

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

**UnitedHealthcare of New England, Inc.
State of Maine Rate Review**

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Section 1: Purpose

The following is a rate filing prepared by UnitedHealthcare of New England, Inc. This filing has been prepared to provide the necessary information required by the Department of Health and Human Services and the state of Maine. 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 and individual health benefit plans sold off the Small Business Health Options Program in Maine for the 2026 plan year. New rates are being filed at this time. 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 Maine Bureau 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.

Section 2: General Information

Company Identifying Information

Company Legal Name: UnitedHealthcare of New England, Inc.
State: Maine
HIOS Issuer ID: 65667
Market: Small Business and Individual, 1-50
Proposed Effective Date: January 01, 2026

Primary Contact Information

Name: Michael Duberowski, FSA, MAAA
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Email Address: michael.duberowski@uhc.com

Issue Age Range

Coverage is offered to all active employees, regardless of age, and their eligible dependents. All rates are determined on an attained age basis.

Description of Benefits

Please see appendix for a benefit plan design summary. The policy form numbers are as follows:

Maine HMO SG

Certificate - COC26.HMO.2018.SG.ME
Policy - POL26.H.2018.SG.ME
Schedule of Benefits - SBN26.CHTNAVNXS.H.2018.SG.ME

Maine HMO IND

Policy - POL26.HMO.2018.IND.ME
Schedule of Benefits - SBN26.CHTNAVNXS.H.2018.IND.ME

Copays for PCP and Behavior Health Office Visits

24-A M.R.S. § 4320-A requires that carriers must provide coverage without cost sharing for the first primary care and behavioral health visits in each plan year and may not apply a deductible or coinsurance to the second or third primary care and behavioral health visits in a plan year.

Renewability Clause

Small group and Individual health plans are guaranteed issue and guaranteed renewal, pursuant to Title 24-A, §2850-B, 3.

Section 3: Proposed Rate Changes

The year-over-year proposed change in rates for this filing is **7.1%** compared to the prior filing.

The proposed pricing trend is **10.8%** annually. Proposed trends are shown on Appendix 6.A. Automatic trend increases are limited to one year from the effective date.

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 difference 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 will 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 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.

Limitation on Application of Approved Trend Factors

Small Group Rates are automatically adjusted subsequently to the effective date of this filing, based on quarterly trend factors calculated at an annual **10.8%** rate. Proposed trends are applied quarterly and are shown on Appendix 6.A for each effective month. Individual Rates are not adjusted due to quarterly trend. The annual trend is **10.8%** and proposed trends are shown on Appendix 6.A for each effective month. Automatic trend increases are limited to one year from the effective date. No further automatic trend increases will be implemented unless a new filing is submitted and approved.

Monthly Premium Rate Changes

The rates in this filing will be **5.0% to 11.2%** higher than similar rates generated by the current approved rate card for inforce groups. The variability in the rate increased between plan designs is due to changes in plan designs and the use of an updated pricing model. In addition, we are also adjusting the annual trend factors that are applied to the start rates when calculating a particular group’s rate. The underlying new annual trend rate is **10.8%**; in the current approved rate filing, the underlying annual trend rate is **9.3%**.

The table below demonstrates the premium changes for inforce groups:

Annual Rate Change Distribution	Members	Subscribers	Groups*
Decrease of 10% or more	0	0	0
Decrease of 5% to 10%	0	0	0
Decrease of 0% to 5%	0	0	0
Increase of 0% to 5%	0	0	0
Increase of 5% to 10%	122	90	32
Increase of 10% or more	10	5	2
Total	132	95	34

Overall Minimum Rate Change:	5.0%
Overall Maximum Rate Change:	11.2%
Overall Average Rate Change	7.1%

*A group could have multiple plans offered and be counted as 2 or more groups

Rate Change History

Filing Month/Year	Natural of Change	Impact
July 2022	Updated Rates for ACA-compliant plans New ACA-compliant plans added	-3.1% to -2.9% compared to prior approved rates; -3.0% average rate increase
January 2023	Updated Rates for ACA-compliant plans New ACA-compliant plans added	+6.7% to +18.6% compared to prior approved rates; 8.9% average rate increase
January 2024	Updated Rates for ACA-compliant plans New ACA-compliant plans added	+15.0% to 20.4% compared to prior approved rates; 17.0% average rate increase
January 2025	Updated Rates for ACA-compliant plans New ACA-compliant plans added	+3.9% to 12.8% compared to prior approved rates; 6.6% average rate increase

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

Paid Through Date

The experience period is 1/1/2024 through 12/31/2024, with claims paid through 02/28/2025.

Current Date

As of 2/28/2025, UHCNE had **34** small groups in force, covering **95** employees and **132** members. The annual premium for this block is currently **\$1,824,650.34**.

Allowed and Incurred Claims Incurred During the Experience Period

Claims Description	Allowed Claims	Incurred Claims
Experience Period Claims	\$2,178,290.69	\$1,750,378.32
Claims Paid as of February 28,2025	\$2,159,786.30	\$1,735,509.01
Claims Incurred but Not Reported as of February 28,2025	\$18,504.39	\$14,869.31

The claims data was available directly from company claims records.

Maine Experience, Anticipated Loss Ratio, and Minimum Loss Ratio

The Maine UHCNE experience pure loss ratio (claims divided by premium) for Jan 2024-Dec 2024 was **96.1%**, excluding risk adjustment payments and **99.1%** after being adjusted for risk adjustment payments. The anticipated pure loss ratio for 2026 is **88.2%** which includes risk adjustment. The minimum small group pure loss ratio, per Maine Title 24-A, §280-B 2-B. A., is 75% for rates that must be filed for approval.

The table below shows the UHCNE small group experience in Maine from 1/1/2022 through 3/31/2025.

Category	2022	2023	2024	2025Q1	39 Month Total
Member Months	1,839	4,871	2,715	383	9,808
Earned Premiums Prior to Risk Adjustment	\$1,049,489	\$2,864,540	\$1,824,650	\$263,647	\$6,002,325
Earned Premiums Adjusted for Risk Adjustment	\$774,734	\$2,122,624	\$1,768,086	\$255,473	\$4,920,917
Incurred Claims (Paid Claims)	\$563,084	\$2,054,503	\$1,752,654	\$284,112	\$4,654,353
Loss Ratio (Paid Pure Loss Ratio Excluding Risk Adjustment)	53.7%	71.7%	96.1%	107.8%	77.5%
Loss Ratio (Paid Pure Loss Ratio Including Risk Adjustment)	72.7%	96.8%	99.1%	111.2%	94.6%
Change in claim liability and reserve	N/A	N/A	N/A	N/A	N/A
Expected incurred claims	\$665,496	\$1,827,579	\$1,497,569	\$215,109	\$4,205,753
Actual-to-expected claims	84.6%	112.4%	117.0%	132.1%	110.7%

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 claim 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, pending 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 claim amount.

The same completion factors are applied to both incurred and allowed claims amounts.

Experience Period Risk Adjustment

Risk Adjustments for the experience period are not known at this time.

Our 2024 risk adjustment transfer PMPM is estimated using data provided to UnitedHealthcare as a result of our participation in a multi-state study done by a large, independent actuarial consulting firm. Based on the results of that study, we expect that risk level of the membership insured by UnitedHealthcare of New England, Inc. to be higher than the market. This results in an approximate adjustment of **\$88.37** PMPM.

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 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 2024 experience to project it to the 2026 rating period. Our most recent analysis indicates annual trend in the state of Maine for the 2025 and 2026 calendar years will be **10.8%**.

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.

Morbidity Adjustment

We have applied a morbidity adjustment of 0.0% to account for the expected increase in claim costs due to the merging of the small group and individual markets. This adjustment was made because individual off exchange members tend to have higher claim costs than small group off exchange members.

Demographic Shift

The total Demographic Shift Adjustment is 0%. It is comprised of the following factors:

The HHS-specified age curve was used in rating.

Geographic Shift:

An adjustment of 0% was made to account for the shift in the distribution of members by rating area between the experience period and the rating period. The factor reflects the change in the average geographic rating area factor from the experience period to the rating period, weighted by the respective membership distributions, using the proposed geographic rating area factors.

The formula is calculated as: Avg. Geographic Rating Area Factor projected / Avg. Geographic Rating Area Factor experience – 1.

Plan Design Changes

The total Plan Design Adjustment is 0%. It is comprised of the following factors:

Shift in Benefit Plan Distribution:

An adjustment of 0% was made to account for the expected change in allowed claims due to the shift in the distribution of benefit plans between the experience period and the rating period.

Other Adjustments

The total other adjustments are **4.9%**, and it is comprised of the following factors:

Catastrophic Claims Adjustment:

An adjustment was made to account for catastrophic claims experience in the experience period. The claims were adjusted by **2.4%** to align with expected catastrophic claim levels in the rating period.

Trend Adjustment

An additional trend adjustment of **0.8%** is applied to trend our rates to the mid-point of the quarter rather than the beginning of the quarter

Other Adjustments:

To account for uncertainty regarding price changes by manufacturers due to economic policy changes and/or the onshoring of manufacturing and the impact on total medical costs, most notably on pharmaceuticals, a total **claim** impact of **1.7%** is built into the initially submitted rate filing. UHC would like to reserve the right to adjust the initially submitted impact as more clarity becomes available.

Section 7: Credibility Manual Rate Development

Manual Data

In order to develop rates for UnitedHealthcare of New England, Inc., we blend experience (incurred between 1/1/2024 to 12/31/2024 and paid through 2/28/2025) from the following manuals:

- UnitedHealthcare Insurance Company's POS experience in the state of Maine
- UnitedHealthcare of New England, Inc.'s HMO experience in the state of Maine
- UnitedHealthcare Insurance Company's POS and EPO experience in the state of Massachusetts

Since UnitedHealthcare of New England, Inc. will operate with a similar network as MA UnitedHealthcare Insurance Company, we consider this experience to be the most accurate estimate of expected claim costs.

Adjustments Made to the Massachusetts Claim Experience

Adjustments similar to the ones described in Section 6 were applied to the experience of the credibility manual to project it to the projection period. In addition, the credibility manual was adjusted to reflect the average age, geography, plan design and morbidity of the adjusted experience period claims.

An adjustment to the credibility manual was made to account for catastrophic claims experience in the experience period. The following adjustments were also made to account for differences between the Maine manual and the Massachusetts UHIC manual:

- **+10.94%** adjustment is used to account for the differences in network contracts
- **+17.34%** adjustment is used to account for the differences in PLRS
- **+1.7%** To account for uncertainty regarding price changes by manufacturers due to economic policy changes and/or the onshoring of manufacturing and the impact on total medical costs, most notably on pharmaceuticals, a total **claim** impact of **1.7%** is built into the initially submitted rate filing. UHC would like to reserve the right to adjust the initially submitted impact as more clarity becomes available.

Inclusion of Capitation Payments

Capitation payments are included in both the experience and projections.

Section 8: Credibility of Experience

The ME experience by license or even the combined ME Small Group and Individual experience of both UnitedHealthcare Insurance Company and UnitedHealthcare of New England, Inc. is not credible. To get fully credible experience we combined the experience of Massachusetts UnitedHealthcare Insurance Company with the combined experience of ME UnitedHealthcare Insurance Company and UnitedHealthcare of New England, Inc.

Based on internal studies, which considers the requirements set forth by ASOP #25, we have determined that it is appropriate to apply **30.7%** credibility to the combined ME UnitedHealthcare Insurance Company and UnitedHealthcare of New England, Inc. experience. The remaining **69.3%** is applied to is applied to the Massachusetts UnitedHealthcare Insurance Company experience.

As such the credibility of UnitedHealthcare of New England, Inc. is set to 0%, and the credibility manual – which is the combined experience of ME and MA – was set to 100%.

Section 9: Development of Projected Index Rate

The experience period index rate is **\$801.51** PMPM.

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.

The projected index rate of **\$1,011.39** was calculated by trending and adjusting the experience period index rate to the projection period, including blending the experience with a manual rate if the experience was not fully credible. It is established in accordance with the requirements of 45 CFR §156.80(d). See sections 6, 7, and 8 of this memo for more details.

Section 10: Development of the Market Adjusted Index Rate

Reinsurance

In 2026, carriers will be reimbursed for small group members who have annual claims above \$135,000. Carriers will be reimbursed at **60%** for claim costs between \$135,000 and \$275,000. Reinsurance savings have been calculated to equal **\$45.42** PMPM, which has been grossed up to **\$53.63** PMPM on an allowed basis and is reflected in the “Reinsurance” input in the URRT.

MGARA Impact

Year	Total Received	PMPM	% of Premium
2023	\$1,932,327.53	\$48.22	7.7%
2024	\$1,610,138.37	\$71.88	10.2%
2025	\$1,076,271.95	\$48.05	6.5%
2026	\$1,017,417.79	\$45.42	5.5%

*UnitedHealthcare Insurance Company and UnitedHealthcare of New England, Inc. Combined

Risk Adjustment Payment/Charge

UnitedHealthcare of New England, Inc. anticipates paying an average of **\$106.80** PMPM for risk adjustment transfers in the state of Maine for the 2026 plan year, which has been grossed up to **\$126.09** PMPM on an allowed basis for purposes of calculating the Market Adjusted Index Rate.

We are assuming the risk level of our business relative to that of our competitors for the 2026 plan year will be similar to what it was in the 2024 plan year. Since risk adjustment transfer payments are a function of the market level premium, our 2026 risk adjustment transfer PMPM amount is calculated by adjusting our estimated 2024 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.

The market adjusted index rate includes market-wide adjustments for reinsurance, risk adjustment transfers and exchange user fees (if any).

Index Rate \$	\$1,011.39
Net Federal or State Reinsurance (Allowed Basis)	\$53.63
Risk Adjustment Payment/Charge (Allowed Basis)	\$126.09
Exchange Fee Adjustment(allowed basis) \$	0.00%
Market Adjusted Index Rate \$	\$831.67

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.

UnitedHealthcare does not utilize Induced Demand factors in our rate development. Instead, our plan-specific pricing factors are based on an analysis of UnitedHealthcare's nationwide block of Small Group health insurance, which reflects over 10 million member months of experience. Our approach complies with the prohibition of rating for morbidity differences by normalizing out the cost differences attributable to morbidity as measured by HHS's risk adjustment mechanism.

Historical UnitedHealthcare experience was used to develop the actuarial value and cost sharing adjustment.

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.

Profit and Risk Margin

The profit and risk margin is shown in Worksheet 2, Section III of the URRT. This target does not vary by product or plan.

The profit and risk margin is derived from the difference between the administrative expenses, taxes and fees, and 1 minus the target loss ratio and the administrative expenses, taxes and fees.

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

Taxes and Fees

Taxes and fees are expected to be **1.16%** and include premium tax, exchange fees (if any), risk adjustment user fees, and federal income tax. The following is a breakdown of the taxes and fees.

Premium Taxes and Fees Allocation	Estimated % of Premium
Federal / State Income Tax on Profit & Risk Load	0.63%
Premium Tax	0.00%
ACA Taxes: Insurer Fee	0.00%
ACA Taxes: PCORI Fee	0.04%
ACA Taxes: Risk Adjustment User Fee	0.02%
ACA Taxes: Exchange User Fee	0.00%
All Other Taxes & Fees	0.47%
Total	1.16%

Section 12: Calibration

Plan Adjusted Index Rates need to be calibrated to apply the allowable rating factors of age and geography in order to calculate the Consumer Adjusted Premium Rates. Calibration factors are applied uniformly to all plans.

Age Calibration

The calculated age curve calibration is **0.6359**, which equals one divided by the average age factor of the expected member distribution by age. The age factors used in this calculation are the HHS-specified age curve.

Geographic Calibration

The geographic factor calibration is **0.9723**, which equals one divided by the expected average area factor. A table of the geographic rating factors is below.

Rating Area	Rating Factor
Rating Area 1	0.9705
Rating Area 2	0.9740
Rating Area 3	0.9790
Rating Area 4	1.0118
Rating Area 5	1.1042

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, 2026 rate development.

Based on the analysis of the unit cost differences by county the geographic factors are being adjusted for rating areas 1 and 5.

Population morbidity by area was not considered when determining geographic area factors.

Tobacco Calibration

Tobacco factors are not used in the rating of these products, and no calibration is needed.

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

Size of Block

In the URRT, we project the size of the small group block of business in 2026 to be **2,715** member months.

In the URRT, we project the size of the Individual block of business in 2026 to be **13** member months.

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

The projected loss ratio using the federally prescribed MLR methodology for calendar year 2026 is **88.2%**. UnitedHealthcare of New England, Inc. agrees to comply with the rebate requirements of 45 CFR Part 158 should the actual market MLR fall below the 80.0% requirement.

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.

Copays Paid in Conjunction with Coinsurance

Some of our plan designs include copays that are paid in conjunction with coinsurance in the coinsurance range. This benefit design is not directly compatible with the AV calculator, so the alternate methodology described in 45 CFR 156.135(b)(2) was used for the AV calculation. In order to modify the AV calculator input for a copay paid in conjunction with coinsurance, the following formula was used to estimate the insurer's cost share.

$$\text{Effective Insurer Coinsurance Rate} = (1 - \text{Member Copay/Average Unit Cost}) * (1 - \text{Member Coinsurance Rate})$$

The benefit was then marked as "Subject to Deductible" and "Subject to Coinsurance" with a "Coinsurance, if different" equal to the effective insurer coinsurance rate as calculated above. The copay was entered in the "Copay if separate" column.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level. For example, if the plan was expected to fall within a Silver Metal Tier, the average unit cost was calculated from the Silver continuance tables. All enrollees within a continuance table whose claims exceeded \$1,500 were included in the calculation of the average unit cost for each benefit type.

HRA Contributions

Plan designs with HRA contributions of \$X apply to the member's final \$X of their deductible. To calculate a final AV, an adjustment was applied to the results of an AV run where the employer HRA contribution was \$0. The adjustment was equal to the difference in AV of runs where (1) the employer HRA contribution was equal to the deductible and (2) the employer contribution was equal to the deductible minus \$X.

HIOS_Plan_ID	Metal	Emp_Contrib_Rng	AV_Metal_Val_Rng
65667ME0010013	Silver	[\$0, \$160]	[70.1%, 72%]
65667ME0020006	Silver	[\$0, \$160]	[70.1%, 72%]
65667ME0010015	Silver	[\$0, \$100]	[70.8%, 72%]
65667ME0020008	Silver	[\$0, \$100]	[70.8%, 72%]
65667ME0010023	Bronze	[\$0, \$105]	[63.3%, 64.9%]
65667ME0020016	Bronze	[\$0, \$105]	[63.3%, 64.9%]
65667ME0010024	Bronze	[\$0, \$70]	[63.9%, 65%]
65667ME0020017	Bronze	[\$0, \$70]	[63.9%, 65%]

AV Calculator Workaround for UnitedHealthcare Rewards

Plans include UnitedHealthcare Rewards, a program that rewards enrollees completing certain wellness criteria with various financial incentives. These incentives are expected to impact member cost-sharing in a manner similar to employer contributions to a participant's Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) Account. To account for the impact on AV, the employer HRA/HSA contribution field in the AV Calculator was increased by the expected incentive, estimated using UHC historical experience.

Section 16: Membership Projections

The 2026 plan year membership projection was developed utilizing the experience period plan level membership distribution. Member distribution by plan was then based on current enrollment, taking into consideration changes in the portfolio of plans to be offered in 2026. Strictly for purposes of the URRT, we have projected membership by plan.

Section 17: Terminated Plans and Products

A list of terminated Single Risk Pool plans can be found in the appendix. Terminated plans will be mapped to another plan in the projection period for purposes of completing the URRT. The mapping is included in the appendix. It should be noted that this mapping is preliminary and may deviate based on business decisions and practices at a future date.

Section 18: Miscellaneous Information

Marketing Method:

A number of marketing methods are used, including independent agents, general brokers, and telemarketing. All plans will be sold off the Exchange.

Medical Underwriting and other Rating Practices:

UnitedHealthcare will not medically underwrite and/or vary the premium rate due to the gender, health status, claims experience, or policy duration of the individual.

Section 19: Plan Type

A plan type of HMO has been selected, which describes the plans exactly.

Section 20: Reliance

In my professional judgment, the assumptions or methods described in the memorandum do not conflict with what I believe to be reasonable. Therefore, I have not included any reliances.

Section 21: Actuarial Certification

I, Michael Duberowski, FSA, MAAA, am a Director of Actuarial Pricing 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.

Sincerely,



Michael Duberowski, FSA, MAAA

Director of Pricing & Actuary

cc: Michele Houle

Appendix 1: Annual Rate Change by Plan

Compared to effective date one year prior to proposed effective date of this filing

State: ME | Market Segment: Small Group | Company: UnitedHealthcare of New England, Inc. | HIOS Issuer ID: 65667 | Proposed Effective Date: 1/1/2026

* "Not Active" for renewing plans that were not active in the 12-month previous quarter.

** Rescale quarterly weight for plan that were not active in all previous quarters.

	Q1	Q2	Q3	Q4
Quarterly Weight	30%	10%	46%	14%
Base Rate Change	1.093597885	1.097878061	1.10196999	1.10485096

SCID	Plan Code	Effective Date	Plan Status	Proposed Benefit Plan Factor	Q1 Benefit Plan Change	Q2 Benefit Plan Change	Q3 Benefit Plan Change	Q4 Benefit Plan Change	Q1 Age/Area Factor Δ	Q2 Age/Area Factor Δ	Q3 Age/Area Factor Δ	Q4 Age/Area Factor Δ	Total Plan Δ **
65667ME0010016	EPS3	1/1/2023	Renewing	0.5700	98.9%	98.9%	98.9%	98.9%	99.8%	99.8%	99.8%	99.8%	8.5%
65667ME0020009	EPS4	1/1/2023	Renewing	0.5700	98.9%	98.9%	98.9%	98.9%	99.8%	99.8%	99.8%	99.8%	8.5%
65667ME0010022	EPS5	1/1/2023	Renewing	0.5139	98.5%	98.5%	98.5%	98.5%	101.5%	101.5%	101.5%	101.5%	9.9%
65667ME0020015	EPS6	1/1/2023	Renewing	0.5139	98.5%	98.5%	98.5%	98.5%	99.8%	99.8%	99.8%	99.8%	8.0%
65667ME0010013	EPSX	1/1/2023	Renewing	0.5390	99.2%	99.2%	99.2%	99.2%	102.0%	102.0%	102.0%	102.0%	11.2%
65667ME0020006	EPSY	1/1/2023	Renewing	0.5390	99.2%	99.2%	99.2%	99.2%	99.8%	99.8%	99.8%	99.8%	8.8%
65667ME0010015	EPSZ	1/1/2023	Renewing	0.5549	97.2%	97.2%	97.2%	97.2%	98.3%	98.3%	98.3%	98.3%	5.1%
65667ME0020008	EPS2	1/1/2023	Renewing	0.5549	97.2%	97.2%	97.2%	97.2%	99.8%	99.8%	99.8%	99.8%	6.6%
65667ME0010031	EPTB	1/1/2026	New	0.5319									0.0%
65667ME0020023	EPTC	1/1/2026	New	0.5319									0.0%
65667ME0010023	EPS7	1/1/2023	Renewing	0.4867	96.9%	96.9%	96.9%	96.9%	99.7%	99.7%	99.7%	99.7%	6.1%
65667ME0020016	EPS8	1/1/2023	Renewing	0.4867	96.9%	96.9%	96.9%	96.9%	99.8%	99.8%	99.8%	99.8%	6.2%
65667ME0010024	EPS9	1/1/2023	Renewing	0.4890	97.9%	97.9%	97.9%	97.9%	99.2%	99.2%	99.2%	99.2%	6.8%
65667ME0020017	EPTA	1/1/2023	Renewing	0.4890	97.9%	97.9%	97.9%	97.9%	99.8%	99.8%	99.8%	99.8%	7.4%
65667ME0010030	EPSP	1/1/2025	Renewing	0.8039	100.6%	100.6%	100.6%	100.6%	99.8%	99.8%	99.8%	99.8%	10.3%
65667ME0020001	EPSQ	1/1/2023	Renewing	0.8039	100.6%	100.6%	100.6%	100.6%	99.8%	99.8%	99.8%	99.8%	10.3%
65667ME0010009	EPSR	1/1/2023	Renewing	0.6043	97.4%	97.4%	97.4%	97.4%	99.7%	99.7%	99.7%	99.7%	6.7%
65667ME0020002	EPSS	1/1/2023	Renewing	0.6043	97.4%	97.4%	97.4%	97.4%	99.8%	99.8%	99.8%	99.8%	6.8%
65667ME0010010	EPST	1/1/2023	Renewing	0.6769	100.9%	100.9%	100.9%	100.9%	100.0%	100.0%	100.0%	100.0%	10.9%
65667ME0020003	EPSU	1/1/2023	Renewing	0.6769	100.9%	100.9%	100.9%	100.9%	99.8%	99.8%	99.8%	99.8%	10.7%
65667ME0010011	EPSV	1/1/2023	Renewing	0.5501	96.6%	96.6%	96.6%	96.6%	100.6%	100.6%	100.6%	100.6%	6.9%
65667ME0020004	EPSW	1/1/2023	Renewing	0.5501	96.6%	96.6%	96.6%	96.6%	99.8%	99.8%	99.8%	99.8%	6.0%
65667ME0010027	EPTD	1/1/2023	Renewing	0.5969	98.2%	98.2%	98.2%	98.2%	98.3%	98.3%	98.3%	98.3%	6.1%
65667ME0020020	EPT E	1/1/2023	Renewing	0.5969	98.2%	98.2%	98.2%	98.2%	99.8%	99.8%	99.8%	99.8%	7.7%
65667ME0010028	EPTF	1/1/2023	Renewing	0.5724	96.1%	96.1%	96.1%	96.1%	100.4%	100.4%	100.4%	100.4%	6.0%
65667ME0020021	EPTG	1/1/2023	Renewing	0.5724	96.1%	96.1%	96.1%	96.1%	99.8%	99.8%	99.8%	99.8%	5.4%

Appendix 2.A: Single Member Rating Example

Plan EP-S3; Age 40; January 2026 effective date; Rating Area 1

Rating as described in Part III Actuarial Memorandum & Certification Instructions	
	Medical & Rx
Index Rate	\$1,011.39
Add Risk Adjustment Settlement	-\$126.09
Projected ACA reinsurance recoveries, net of rein prem	-\$53.63
Equals Market Adjusted Index Rate	\$831.67
Multiply by Average Paid to Allowed Factor	0.847
Multiply by Leveraging Impact	1.000
Divide by Average Benefit Plan Factor	0.549
Multiply by Benefit Plan Factor for medical plan...	0.5700
Divide by 100% - total retention % [13.2%]	0.868
Equals Plan Adjusted Index Rate	\$842.95
Divide by calibration age factor	1.5725
Multiply by CMS factor for age 40	1.2780
Divide by average renewal trend to get the 1/1/2026 basis	1.0000
Multiply by 1st quarter trend factor	1.0000
Divide by average area factor to get the 1.000 basis	1.0285
Multiply by Rating Area 1's Area Factor	0.9705
Equals Consumer Adjusted Premium Rate*	\$646.43

This is equivalent to rating method as shown in the rate card	
	Medical & Rx
Start Rate	\$914.39
Effective date adjustment (trend factor) for 1st quarter	1.0000
Age factor for age 40	1.2780
Rating Area 1 Factor	0.9705
Rate relativities for medical plan EP-S3	0.5700
Final Premium	\$646.45

**Note: Values may not match exactly due to rounding*

Appendix 2.B: Group Rating Example

Group Details:

- 57 Adult (non Child-Dependent) Members
- 20 Contracts with allowable child dependents
 - 7 with 1 child dependent (less than age 21)
 - 10 with 2 children dependents (less than age 21)
 - 3 with 3 or more children dependents (less than age 21)

Total # of children in rating formula = (7)(1) + (10)(2) + (3)(3) = 36

The ACA prescribes only oldest 3 children dependents under age 21 are to be rated

Distribution of membership for calculating premium:

Age Group	Census		Base Premium Rates ***		Premium	
	Male	Female	Male	Female	Male	Female
Under 15	14	8	\$386.96	\$386.96	\$5,417.41	\$3,095.66
15	1	0	\$421.35	\$421.35	\$421.35	\$0.00
16	1	2	\$434.51	\$434.51	\$434.51	\$869.01
17	1	1	\$447.66	\$447.66	\$447.66	\$447.66
18	2	1	\$461.82	\$461.82	\$923.64	\$461.82
19	1	2	\$475.98	\$475.98	\$475.98	\$951.97
20	1	1	\$490.65	\$490.65	\$490.65	\$490.65
21	1	2	\$505.83	\$505.83	\$505.83	\$1,011.65
22	1	1	\$505.83	\$505.83	\$505.83	\$505.83
23	1	2	\$505.83	\$505.83	\$505.83	\$1,011.65
25	1	1	\$507.85	\$507.85	\$507.85	\$507.85
28	3	1	\$549.83	\$549.83	\$1,649.50	\$549.83
30	2	2	\$574.11	\$574.11	\$1,148.23	\$1,148.23
31	3	3	\$586.25	\$586.25	\$1,758.76	\$1,758.76
32	1	3	\$598.39	\$598.39	\$598.39	\$1,795.18
37	0	2	\$626.21	\$626.21	\$0.00	\$1,252.43
38	3	5	\$630.26	\$630.26	\$1,890.78	\$3,151.30
39	1	2	\$638.35	\$638.35	\$638.35	\$1,276.71
42	2	3	\$670.22	\$670.22	\$1,340.44	\$2,010.66
45	3	2	\$730.41	\$730.41	\$2,191.24	\$1,460.83
48	3	1	\$827.03	\$827.03	\$2,481.08	\$827.03
55	1	0	\$1,127.99	\$1,127.99	\$1,127.99	\$0.00
60	0	1	\$1,372.81	\$1,372.81	\$0.00	\$1,372.81
Subtotal	36	Dependents <21			\$25,461.30	\$25,957.52
	57	Adults				
Final Group Premium						\$51,418.81

*** Base Premium rates use geographic rating area 1, benefit plan EPS3

Appendix 3: Age Curve Calibration

State: ME || Market Segment: Small Group and Individual
 Company: UHC of New England, Inc. || HIOS Issuer ID: 65667

Proposed Effective Date: 1/1/2026

Age	Proposed Factor	Membership Distribution	Age	Proposed Factor	Membership Distribution
0	0.7650	1.55%	33	1.1980	2.28%
1	0.7650	0.29%	34	1.2140	2.28%
2	0.7650	0.99%	35	1.2220	2.32%
3	0.7650	0.18%	36	1.2300	1.80%
4	0.7650	2.25%	37	1.2380	0.99%
5	0.7650	1.44%	38	1.2460	1.73%
6	0.7650	0.74%	39	1.2620	1.69%
7	0.7650	0.92%	40	1.2780	1.62%
8	0.7650	0.29%	41	1.3020	0.96%
9	0.7650	0.74%	42	1.3250	2.65%
10	0.7650	0.70%	43	1.3570	1.80%
11	0.7650	0.07%	44	1.3970	0.99%
12	0.7650	0.11%	45	1.4440	2.10%
13	0.7650	0.85%	46	1.5000	0.37%
14	0.7650	0.26%	47	1.5630	2.80%
15	0.8330	0.22%	48	1.6350	1.44%
16	0.8590	1.03%	49	1.7060	2.03%
17	0.8850	0.99%	50	1.7860	1.58%
18	0.9130	0.52%	51	1.8650	3.83%
19	0.9410	0.29%	52	1.9520	1.80%
20	0.9700	0.07%	53	2.0400	3.20%
21	1.0000	0.44%	54	2.1350	2.17%
22	1.0000	0.48%	55	2.2300	1.62%
23	1.0000	0.52%	56	2.3330	1.14%
24	1.0000	2.21%	57	2.4370	4.38%
25	1.0040	1.62%	58	2.5480	3.90%
26	1.0240	1.92%	59	2.6030	1.36%
27	1.0480	1.18%	60	2.7140	3.02%
28	1.0870	1.44%	61	2.8100	2.25%
29	1.1190	2.43%	62	2.8730	1.07%
30	1.1350	2.84%	63	2.9520	2.87%
31	1.1590	2.95%	64+	3.0000	0.37%
32	1.1830	3.02%			
Weighted Average Factor	1.5725				

Appendix 3.B: Geographic Factor Calibration

State: ME || Market Segment: Small Group and Individual
Company: UHC of New England, Inc. || HIOS Issuer ID: 65667
Proposed Effective Date: 1/1/2026

Rating Area	Proposed Factor	Membership Distribution
1	0.9705	18.00%
2	0.9740	13.71%
3	0.9790	7.55%
4	1.0118	26.32%
5	1.1042	34.42%
Weighted Average Factor	1.0285	

Appendix 4.A: Estimated Expense Allocation: % of Premium & PMPM

State: ME | | Market Segment: Small Group and Individual | | Company: UHC of New England, Inc. | | HIOS
 Issuer ID: 65667 | | Proposed Effective Date: 1/1/2026

Premium Allocation	1/1/2025 Filing		1/1/2026 Filing	
	Estimated % of Premium	Estimated PMPM	Estimated % of Premium	Estimated PMPM
(A) Target Loss Ratio (with ACA fees)	84.5%	\$634.28	86.9%	\$705.36
(B) Administrative Expenses	10.3%	\$77.47	9.6%	\$78.16
(C) Premium Taxes and Fees	2.8%	\$20.88	1.16%	\$9.40
(D) Profit with ACA Fees (1 - A - B - C)	2.4%	\$17.78	2.37%	\$19.25
(E) Pretax Profit (D + Federal/State Income Tax)	3.0%	\$22.51	3.0%	\$24.37

Administrative Expenses Allocation	1/1/2025 Filing		1/1/2026 Filing	
	Estimated % of Premium	Estimated PMPM	Estimated % of Premium	Estimated PMPM
Selling Expenses (Commissions, Broker Bonus)	2.3%	\$17.38	2.0%	\$16.37
General Admin Expenses	8.0%	\$60.09	7.6%	\$61.79
Total	10.3%	\$77.47	9.6%	\$78.16

Premium Taxes and Fees Allocation	1/1/2025 Filing		1/1/2026 Filing	
	Estimated % of Premium	Estimated PMPM	Estimated % of Premium	Estimated PMPM
Federal / State Income Tax on Profit & Risk Load	0.6%	\$4.73	0.6%	\$5.12
Premium Tax	1.6%	\$11.79	0.0%	\$0.00
ACA Taxes: PCORI Fee	0.0%	\$0.29	0.0%	\$0.29
ACA Taxes: Risk Adjustment User Fee	0.0%	\$0.18	0.02%	\$0.20
ACA Taxes: Exchange User Fee	0.0%	\$0.00	0.0%	\$0.00
All Other Taxes & Fees	0.5%	\$3.89	0.5%	\$3.79
Total	2.8%	\$20.88	1.2%	\$9.40

Appendix 4.B: Estimated Federal MLR Calculation

Estimated Federal MLR Calculation		
Claims		
(A)	Projected Claims	\$705.28
(B)	<u>QI-IT Initiatives, Fraud, Medical Management</u>	<u>\$3.08</u>
(C)	Total Projected Claims for MLR (A + B)	\$708.36
Premium		
(D)	Avg Single Risk Pool Gross Premium	\$812.17
(E)	<u>Total Taxes and Fees</u>	<u>\$9.40</u>
(F)	Total Premium for MLR (D - E)	\$802.77
MLR (C / F)		88.2%

Appendix 5.A: Summary of Key Benefit Features Medical Plans

Plan Category	Plan Name	Tracking Number	2026 Plan Code	Rx	Metallic Level	Product Type	In Network Benefits											
							PCP Copay(1)	SPEC Copay	URG CARE Copay	ER Copay	OP Surg Copay	IP Copay	MRI, CT & PET	INN Indiv Ded	INN Coins	INN Indiv OOPM	INN Fam Ded	INN Fam OOPM
PCP Led	UHC Clear Choice Navigate HMO Platinum 500-2	ME23_HMO_Nav_CCS_01	EP-SP	O08	Platinum	HMO	\$20	\$40	\$25	80%	80%	80%	80%	\$500	80%	\$3,000	\$1,000	\$6,000
PCP Led	UHC Clear Choice Navigate HMO Platinum 500-1	ME23_HMO_Nav_CCS_01_1	EP-SQ	O08	Platinum	HMO	\$20	\$40	\$25	80%	80%	80%	80%	\$500	80%	\$3,000	\$1,000	\$6,000
PCP Led	UHC Clear Choice Navigate HMO Gold 2500-2	ME23_HMO_Nav_CCS_02	EP-SR	R48	Gold	HMO	\$20	\$50	\$40	70%	70%	70%	70%	\$2,500	70%	\$6,000	\$5,000	\$12,000
PCP Led	UHC Clear Choice Navigate HMO Gold 2500-1	ME23_HMO_Nav_CCS_02_1	EP-S5	R48	Gold	HMO	\$20	\$50	\$40	70%	70%	70%	70%	\$2,500	70%	\$6,000	\$5,000	\$12,000
PCP Led	UHC Clear Choice Navigate HMO Gold 1500-2	ME23_HMO_Nav_CCS_03	EP-ST	R49	Gold	HMO	\$25	\$50	\$40	70%	70%	70%	70%	\$1,500	70%	\$5,000	\$3,000	\$10,000
PCP Led	UHC Clear Choice Navigate HMO Gold 1500-1	ME23_HMO_Nav_CCS_03_1	EP-SU	R49	Gold	HMO	\$25	\$50	\$40	70%	70%	70%	70%	\$1,500	70%	\$5,000	\$3,000	\$10,000
PCP Led	UHC Clear Choice Navigate HMO Silver 5000-2	ME23_HMO_Nav_CCS_04	EP-SV	O13	Silver	HMO	\$40	\$60	\$40	70%	70%	70%	70%	\$5,000	70%	\$8,500	\$10,000	\$17,000
PCP Led	UHC Clear Choice Navigate HMO Silver 5000-1	ME23_HMO_Nav_CCS_04_1	EP-SW	O13	Silver	HMO	\$40	\$60	\$40	70%	70%	70%	70%	\$5,000	70%	\$8,500	\$10,000	\$17,000
PCP Led HSA	UHC Clear Choice Navigate HMO HSA Silver 4500-2	ME2023_HMO_NavHSA_CCS_06	EP-SX	P65	Silver	HMO	80%	80%	80%	80%	80%	80%	80%	\$4,500	80%	\$7,000	\$9,000	\$14,000
PCP Led HSA	UHC Clear Choice Navigate HMO HSA Silver 4500-1	ME2023_HMO_NavHSA_CCS_06_1	EP-SY	P65	Silver	HMO	80%	80%	80%	80%	80%	80%	80%	\$4,500	80%	\$7,000	\$9,000	\$14,000
PCP Led HSA	UHC Clear Choice Navigate HMO HSA Silver 4000-2	ME2023_HMO_NavHSA_CCS_08	EP-SZ	P68	Silver	HMO	80%	80%	80%	80%	80%	80%	80%	\$4,000	80%	\$7,000	\$8,000	\$14,000
PCP Led HSA	UHC Clear Choice Navigate HMO HSA Silver 4000-1	ME2023_HMO_NavHSA_CCS_08_1	EP-S2	P68	Silver	HMO	80%	80%	80%	80%	80%	80%	80%	\$4,000	80%	\$7,000	\$8,000	\$14,000
PCP Led	UHC Clear Choice Navigate HMO Silver 4000-2	ME2023_HMO_Nav_CCS_09	EP-S3	O11	Silver	HMO	\$40	\$60	\$40	70%	70%	70%	70%	\$4,000	70%	\$8,500	\$8,000	\$17,000
PCP Led	UHC Clear Choice Navigate HMO Silver 4000-1	ME2023_HMO_Nav_CCS_09_1	EP-S4	O11	Silver	HMO	\$40	\$60	\$40	70%	70%	70%	70%	\$4,000	70%	\$8,500	\$8,000	\$17,000
PCP Led	UHC Clear Choice Navigate HMO Bronze 7500-2	ME2023_HMO_Nav_CCS_15	EP-S5	P64	Bronze	HMO	\$45	\$80	\$60	50%	50%	50%	50%	\$7,500	50%	\$10,000	\$15,000	\$20,000
PCP Led	UHC Clear Choice Navigate HMO Bronze 7500-1	ME2023_HMO_Nav_CCS_15_1	EP-S6	P64	Bronze	HMO	\$45	\$80	\$60	50%	50%	50%	50%	\$7,500	50%	\$10,000	\$15,000	\$20,000
PCP Led HSA	UHC Clear Choice Navigate HMO HSA Bronze 8000-2	ME202HMO_NavHSA_CCS_16	EP-S7	O19	Bronze	HMO	100%	100%	100%	100%	100%	100%	100%	\$8,000	100%	\$8,000	\$16,000	\$16,000
PCP Led HSA	UHC Clear Choice Navigate HMO HSA Bronze 8000-1	ME202HMO_NavHSA_CCS_16_1	EP-S8	O19	Bronze	HMO	100%	100%	100%	100%	100%	100%	100%	\$8,000	100%	\$8,000	\$16,000	\$16,000
PCP Led HSA	UHC Clear Choice Navigate HMO HSA Bronze 6300-2	ME202HMO_NavHSA_CCS_17	EP-S9	P66	Bronze	HMO	50%	50%	50%	50%	50%	50%	50%	\$6,300	50%	\$8,000	\$12,600	\$16,000
PCP Led HSA	UHC Clear Choice Navigate HMO HSA Bronze 6300-1	ME202HMO_NavHSA_CCS_17_1	EP-TA	P66	Bronze	HMO	50%	50%	50%	50%	50%	50%	50%	\$6,300	50%	\$8,000	\$12,600	\$16,000
PCP Led	UHC Navigate Silver 4000-3	ME2026_HMO_Nav_4000_60	EP-TB	R50	Silver	HMO	\$45	\$80	\$80	60%	60%	60%	60%	\$4,000	60%	\$9,400	\$8,000	\$18,800
PCP Led	UHC Navigate Silver 4000-4	ME2026_HMO_Nav_4000_60_1	EP-TC	R50	Silver	HMO	\$45	\$80	\$80	60%	60%	60%	60%	\$4,000	60%	\$9,400	\$8,000	\$18,800
PCP Led Direct	UHC Navigate Gold 1500-3	ME23_Nav_POST_1500	EP-TD	O07S	Gold	HMO	\$25	\$50	\$50	70%	70%	70%	70%	\$1,500	70%	\$7,000	\$3,000	\$14,000
PCP Led Direct	UHC Navigate Gold 1500-4	ME23_Nav_POST_1500_1	EP-TE	O07S	Gold	HMO	\$25	\$50	\$50	70%	70%	70%	70%	\$1,500	70%	\$7,000	\$3,000	\$14,000
PCP Led Direct	UHC Navigate Gold 3000-2	ME23_Nav_POST_3000	EP-TF	O07S	Gold	HMO	\$25	\$50	\$50	80%	80%	80%	80%	\$3,000	80%	\$9,100	\$6,000	\$18,200
PCP Led Direct	UHC Navigate Gold 3000-1	ME23_Nav_POST_3000_1	EP-TG	O07S	Gold	HMO	\$25	\$50	\$50	80%	80%	80%	80%	\$3,000	80%	\$9,100	\$6,000	\$18,200

Note: For HSA plans, the deductible applies to all medical services. Copays on HSA plans apply after the deductible. For non-HSA plans, the deductibles applies to all medical services except where a copay applies.

(1) * 1st PCP and Behavioral Health Office Visit have \$0 copay, subsequent visits have copay before deductible except HSA plans

Appendix 5.B: Summary of Key Benefit Features Medical Plans

Plan Category	Plan Name	Tracking Number	2026 Plan Code	Rx	Metallic Level	Product Type	Out of Network Benefits						Plan Deductible Applies to Rx	Medical Deductible Type	Group Size Eligibility	Preventive Coverage
							OON Indiv Ded	OON Coins	ER Copay	OON Indiv OOPM	OON Fam Ded	OON Fam OOPM				
PCP Led	UHC Clear Choice Navigate HMO Platinum 500-2	ME23_HMO_Nav_CCS_01	EP-SP	O08	Platinum	HMO	N/A	N/A	80%	N/A	N/A	N/A	Yes	Embedded	1-50	100%
PCP Led	UHC Clear Choice Navigate HMO Platinum 500-1	ME23_HMO_Nav_CCS_01_1	EP-SQ	O08	Platinum	HMO	N/A	N/A	80%	N/A	N/A	N/A	Yes	Embedded	1	100%
PCP Led	UHC Clear Choice Navigate HMO Gold 2500-2	ME23_HMO_Nav_CCS_02	EP-SR	R48	Gold	HMO	N/A	N/A	70%	N/A	N/A	N/A	No	Embedded	1-50	100%
PCP Led	UHC Clear Choice Navigate HMO Gold 2500-1	ME23_HMO_Nav_CCS_02_1	EP-SS	R48	Gold	HMO	N/A	N/A	70%	N/A	N/A	N/A	No	Embedded	1	100%
PCP Led	UHC Clear Choice Navigate HMO Gold 1500-2	ME23_HMO_Nav_CCS_03	EP-ST	R49	Gold	HMO	N/A	N/A	70%	N/A	N/A	N/A	Yes	Embedded	1-50	100%
PCP Led	UHC Clear Choice Navigate HMO Gold 1500-1	ME23_HMO_Nav_CCS_03_1	EP-SU	R49	Gold	HMO	N/A	N/A	70%	N/A	N/A	N/A	Yes	Embedded	1	100%
PCP Led	UHC Clear Choice Navigate HMO Silver 5000-2	ME23_HMO_Nav_CCS_04	EP-SV	O13	Silver	HMO	N/A	N/A	70%	N/A	N/A	N/A	Yes	Embedded	1-50	100%
PCP Led	UHC Clear Choice Navigate HMO Silver 5000-1	ME23_HMO_Nav_CCS_04_1	EP-SW	O13	Silver	HMO	N/A	N/A	70%	N/A	N/A	N/A	Yes	Embedded	1	100%
PCP Led HSA	UHC Clear Choice Navigate HMO HSA Silver 4500-2	ME2023_HMO_NavHSA_CCS_06	EP-SX	P65	Silver	HMO	N/A	N/A	80%	N/A	N/A	N/A	Yes	Embedded	1-50	100%
PCP Led HSA	UHC Clear Choice Navigate HMO HSA Silver 4500-1	ME2023_HMO_NavHSA_CCS_06_1	EP-SY	P65	Silver	HMO	N/A	N/A	80%	N/A	N/A	N/A	Yes	Embedded	1	100%
PCP Led HSA	UHC Clear Choice Navigate HMO HSA Silver 4000-2	ME2023_HMO_NavHSA_CCS_08	EP-SZ	P68	Silver	HMO	N/A	N/A	80%	N/A	N/A	N/A	Yes	Embedded	1-50	100%
PCP Led HSA	UHC Clear Choice Navigate HMO HSA Silver 4000-1	ME2023_HMO_NavHSA_CCS_08_1	EP-S2	P68	Silver	HMO	N/A	N/A	80%	N/A	N/A	N/A	Yes	Embedded	1	100%
PCP Led	UHC Clear Choice Navigate HMO Silver 4000-2	ME2023_HMO_Nav_CCS_09	EP-S3	O11	Silver	HMO	N/A	N/A	70%	N/A	N/A	N/A	Yes	Embedded	1-50	100%
PCP Led	UHC Clear Choice Navigate HMO Silver 4000-1	ME2023_HMO_Nav_CCS_09_1	EP-S4	O11	Silver	HMO	N/A	N/A	70%	N/A	N/A	N/A	Yes	Embedded	1	100%
PCP Led	UHC Clear Choice Navigate HMO Bronze 7500-2	ME2023_HMO_Nav_CCS_15	EP-S5	P64	Bronze	HMO	N/A	N/A	50%	N/A	N/A	N/A	Yes	Embedded	1-50	100%
PCP Led	UHC Clear Choice Navigate HMO Bronze 7500-1	ME2023_HMO_Nav_CCS_15_1	EP-S6	P64	Bronze	HMO	N/A	N/A	50%	N/A	N/A	N/A	Yes	Embedded	1	100%
PCP Led HSA	UHC Clear Choice Navigate HMO HSA Bronze 8000-2	ME2023HMO_NavHSA_CCS_16	EP-S7	O19	Bronze	HMO	N/A	N/A	100%	N/A	N/A	N/A	Yes	Embedded	1-50	100%
PCP Led HSA	UHC Clear Choice Navigate HMO HSA Bronze 8000-1	ME2023HMO_NavHSA_CCS_16_1	EP-S8	O19	Bronze	HMO	N/A	N/A	100%	N/A	N/A	N/A	Yes	Embedded	1	100%
PCP Led HSA	UHC Clear Choice Navigate HMO HSA Bronze 6300-2	ME2023HMO_NavHSA_CCS_17	EP-S9	P66	Bronze	HMO	N/A	N/A	50%	N/A	N/A	N/A	Yes	Embedded	1-50	100%
PCP Led HSA	UHC Clear Choice Navigate HMO HSA Bronze 6300-1	ME2023HMO_NavHSA_CCS_17_1	EP-TA	P66	Bronze	HMO	N/A	N/A	50%	N/A	N/A	N/A	Yes	Embedded	1	100%
PCP Led	UHC Navigate Silver 4000-3	ME2026_HMO_Nav_4000_60	EP-TB	R50	Silver	HMO	N/A	N/A	60%	N/A	N/A	N/A	No	Embedded	1-50	100%
PCP Led	UHC Navigate Silver 4000-4	ME2026_HMO_Nav_4000_60_1	EP-TC	R50	Silver	HMO	N/A	N/A	60%	N/A	N/A	N/A	No	Embedded	1	100%
PCP Led Direct	UHC Navigate Gold 1500-3	ME23_Nav_POST_1500	EP-TD	O075	Gold	HMO	N/A	N/A	70%	N/A	N/A	N/A	No	Embedded	1-50	100%
PCP Led Direct	UHC Navigate Gold 1500-4	ME23_Nav_POST_1500_1	EP-TE	O075	Gold	HMO	N/A	N/A	70%	N/A	N/A	N/A	No	Embedded	1	100%
PCP Led Direct	UHC Navigate Gold 3000-2	ME23_Nav_POST_3000	EP-TF	O075	Gold	HMO	N/A	N/A	80%	N/A	N/A	N/A	No	Embedded	1-50	100%
PCP Led Direct	UHC Navigate Gold 3000-1	ME23_Nav_POST_3000_1	EP-TG	O075	Gold	HMO	N/A	N/A	80%	N/A	N/A	N/A	No	Embedded	1	100%

Note: For HSA plans, the deductible applies to all medical services. Copays on HSA plans apply after the deductible. For non-HSA plans, the deductibles applies to all medical services except where a copay applies.

Appendix 5.C: Summary of Key Benefit Features Standard Rx Plans

Rx Plan	Rx Deductible	Deductible Applies to Which Pharmacy Tiers?	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 Specialty	Mail Order Copay Multiplier *
O11	Same as Medical	3&4	\$25	\$50	\$100	\$250		2.5
P64	Same as Medical	2&3&4	\$30	\$50	\$100	\$250		2.5
O13	Same as Medical	3&4	\$25	\$50	30%	50%		2.5
P65	Same as Medical	All	20%	20%	20%	20%		N/A
P66	Same as Medical	All	50%	50%	50%	50%		N/A
O19	Same as Medical	All	No Copay	No Copay	No Copay	No Copay		No Copay
P68	Same as Medical	All	\$25	\$50	\$100	\$250		2.5
R48	N/A	N/A	\$10	\$50	30%	50%		2.5
R49	Same as Medical	3&4	\$25	\$50	\$80	\$250		2.5
O08	Same as Medical	3&4	No Copay	\$15	\$100	\$250		2.5
R50	N/A	N/A	\$35	\$70	30%	30%		2.5
O07S	N/A	N/A	\$15	\$60	\$150	\$300	\$600	2.5

* Multiple of 30-days retail fill copay for a 90-day mail order fill.

Appendix 6.A: Rate Card

Carrier:	UnitedHealthcare of New England, Inc.
State:	Maine
HIOS ID:	65667
Size (Eligible Employees):	1 - 50
Effective Date:	1/1/2026

START RATES	
Medical Product	Start Rate
HMO	\$914.39
Rx	\$914.39

EFFECTIVE DATE ADJUSTMENTS (TREND)			
Effective Date	Quarter	Small Group Trend Factor	Individual Trend Factor
Jan-26	1	1.000	1.000
Feb-26	1	1.000	1.000
Mar-26	1	1.000	1.000
Apr-26	2	1.026	1.000
May-26	2	1.026	1.000
Jun-26	2	1.026	1.000
Jul-26	3	1.053	1.000
Aug-26	3	1.053	1.000
Sep-26	3	1.053	1.000
Oct-26	4	1.080	1.000
Nov-26	4	1.080	1.000
Dec-26	4	1.080	1.000
Annualized Trend Rate		10.80%	10.80%

LOCATION FACTORS		
Rating Area	Counties	Factor
1	Cumberland, Sagadahoc, York	0.9705
2	Knox, Kennebec, Lincoln, Oxford	0.9740
3	Androscoggin, Franklin, Waldo	0.9790
4	Penobscot, Piscataquis, Somerset	1.0118
5	Aroostook, Hancock, Washington	1.1042

Appendix 6.B: Age Factors

Carrier: UnitedHealthcare of New England, Inc.
State: Maine
HIOS ID: 65667
Size (Eligible Employees): 1 - 50
Effective Date: 1/1/2026

AGE FACTORS	
Member Age	Factor
0-14	0.7650
15	0.8330
16	0.8590
17	0.8850
18	0.9130
19	0.9410
20	0.9700
21	1.0000
22	1.0000
23	1.0000
24	1.0000
25	1.0040
26	1.0240
27	1.0480
28	1.0870
29	1.1190
30	1.1350
31	1.1590
32	1.1830
33	1.1980
34	1.2140
35	1.2220
36	1.2300
37	1.2380
38	1.2460
39	1.2620
40	1.2780
41	1.3020
42	1.3250
43	1.3570
44	1.3970
45	1.4440
46	1.5000
47	1.5630
48	1.6350
49	1.7060
50	1.7860
51	1.8650
52	1.9520
53	2.0400
54	2.1350
55	2.2300
56	2.3330
57	2.4370
58	2.5480
59	2.6030
60	2.7140
61	2.8100
62	2.8730
63	2.9520
64 and Older	3.0000
Max Ratio	3.0000

Appendix 6.C: Plan Relativity Factors

MEDICAL PLAN RELATIVITY FACTORS								
Market	HIOSID	Plan Name	Tracking Number	Med Plan	Associated Rx Plan	Plan Relativity	AV Pricing Value as shown on URRT Form	Consumer Adjusted Premium Rate
Small Group	65667ME0010030	UHC Clear Choice Navigate HMO Platinum 500-2	ME23_HMO_Nav_CCS_01	EP-SP	O08	0.8039	1.2398	\$911.70
Individual	65667ME0020001	UHC Clear Choice Navigate HMO Platinum 500-1	ME23_HMO_Nav_CCS_01_1	EP-SQ	O08	0.8039	1.2398	\$911.70
Small Group	65667ME0010009	UHC Clear Choice Navigate HMO Gold 2500-2	ME23_HMO_Nav_CCS_02	EP-SR	R48	0.6043	0.9320	\$685.33
Individual	65667ME0020002	UHC Clear Choice Navigate HMO Gold 2500-1	ME23_HMO_Nav_CCS_02_1	EP-SS	R48	0.6043	0.9320	\$685.33
Small Group	65667ME0010010	UHC Clear Choice Navigate HMO Gold 1500-2	ME23_HMO_Nav_CCS_03	EP-ST	R49	0.6769	1.0440	\$767.67
Individual	65667ME0020003	UHC Clear Choice Navigate HMO Gold 1500-1	ME23_HMO_Nav_CCS_03_1	EP-SU	R49	0.6769	1.0440	\$767.67
Small Group	65667ME0010011	UHC Clear Choice Navigate HMO Silver 5000-2	ME23_HMO_Nav_CCS_04	EP-SV	O13	0.5501	0.8484	\$623.86
Individual	65667ME0020004	UHC Clear Choice Navigate HMO Silver 5000-1	ME23_HMO_Nav_CCS_04_1	EP-SW	O13	0.5501	0.8484	\$623.86
Small Group	65667ME0010013	UHC Clear Choice Navigate HMO HSA Silver 4500-2	ME2023_HMO_NavHSA_CCS_06	EP-SX	P65	0.5390	0.8313	\$611.28
Individual	65667ME0020006	UHC Clear Choice Navigate HMO HSA Silver 4500-1	ME2023_HMO_NavHSA_CCS_06_1	EP-SY	P65	0.5390	0.8313	\$611.28
Small Group	65667ME0010015	UHC Clear Choice Navigate HMO HSA Silver 4000-2	ME2023_HMO_NavHSA_CCS_08	EP-SZ	P68	0.5549	0.8558	\$629.31
Individual	65667ME0020008	UHC Clear Choice Navigate HMO HSA Silver 4000-1	ME2023_HMO_NavHSA_CCS_08_1	EP-S2	P68	0.5549	0.8558	\$629.31
Small Group	65667ME0010016	UHC Clear Choice Navigate HMO Silver 4000-2	ME2023_HMO_Nav_CCS_09	EP-S3	O11	0.5700	0.8791	\$646.43
Individual	65667ME0020009	UHC Clear Choice Navigate HMO Silver 4000-1	ME2023_HMO_Nav_CCS_09_1	EP-S4	O11	0.5700	0.8791	\$646.43
Small Group	65667ME0010022	UHC Clear Choice Navigate HMO Bronze 7500-2	ME2023_HMO_Nav_CCS_15	EP-S5	P64	0.5139	0.7926	\$582.81
Individual	65667ME0020015	UHC Clear Choice Navigate HMO Bronze 7500-1	ME2023_HMO_Nav_CCS_15_1	EP-S6	P64	0.5139	0.7926	\$582.81
Small Group	65667ME0010023	UHC Clear Choice Navigate HMO HSA Bronze 8000-2	ME202HMO_NavHSA_CCS_16	EP-S7	O19	0.4867	0.7506	\$551.96
Individual	65667ME0020016	UHC Clear Choice Navigate HMO HSA Bronze 8000-1	ME202HMO_NavHSA_CCS_16_1	EP-S8	O19	0.4867	0.7506	\$551.96
Small Group	65667ME0010024	UHC Clear Choice Navigate HMO HSA Bronze 6300-2	ME202HMO_NavHSA_CCS_17	EP-S9	P66	0.4890	0.7542	\$554.57
Individual	65667ME0020017	UHC Clear Choice Navigate HMO HSA Bronze 6300-1	ME202HMO_NavHSA_CCS_17_1	EP-TA	P66	0.4890	0.7542	\$554.57
Small Group	65667ME0010031	UHC Navigate Silver 4000-3	ME2026_HMO_Nav_4000_60	EP-TB	R50	0.5319	0.8203	\$603.22
Individual	65667ME0020023	UHC Navigate Silver 4000-4	ME2026_HMO_Nav_4000_60_1	EP-TC	R50	0.5319	0.8203	\$603.22
Small Group	65667ME0010027	UHC Navigate Gold 1500-3	ME23_Nav_POST_1500	EP-TD	O07S	0.5969	0.9206	\$676.94
Individual	65667ME0020020	UHC Navigate Gold 1500-4	ME23_Nav_POST_1500_1	EP-TE	O07S	0.5969	0.9206	\$676.94
Small Group	65667ME0010028	UHC Navigate Gold 3000-2	ME23_Nav_POST_3000	EP-TF	O07S	0.5724	0.8828	\$649.15
Individual	65667ME0020021	UHC Navigate Gold 3000-1	ME23_Nav_POST_3000_1	EP-TG	O07S	0.5724	0.8828	\$649.15

Appendix 7: Trend Detail



Healthcare Economics

MAINE SMALL GROUP PRICING TREND DEVELOPMENT MAY 2025 RATE FILING SUPPORT

MAINE SMALL GROUP PRICING TREND BY COMPONENT									
Component Summary	Notes:	<u>Inpatient</u>	<u>Outpatient</u>	<u>Professional</u>	<u>Other</u>	<u>Capitation</u>	<u>Total Medical</u>	<u>Retail Pharmacy</u>	<u>Weighted Aggregate</u>
Utilization / Service Mix	[1], [2]	2.0%	4.3%	4.4%	8.4%	0.0%	3.7%	6.4%	4.4%
Unit Cost	[3]	5.6%	5.2%	3.4%	4.0%	6.4%	4.9%	3.9%	4.7%
Demographic Change	[5]	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Benefit Leveraging	[4]	0.3%	2.3%	2.1%	3.0%	0.0%	1.7%	0.4%	1.4%
<u>Margin</u>		<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>
Total Proposed Pricing Trend	[6]	8.1%	12.3%	10.2%	16.1%	6.4%	10.7%	11.0%	10.8%
Service Weight - Maine		17.3%	37.3%	17.3%	1.5%	2.5%	75.8%	24.2%	100.0%

Notes:

- [1] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [2] Represents expected changes in intensity of services provided.
- [3] Represents core unit pricing increases, exclusive of service mix / intensity of services impact;
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
- [6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

Appendix 8: Plan Mapping

2025 Plan Code	2025 HIOS ID	2026 Plan Code	2026 HIOS ID
DZ-M4	65667ME0010020	EP-S5	65667ME0010022
DZ-M5	65667ME0020013	EP-S6	65667ME0020015
DZ-NG	65667ME0010029	EP-TB	65667ME0010031
DZ-NH	65667ME0020022	EP-TC	65667ME0020023