via email at [paul\\_j\\_knepp@uhc.com](mailto:paul_j_knepp@uhc.com)

Respectfully,  
Paul Knepp, FSA, MAAA