

Aetna Health, Inc. & Aetna Health Ins. Co.
Delaware Small Group
POS Products
Effective Date of Proposed Rate Change: January 1, 2024

Summary

Aetna is filing premium rates for Small Group plans in Delaware.

The new rates will apply to plan years effective in 2024. The current membership and range of rate changes by product are:

Product Name: **Aetna Health Maintenance Organization**
Members as of March 2023: **80**
Rate Change Range: **-8.9%**

Time Period	Incurred Claims	Earned Premium
2018	3,674,450	5,341,725
2019	1,314,245	1,932,110
2020	787,360	1,477,298
2021	748,314	962,896
2022	207,958	736,041
2024 (Projection)	523,326	658,809

Factor	Rate Change
Base Experience and Others	-17.0%
Trend - Experience Year to Projection Year	9.7%
Total	-8.9%

Why We Need to Decrease Premiums

We expect medical costs to go up 9.7% excluding the effect of benefit or cost sharing changes. Medical costs go up for two reasons – providers raise their prices and members get more medical care. This is offset by experience of the block of business, including actual claim experience and federal premium stabilization program.

Will Premiums for All Small Groups Decrease -8.9%?

No. There is only one plan available in each of 2022 and 2023, but the exact rate change depends on when the group’s contract renews and the ages and family sizes of enrolling employees. Rates charged to employees also depend upon any change in the amount of premium paid by the employer.

How does this request align to Minimum Loss Ratio Requirements (MLR)?

These rates are expected to produce an MLR equal to or above the 80% requirement for Small Group business. Under the ACA, at least 80% of the premiums collected by health plans are expected to pay

for medical care and activities that improve health care quality for members. If the actual MLR turns out to be less than 80%, rebates will be issued to members in accordance with the law.

Aetna makes significant investments that benefit our members that the government does not allow us to use in this calculation. These investments include customer service, health quality activities like disease management programs, and the development of new information technologies.

What is Aetna doing to keep premiums affordable?

Aetna strives to keep our products as affordable as possible and to address the underlying cost of health care. We are:

- Developing new agreements, arrangements, and partnerships with health care providers that base provider compensation on the quality of care.
- Creating medical management programs that address potential health issues for members earlier, improving health outcomes and reducing the need for high-cost health care services.
- Working to reduce the ability of out-of-network providers to collect unreasonably excessive payments for services they provide.

We are dedicated to increasing transparency within the health care system and helping members best utilize the plans that they have. Members can access Aetna Navigator, a secure member website, which allows them to research their specific plan benefits, health care providers in a given area, and in some locations, the cost of certain health care services. The Aetna Navigator streamlined mobile app is also available to allow members to take their care on the go.