

Appendix A: Rate Transparency Report

I. High level narrative summarizing rate changes for 2027PY submission and the main drivers of the rate change (e.g., trend, benefit changes, etc.), along with a table showing the numerical rate change for each of the drivers identified and the overall rate change:
The proposed rate change is 21.35% and will affect 9,219 individuals. The rate changes vary at the plan level due primarily to benefit differences among plans. The drivers of the rate change include unit cost trend, utilization trend and emerging experience.
II. High level narrative summarizing form changes for 2027PY submission:
Revisions made to forms are to comply with newly enacted state legislation, state regulatory requirements, revised federal requirements, language that addresses changes to plan design and revisions to provide clarification.
III. High level description of how the revised rates were determined, including general description and source of each assumption used:
Revised rates were developed at a single risk pool level from 2025 actual claims experience and adjusted for annual claims trend, expected changes in morbidity, demographic mix, plan design changes and new legislation. Adjustments were made for best estimate 2027 non-benefits expenses and other retention items.
IV. Expected federal medical loss ratio for blocks of business in existence for at least three years:
2026PY Expected Federal MLR for the individual line of business: 87.84% 2025PY Actual/Expected Federal MLR for the individual line of business: 120.90%/85.80% 2024PY Actual/Expected Federal MLR for the individual line of business: 124.60%/84.66%
V. High level narrative of the supporting information that demonstrates how the blocks of business will meet the requirements for medical loss ratio in state and federal law:
The 2027PY MLR was calculated using the federally prescribed MLR methodology. UHCNM does not anticipate paying out consumer rebates for the 2027 calendar year. Taxes and regulatory fees were excluded from premium in the calculation of this value. The expected 2027PY MLR exceeds the minimum threshold of 80.00%.
VI. Medical costs, including utilization and compensation rates trend, justifying the rate increase. Identify the aggregate types of expenditures in those categories that support the premium rate increase in the geographic area covered. This section does not need to include provider compensation, only the trend:
Projection trend factors were developed for each benefit category based on UHC's internal utilization trend modeling, which generated an annual aggregate utilization trend of 4.7%.
VII. High level description of blocks of business in existence for at least three years, premium revenues, claims history, losses and reserves for the three years preceding the date of filing. Provide supporting documentation and whether the insurer has ceased to actively offer or sell to new applicants a block of business for which it seeks a rate increase:
As a new entrant for 2024PY, UHCNM only has experience for 2024 and onward and therefore, does not have three years of history to report.