

**Detailed description of Rate Review Grants R2D2 Data elements:**

<b>Issuer ID</b>	This is a five digit code issued by the HHS HIOS system. Issuers who have submitted data for display on HealthCare.gov have obtained their ID from the HIOS system. For those issuers who have not yet submitted data into HIOS or have not yet received their ID, please enter '00000'.																
<b>Product Names</b>	The "street" name of the insurance product as sold by the insurance company.																
<b>Trend Factors</b>	Text description of trend factors and rating factors used in developing the rate as implemented under the allowed filing requirements and restrictions in that state.																
<b>Change Period</b>	<p>Demonstrates the time for which the premium change is effective.</p> <p>If there are multiple change periods on products within a filing, the filer should select "other".</p> <p>If an increase is for a calendar year or effective for an elapsed year's time from effective date of the increase one should use 'annual'. If a jurisdiction allows rolling increases on say a quarterly basis, but they are implemented to a given policyholder on a cumulative basis upon their anniversary it is called 'quarterly'.</p>																
<b>Member Months</b>	The member months used for the purpose of the rate development. If a company files more than one rate change in a single filing, the member months will be the aggregate sum of the 2 (or more) rate changes. The number of member months reported should reflect the number of member months used for the experience period of the rate development.																
<b>Percent Change Requested</b>	<p>The percentage of rate change requested in the rate filing. Percentage can be a positive or negative number. Demonstrated as a range of min- max and a weighted average representing all products in the rate filing.</p> <p>The weighted average should be calculated by weighting the increase using volume of premiums</p> <p>Example:</p> <p>In this case there are two possible proposed increases 10% or 20% that apply to the block.</p> <table border="0" data-bbox="751 1101 1654 1235"> <thead> <tr> <th></th> <th align="center"><b>Premium</b></th> <th align="center"><b>Weighting of the Premium</b></th> <th></th> </tr> </thead> <tbody> <tr> <td>Minimum increase requested: 10%</td> <td align="center">\$10M</td> <td align="center">10% of \$10M=</td> <td align="center">\$1M</td> </tr> <tr> <td>Maximum increase requested: 20%</td> <td align="center">\$20M</td> <td align="center">20% of \$20M=</td> <td align="center">\$4M</td> </tr> <tr> <td>Total:</td> <td align="center">\$30M</td> <td></td> <td align="center">\$5M</td> </tr> </tbody> </table> <p><math>\\$5M/\\$30M=.1667</math> Weighted Average =16.67%</p>		<b>Premium</b>	<b>Weighting of the Premium</b>		Minimum increase requested: 10%	\$10M	10% of \$10M=	\$1M	Maximum increase requested: 20%	\$20M	20% of \$20M=	\$4M	Total:	\$30M		\$5M
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<b>Total Earned Premium</b>	The total dollar amount collected for the purpose of premium payments for the one year period that ends with the effective date for the proposed premium. The frame of reference is the requested effective date of the new premium.																

<b>Total Incurred Claims</b>	Total Projected Incurred Claims are the Total Incurred Claims for the one year period that ends with the effective date for the proposed premium. The frame of reference is the requested effective date of the new premium. This may include projected incurred-but-not-reported claims for said period.
<b>Annual Dollar Amount for the Prior Rate</b>	The dollar amount of the Prior Annual Rate on a PMPM basis. Demonstrated as a range of min- max and a weighted average representing all products included in the filing. This is the PMPM premium for the highest, lowest and average using the rates prior to those proposed in the filing for the one year period that ends with the effective date for the proposed premium. The frame of reference is the effective date of the new premium.
<b>Projected Earned Premium</b>	Total Projected Earned Premium is the Total Earned Premium projected for the current one year period beginning with the effective date for the proposed rates including the new rates. The frame of reference is the requested effective date of the new premium.
<b>Projected Incurred Claims</b>	Total Projected Incurred Claims are the Total Incurred Claims projected for the current one year period under the new rate structure that begins with the effective date for the proposed premium. The frame of reference is the requested effective date of the new premium.
<b>Annual Dollar Amount for the Requested Rate</b>	The dollar amount of the Requested Annual Rate on a PMPM basis. Demonstrated as a range of min- max and a weighted average representing all products included in the filing. This is the PMPM premium for the highest, lowest and average using the new rates proposed in the filing for the current one year period beginning with the effective date of the proposed rates. The frame of reference is the effective date of the new premium.
<b>Number of Covered Lives and Number of Policy Holders</b>  <b>(on the Rate/Rule Schedule)</b>	<p>Total number of enrolled individuals affected by the rate changes represented in this filing.</p> <p>For Covered Lives and Policy Holders there is individual and group business. Individual business is the manner in which the policy is sold, not sales to just an individual, so an individual's spouse and dependents are also covered lives.</p> <p>For Group business there might be just one policy for one employer which includes multiple employee individuals and their dependants. The definition of covered lives stays the same, but the number of policy holders might be smaller given larger employers with could have many covered lives under each policy.</p>