



Ambetter – Individual Plans

Rate request filing SERFF Tracking #: **CELT-131502642**

Product Name: **Ambetter from AR Health & Wellness**

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/py2019-ind-ambetter-full.pdf>.

Overview

Requested average rate change: 4.60% Range of requested rate change: (1.70%) – 38.00%
Effective date: January 1, 2019
Covered lives affected: 85,373

This plan is available in the following counties:

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 2017:

Premiums written: \$586.2 million
Claims paid: \$425.8 million

Projection for January-December 2019:

Projected premium: \$440.7 million
Projected claims: \$316.6 million

Company Justification for Requested Change

According to the company's filing, its request is made because:

"Single risk pool experience, unit cost trend, utilization trend, prospective changes to benefits covered by the product or successor products, new taxes and fees imposed on the issuer, anticipated changes in the average morbidity of the risk pool, including elimination of the ACA Individual Mandate."

According to the company's filing, its financial experience has been:

"The experience includes claims experience incurred in 2017 and paid through March 31, 2018."

The request is made up of the following components:

- 45% of the 4.60% total request is due to Medical Utilization Changes.
- 19% of the 4.60% total request is due to Medical Price Changes.
- 0% of the 4.60% total request is due to Medical Benefit Changes Required by Law.
- 0% of the 4.60% total request is due to Medical Benefit Changes Not Required by Law.
- 0% of the 4.60% total request is due to Changes to Administration Costs.
- 0% of the 4.60% total request is due to Changes to Profit Margin.
- 36% of the 4.60% total request is due to Other, defined as: "Morbidity & Risk Adjustment changes, Rx trend, increase in CSR cost Note that due to HIF moratorium, administration cost does not contribute to increase."