

**Product-Plan Data Collection**

Company Legal Name: **Aetna Health Inc. (a PA corp.)**  
 HIOS Issuer ID: **67190** State: **DE**  
 Effective Date of Rate Change(s): **1/1/2024** Market: **Small Group**

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the Validate button or Ctrl + Shift + I.

To finalize, select the Finalize button or Ctrl + Shift + F.

To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.

To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

**Product/Plan Level Calculations**

Field #	Section I: General Product and Plan Information		
1.1	Product Name		HNOption
1.2	Product ID		67190DE004
1.3	Plan Name		Aetna Silver
1.4	Plan ID (Standard Component ID)		67190DE0040061
1.5	Metal		Silver
1.6	AV Metal Value		0.690
1.7	Plan Category		Renewing
1.8	Plan Type		POS
1.9	Exchange Plan?		No
1.10	Effective Date of Proposed Rates		1/1/2024
1.11	Cumulative Rate Change % (over 12 mos prior)		-8.92%
1.12	Product Rate Increase %		-8.92%
1.13	Submission Level Rate Increase %		-8.92%

Worksheet 1 Totals		Section II: Experience Period and Current Plan Level Information			
	2.1 Plan ID (Standard Component ID)	Total	67190DE0040061		
\$312,817	2.2 Allowed Claims		\$312,817		\$312,817
50	2.3 Reinsurance	50	50		50
	2.4 Member Cost Sharing	\$104,859	\$104,859		\$104,859
	2.5 Cost Sharing Reduction	50	50		50
\$207,958	2.6 Incurred Claims	\$207,958	\$207,958		\$207,958
-\$80,305	2.7 Risk Adjustment Transfer Amount	-\$80,305	-\$80,305		-\$80,305
\$736,041	2.8 Premium	\$736,041	\$736,041		\$736,041
1,107	2.9 Experience Period Member Months	1,107	1,107		1,107
	2.10 Current Enrollment	80	80		80
	2.11 Current Premium PMPM	\$750.36	\$750.36		\$750.36
	2.12 Loss Ratio	31.71%	31.71%		31.71%
	<b>Per Member Per Month</b>				
	2.13 Allowed Claims	\$282.58	\$282.58		\$282.58
	2.14 Reinsurance	50.00	50.00		50.00
	2.15 Member Cost Sharing	\$94.72	\$94.72		\$94.72
	2.16 Cost Sharing Reduction	50.00	50.00		50.00
	2.17 Incurred Claims	\$187.86	\$187.86		\$187.86
	2.18 Risk Adjustment Transfer Amount	-\$72.54	-\$72.54		-\$72.54
	2.19 Premium	\$664.90	\$664.90		\$664.90

Section III: Plan Adjustment Factors			
3.1	Plan ID (Standard Component ID)		67190DE0040061
3.2	Market Adjusted Index Rate		\$715.01
3.3	AV and Cost Sharing Design of Plan		0.7530
3.4	Provider Network Adjustment		1.0000
3.5	Benefits in Addition to EHB		1.0000
<b>Administrative Costs</b>			
3.6	Administrative Expense		10.53%
3.7	Taxes and Fees		5.30%
3.8	Profit & Risk Load		4.74%
3.9	Catastrophic Adjustment		1.0000
3.10	<b>Plan Adjusted Index Rate</b>		5677.83
3.11	Age Calibration Factor	0.6355	0.6355
3.12	Geographic Calibration Factor	1.0000	1.0000
3.13	Tobacco Calibration Factor	1.0000	1.0000
3.14	<b>Calibrated Plan Adjusted Index Rate</b>		\$430.76

Section IV: Projected Plan Level Information			
4.1	Plan ID (Standard Component ID)	Total	67190DE0040061
4.2	Allowed Claims	\$609,155	\$609,155
4.3	Reinsurance	50	50
4.4	Member Cost Sharing	\$150,462	\$150,462
4.5	Cost Sharing Reduction	50	50
4.6	Incurred Claims	\$458,693	\$458,693
4.7	Risk Adjustment Transfer Amount	-\$84,015	-\$84,015
4.8	Premium	\$683,209	\$683,209
4.9	Projected Member Months	972	972
4.10	Loss Ratio	76.55%	76.55%
	<b>Per Member Per Month</b>		
4.11	Allowed Claims	\$626.70	\$626.70
4.12	Reinsurance	50.00	50.00
4.13	Member Cost Sharing	\$154.80	\$154.80
4.14	Cost Sharing Reduction	50.00	50.00
4.15	Incurred Claims	\$471.91	\$471.91
4.16	Risk Adjustment Transfer Amount	-\$86.44	-\$86.44
4.17	Premium	\$702.89	\$702.89