



USable Mutual Insurance Company (AR BCBS – MSP) – Individual Plans

Rate request filing SERFF Tracking #: **ARBB-131117132**

Product Name: **2018 QHP Ind MSP Rate Filing**

This document is offered as a tool for Arkansas consumers to help explain the company's rate filing prepared and uses information submitted by the insurance company. It is not intended to describe or include all factors or information considered in AID's review process. All information is in the public domain. Financial information is based upon the annual company statement filed for the calendar year noted. For further information on this filing, visit: <https://www.insurance.arkansas.gov/uploads/pages/py2018-ind-arbbmsp-full.pdf>.

Overview

Requested average rate change:

7.80%

Range of requested rate change:

(1.80%) – 27.30%

Effective date:

January 1, 2018

Covered lives affected:

202,005

This plan is available in the following:

Service Area	Counties
Central	Cleburne, Conway, Faulkner, Grant, Lonoke, Perry, Pope, Prairie, Pulaski, Saline, Van Buren, White, Yell
Northeast	Clay, Craighead, Crittenden, Cross, Fulton, Greene, Independence, IZard, Jackson, Lawrence, Mississippi, Poinsett, Randolph, Sharp, St. Francis, Stone, Woodruff
Northwest	Baxter, Benton, Boone, Carroll, Madison, Marion, Newton, Searcy, Washington
South Central	Clark, Garland, Hot Spring, Montgomery, Pike
Southeast	Arkansas, Ashley, Bradley, Chicot, Cleveland, Dallas, Desha, Drew, Jefferson, Lee, Lincoln, Monroe, Phillips
Southwest	Calhoun, Columbia, Hempstead, Howard, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier, Union
West Central	Crawford, Franklin, Johnson, Logan, Polk, Sebastian, Scott

Financial information

Experience from January-December 2016:

Premiums written: \$613.4M
Claims paid: \$702.8M

Projection for January-December 2018:

Projected premium: \$1,089M
Projected claims: \$912.8M

Company justification for requested change

According to the company's filing, the following components make up its rate request:

"In general, the factors that drove the proposed 7.81% rate change has been in large part the utilization and cost trend of this block of business which was determined to be 8.64% of allowed claims overall annually. Also, the actual experience for 2016 came in higher than what was expected. We had projected a loss ratio for 2016 of 83.34%, whereas actual experience resulted in a loss ratio of 96.51%. This worse-than-expected experience lead to higher projected claims for 2017 and 2018."

- 41% of the 7.80% total request is due to Medical Utilization Changes.
- 26% of the 7.80% total request is due to Medical Price Changes.
- 0% of the 7.80% total request is due to Medical Benefit Changes Required by Law.
- 0% of the 7.80% total request is due to Medical Benefit Changes Not Required by Law.
- - 1% of the 7.80% total request is due to Changes to Administration Costs.
- 18% of the 7.80% total request is due to Changes to Profit Margin.
- 16% of the 7.80% total request is due to Other, defined as: "Included is the increased cost due to any Taxes and Fees (including the reintroduction of the Insurer's Fees), impact of changes in demographic makeup, and the impact of prior year's expected loss."