



UnitedHealthcare Insurance Company

Part III: Actuarial Memorandum

Kansas 2026 Individual Exchange Rates

July 7, 2025



Contents

1. Scope and purpose	4
Considerations for the Regulatory Environment	4
General Information Section.....	4
Proposed Rate Changes	5
2. Benefit Description.....	5
Benefit Ranges	5
Policy Form Numbers	5
AV Metal Values.....	5
Terminated Plans and Products	5
Plan Type	5
3. Renewability Clause	6
4. Applicability	6
5. Issue Age Range.....	6
6. Marketing Method.....	6
7. Underwriting.....	6
8. Distribution of Business	6
Membership Projections	6
9. Experience – Past and Future.....	7
Experience and Current Period Premium, Claims, and Enrollment.....	7
Benefit Categories.....	7
10. Rate Development	8
Projection Factors.....	8
Plan Adjusted Index Rate.....	10
Calibration	11
Consumer Adjusted Premium Rate Development.....	12
11. Trend Assumption – Medical and Insurance.....	13
12. Morbidity	13
13. Mortality.....	13
14. Claim Liability and Reserves	13



15. Active Life Reserves.....	14
16. Persistency	14
17. Expenses.....	14
18. Commission	15
19. Contingency and Risk Margins	15
20. Area Factors.....	15
21. Other Rating Factors	16
22. Riders	16
23. Premium Classes.....	16
24. Average Annual Premium	16
25. Premium Modalization Rules.....	16
26. Minimum Loss Ratio.....	16
27. Anticipated Loss Ratio.....	16
28. Lifetime Loss Ratio.....	17
29. History of Rate Adjustments.....	17
30. Number of Policyholders	17
31. Proposed Effective Date	17
32. Actuarial Certification	17
Reliance	17
Actuarial Certification	17
Appendix A: Proposed Plans	19
Appendix B: Rate Manual	20
Appendix C: Plan-Level Modifiers	21
Appendix D: MLR Calculation	22
Appendix E: CSR Enrollment.....	23
Appendix F: Effective Rate Review Information.....	24
Appendix G: County and Rating Area Mapping.....	25



1. Scope and purpose

This memorandum documents the development of Individual market health insurance premium rates for UnitedHealthcare Insurance Company (“UHIC”). UHIC is offering Individual exclusive provider organization (“EPO”) 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, 2026. The proposed plans are shown in Appendix A.

This document contains confidential, proprietary information and trade secrets. Disclosure of the information would cause harm to this company’s business operations. It is not otherwise readily ascertainable or publicly available. This information is strictly confidential and protected from disclosure by state law. Under federal law, this information is exempt from disclosure under Exemption 4 of the U.S. Freedom of Information Act, 5 U.S.C. §552, is a trade secret or confidential commercial or financial information as defined in 45 CFR §5.65, and is protected from disclosure under 45 CFR §§5.1 – 5.69 and 45 CFR §154.215 (i)(2). 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.

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 2026 and the cost of these payments will instead be funded through member premiums and Advanced Premium Tax Credits.

These rates also assume the enhanced Advanced Premium Tax Credit levels extended through 2025 will expire for 2026. Additional regulatory and legislative contingencies are further explained in Appendix F.

General Information Section

Company Identifying Information

Company Legal Name:	UnitedHealthcare Insurance Company
State:	Kansas
HIOS Issuer ID:	94968
Market:	Individual
Effective Date:	January 1, 2026

Company Contact Information

Primary Contact Name:	[Redacted: TRADE SECRET]
Primary Contact Telephone Number:	[Redacted: TRADE SECRET]
Primary Contact Email Address:	[Redacted: TRADE SECRET]



Proposed Rate Changes

The 2026 aggregate rate change as shown on the Unified Rate Review Template (URRT) is [Redacted: TRADE SECRET]. 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.

[Redacted: TRADE SECRET]

[Redacted: TRADE SECRET]

2. Benefit Description

UHIC will offer 18 products in the Kansas market for 2026. As ACA products, these plans are guaranteed issue, guaranteed renewable, are not underwritten and do not contain riders. Please consult policy contract documents for any benefit exclusions.

Benefit Ranges

[Redacted: TRADE SECRET]

Policy Form Numbers

The policy form numbers reflected in this filing are:

- POL26.I.2022.IEX.KS.BASE
- POL26.I.2022.IEX.KS.RXDED
- POL26.I.2022.IEX.KS.ADV
- POL26.I.2022.IEX.KS.BASE.POD.
- POL26.I.2022.IEX.KS.ADV.RXDED

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 to enter these into the federal Actuarial Value Calculator.

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.

Plan Type

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



3. Renewability Clause

Products are guaranteed issue and guaranteed renewable. The rates are guaranteed for 12 months from the effective date.

4. Applicability

Products are guaranteed issue and guaranteed renewable.

5. Issue Age Range

Products are guaranteed issue and guaranteed renewable. The age rating curve used by UHIC in Kansas is the curve indicated in the HHS Notice of Benefit and Payment Parameters for 2018 Final Rule.

6. Marketing Method

Products are guaranteed issue and guaranteed renewable. UHIC products will be sold through the internet, by brokers, in direct response to incoming inquiries, and through the Kansas Exchange. See Section 18 for additional information on commissions.

7. Underwriting

Products are guaranteed issue and guaranteed renewable. There is no underwriting on this product.

8. Distribution of Business

Products are guaranteed issue and guaranteed renewable.

Please see the 2026 Kansas ACA Rate Filing Template and URRT for assumed distributions by age, plan, area, etc. that impact the overall assumed annual premium shown in Section 24.

Membership Projections

The total membership projections for 2026 were based upon internal modeling of market share estimates for the Kansas 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 Kansas from actual UHIC 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.



Projected enrollment in CSR subsidy eligible Silver plans was informed by actual UHIC enrollment and similar distributions in the Open Enrollment Period reports with consideration for regulatory impacts. The resulting projected enrollment by plan and subsidy level is provided in Appendix E.

9. Experience – Past and Future

Experience and Current Period Premium, Claims, and Enrollment

Paid Through Date: [Redacted: TRADE SECRET]

Current Date: [Redacted: TRADE SECRET]

Please see the 2026 Kansas ACA Rate Filing Template for historical membership, premium, claims and other information. Please see the URRT for the equivalent projected information.

Benefit Categories

Claims processed through UHIC'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.



10. Rate Development

Projection Factors

The following describes the factors used to project experience period allowed claims to the 2026 projection period.

Trend Factors

Trend is described in Section 11.

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.

The (1) KDOI Supplemental Rate Request and (2) and 2026 Kansas ACA Rate Filing templates have been submitted in the SERFF filing. They each provide an Excel spreadsheet detailing the rate development.

Morbidity Adjustment

The Morbidity Adjustment factor is [Redacted: TRADE SECRET] as shown on Worksheet 1 of the URRT. See Section 12 for a description of this component.

Demographic Shift

The Demographic Shift adjustment factor is [Redacted: TRADE SECRET] as shown on Worksheet 1 of the URRT.

[Redacted: TRADE SECRET]

[Redacted: TRADE SECRET]

Plan Design Changes

The Plan Design Changes adjustment factor is [Redacted: TRADE SECRET] as shown on Worksheet 1 of the URRT.

[Redacted: TRADE SECRET]

Other

The Other adjustment factor is [Redacted: TRADE SECRET] as shown on Worksheet 1 of the URRT.

[Redacted: TRADE SECRET]

See “Expiration of Enhanced Subsidies and Other Regulatory Changes” in Section 12

Manual Rate Adjustments

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



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: TRADE SECRET]

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

Establishing the Index Rate

As shown on Worksheet 1 of the URRT, the Index Rate for this filing is [Redacted: TRADE SECRET]. It estimates the total combined allowed claims PMPM for EHBs in the Kansas Individual market.

Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate (MAIR) for the projection period is [Redacted: TRADE SECRET] 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, 2026	[Redacted: TRADE SECRET]
B	Reinsurance	[Redacted: TRADE SECRET]
C	Risk Adjustment Payment/Charge	[Redacted: TRADE SECRET]
D	Exchange User Fees	[Redacted: TRADE SECRET]
=(A-B-C)/(1-D) Market-wide Adjusted Index Rate		[Redacted: TRADE SECRET]

Reinsurance

UHIC 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 UHIC and the statewide average. A description of the development of each component is described below:



- PLRS: [Redacted: TRADE SECRET]
- IDF: [Redacted: TRADE SECRET]
- GCF: [Redacted: TRADE SECRET]
- ARF: [Redacted: TRADE SECRET]
- AV: [Redacted: TRADE SECRET]
- Statewide average premium: [Redacted: TRADE SECRET]

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

The risk adjustment fee of \$0.20 PMPM was incorporated into 2026 rates and included within the taxes and fees.

[Redacted: TRADE SECRET]

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 Pricing AVs reflecting the actuarial value and cost-sharing design of each plan was developed using a simulation methodology whereby a large dataset of Individual ACA enrollment and claims were calibrated to the projected population and member-level claims were re-adjudicated using the cost-sharing parameters of each plan design. Each plan was developed using the same dataset and population adjusted only for the expected induced utilization by metal level ensuring the same risk profile informs all Pricing AVs.

Induced utilization factors were applied at the metal level and are unchanged relative to the 2025 rate development. Utilization factors reflect the impact of differences in cost sharing on utilization; health status differences are not reflected in utilization factors.

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.

Provider Network, Delivery System Characteristics and Utilization Management Practices

Only one network will be utilized in the projection period, so no plan-level adjustments for network differences have been applied.



Benefits in Addition to EHBs

[Redacted: TRADE SECRET]

Administrative Costs

Please see Sections 17, 18 and 19.

Catastrophic Plans

UHIC will not offer Catastrophic plans in Kansas for 2026.

Calibration

Age Curve Calibration

The approximate age calibration factor is [Redacted: TRADE SECRET]. 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.

“Consumer Adjusted Premium Rate Development” and Appendix B demonstrate how the PAIRs and age curve are used to generate a schedule of premiums.

Geographic Factor Calibration

The geographic calibration factor is [Redacted: TRADE SECRET]. 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 UHIC aims to achieve by rating area. These factors are relative to the membership-weighted average reimbursement rate for all areas UHIC will service in Kansas. 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.



“Consumer Adjusted Premium Rate Development” and Appendix B demonstrate 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: TRADE SECRET]. 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.

“Consumer Adjusted Premium Rate Development” and Appendix B demonstrate 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.

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 3.14 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.



11. Trend Assumption – Medical and Insurance

A trend assumption was applied to translate 2024 experience year claims costs to calendar year 2026 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: TRADE SECRET] This assumption is based on [Redacted: TRADE SECRET] This trend assumption does not include any expected changes in demographics, morbidity or benefit changes.

[Redacted: TRADE SECRET]

12. Morbidity

[Redacted: TRADE SECRET] and is reflected on the URRT in the "Morbidity" adjustment.

[Redacted: TRADE SECRET]

13. Mortality

This Section does not apply to this filing.

14. Claim Liability and Reserves

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.



		Allowed Claims	Incurred Claims
A	Claims processed through issuer's claims system for experience period and paid through date in Section 9	[Redacted: TRADE SECRET]	[Redacted: TRADE SECRET]
B	Claims processed outside issuer's claims system for same time period	[Redacted: TRADE SECRET]	[Redacted: TRADE SECRET]
C	Estimate of claims incurred but not paid as of paid through date in Section 9	[Redacted: TRADE SECRET]	[Redacted: TRADE SECRET]
=A-B+C	Estimated claims incurred during experience period	[Redacted: TRADE SECRET]	[Redacted: TRADE SECRET]

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.

15. Active Life Reserves

This Section does not apply to this filing.

16. Persistency

This Section does not apply to this filing.

17. Expenses

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.

Profit and risk load is described in Section 19.

ADMINISTRATIVE EXPENSE – SG&A

UHIC expects to incur [Redacted: TRADE SECRET] in general administrative expenses for the Individual ACA block of business in Kansas for 2026. This is a change from the prior year's value of [Redacted: TRADE SECRET].

Health Care Quality Improvement and Fraud Detection Expenses were estimated as [Redacted: TRADE SECRET] and were included in the administrative expense load.

[Redacted: TRADE SECRET]



TAXES AND FEES

Taxes and regulatory fees included in the development of 2026 rates include the following:

- Risk Adjustment User Fee: \$0.20 PMPM
- PCORI Fee: [Redacted: TRADE SECRET]
- Non-Reform Assessment Fee(s): [Redacted: TRADE SECRET]
- State Premium Tax: [Redacted: TRADE SECRET]
- Federal Income Tax: [Redacted: TRADE SECRET]

The Exchange User Fee load is not included here. It is built into the MAIR and is addressed below.

EXCHANGE USER FEES

The Exchange User Fee reflecting assumed expiration of enhanced premium subsidies is [Redacted: TRADE SECRET] represented as a percentage of allowed claims in the development of the MAIR. [Redacted: TRADE SECRET]

As a percent of premium, the Exchange User Fee is [Redacted: TRADE SECRET] for all policies sold through the Exchange.}

18. Commission

ADMINISTRATIVE EXPENSE – COMMISSIONS

UHIC expects to incur [Redacted: TRADE SECRET] in broker commissions for the Individual ACA block of business in Kansas for 2026.

[Redacted: TRADE SECRET]

19. Contingency and Risk Margins

PROFIT AND RISK LOAD

The proposed 2026 premiums allocate [Redacted: TRADE SECRET] to profit and risk margin on a post-tax basis. [Redacted: TRADE SECRET]

20. Area Factors

The geographic area factors are calculated based upon expected reimbursement rates UHIC aims to achieve by rating area. Provider contracts at the rating area level expected to be in effect in the pricing year are converted to a percent of Medicare basis. The rating area level percent of Medicare estimates are then compared to overall average percent of Medicare estimates across the entire service area. This comparison produces the proposed area factors. The area factors are developed such that the geographic calibration is 1.0000.



Changes in area factors are driven by changes in expected reimbursement rates among providers by area. The area 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.

See Appendix B for a list of the area factors used in this filing.

21. Other Rating Factors

A tobacco surcharge is assessed on smokers. Please see Appendix B for the tobacco surcharge factors.

22. Riders

This Section does not apply to this filing.

23. Premium Classes

This Section does not apply to this filing.

24. Average Annual Premium

The average 2026 annual premium is expected to be 8,115 with the proposed rate increase and 7,370 without.

25. Premium Modalization Rules

This Section does not apply to this filing.

26. Minimum Loss Ratio

The minimum loss ratio requirement for this line of business is 80%.

27. Anticipated Loss Ratio

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



[Redacted: TRADE SECRET] 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.

28. Lifetime Loss Ratio

This Section does not apply to this filing.

29. History of Rate Adjustments

Rate Filing Effective Date	Average Rate Change
January 1, 2023	Inception
January 1, 2024	8.27%
January 1, 2025	14.51%

30. Number of Policyholders

[Redacted: TRADE SECRET]

31. Proposed Effective Date

The proposed effective date for this filing is January 1, 2026.

32. Actuarial Certification

Reliance

[Redacted: TRADE SECRET]

Actuarial Certification

I, [Redacted: TRADE SECRET], 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 Insurance Company 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,

[Redacted: TRADE SECRET]

July 7, 2025



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: [Redacted: TRADE SECRET]

Area: [Redacted: TRADE SECRET]

[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

[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 Enrollment

[Table Redacted]

PUBLIC



Appendix F: Effective Rate Review Information

Enhanced Subsidy Expiration and Regulatory Contingencies

On May 2, 2025, the Centers for Medicare & Medicaid Services (CMS) issued a bulletin titled “Plan Year 2026 Individual Market Rate Filing Instructions,” directing issuers to submit a set of rates under the assumption that Congress appropriates funds for Cost-Sharing Reduction (CSR) payments and that the enhanced premium tax credits under the American Rescue Plan (ARP) and Inflation Reduction Act (IRA) expire. The direction applied to states without an effective rate review, but CMS encouraged other states to take a similar approach.

As CMS has noted, there remains significant uncertainty regarding potential Congressional action or inaction, and multiple legislative outcomes could materially impact premium rates for Plan Year 2026. UHIC reserves the right to submit an alternative scenario and revise assumptions and corresponding rates should additional clarity or legislative developments emerge related to the federal funding of CSR payments and/or the enhanced premium tax credits under ARP and IRA.

Enhanced Subsidy Continuation

[Redacted: TRADE SECRET]

Marketplace Integrity and Affordability Proposed Rule

[Redacted: TRADE SECRET]

PY 2024 CSR Payments

[Redacted: TRADE SECRET]

PY2026 Projected CSR Load Methodology

[Redacted: TRADE SECRET]



Appendix G: County and Rating Area Mapping

This rate filing uses the county and rating area combinations approved for use in Kansas individual and small group ACA rate filings under 45 CFR Part 147.

County Name	Rating Area	County Name	Rating Area
Allen	Rating Area 7	Jewell	Rating Area 3
Anderson	Rating Area 2	Johnson	Rating Area 1
Atchison	Rating Area 2	Kearny	Rating Area 5
Barber	Rating Area 5	Kingman	Rating Area 6
Barton	Rating Area 4	Kiowa	Rating Area 5
Bourbon	Rating Area 7	Labette	Rating Area 7
Brown	Rating Area 2	Lane	Rating Area 4
Butler	Rating Area 6	Leavenworth	Rating Area 1
Chase	Rating Area 6	Lincoln	Rating Area 3
Chautauqua	Rating Area 6	Linn	Rating Area 2
Cherokee	Rating Area 7	Logan	Rating Area 4
Cheyenne	Rating Area 4	Lyon	Rating Area 2
Clark	Rating Area 5	Marion	Rating Area 6
Clay	Rating Area 3	Marshall	Rating Area 2
Cloud	Rating Area 3	McPherson	Rating Area 6
Coffey	Rating Area 2	Meade	Rating Area 5
Comanche	Rating Area 5	Miami	Rating Area 1
Cowley	Rating Area 6	Mitchell	Rating Area 3
Crawford	Rating Area 7	Montgomery	Rating Area 6
Decatur	Rating Area 4	Morris	Rating Area 3
Dickinson	Rating Area 3	Morton	Rating Area 5
Doniphan	Rating Area 2	Nemaha	Rating Area 2
Douglas	Rating Area 2	Neosho	Rating Area 7
Edwards	Rating Area 5	Ness	Rating Area 4
Elk	Rating Area 6	Norton	Rating Area 4
Ellis	Rating Area 4	Osage	Rating Area 2
Ellsworth	Rating Area 3	Osborne	Rating Area 4
Finney	Rating Area 5	Ottawa	Rating Area 3
Ford	Rating Area 5	Pawnee	Rating Area 5
Franklin	Rating Area 2	Phillips	Rating Area 4
Geary	Rating Area 3	Pottawatomie	Rating Area 2
Gove	Rating Area 4	Pratt	Rating Area 5
Graham	Rating Area 4	Rawlins	Rating Area 4
Grant	Rating Area 5	Reno	Rating Area 6
Gray	Rating Area 5	Republic	Rating Area 3
Greeley	Rating Area 4	Rice	Rating Area 6
Greenwood	Rating Area 6	Riley	Rating Area 3
Hamilton	Rating Area 5	Rooks	Rating Area 4
Harper	Rating Area 6	Rush	Rating Area 4
Harvey	Rating Area 6	Russell	Rating Area 4
Haskell	Rating Area 5	Saline	Rating Area 3
Hodgeman	Rating Area 5	Scott	Rating Area 4
Jackson	Rating Area 2	Sedgwick	Rating Area 6
Jefferson	Rating Area 2	Seward	Rating Area 5



County Name	Rating Area
Shawnee	Rating Area 2
Sheridan	Rating Area 4
Sherman	Rating Area 4
Smith	Rating Area 4
Stafford	Rating Area 5
Stanton	Rating Area 5
Stevens	Rating Area 5
Sumner	Rating Area 6
Thomas	Rating Area 4
Trego	Rating Area 4
Wabaunsee	Rating Area 2
Wallace	Rating Area 4
Washington	Rating Area 3
Wichita	Rating Area 4
Wilson	Rating Area 6
Woodson	Rating Area 7
Wyandotte	Rating Area 1

