



1. General Information

- Company Legal Name: Medical Mutual of Ohio
- HIOS issuer ID: 80627
- State: Ohio
- Market: Individual market
- Effective Date: 1/1/2027

- Primary Contact Name: Samuel Thomas
- Primary Contact Telephone Number: (419) 887-2908
- Primary Contact Email Address: Samuel.thomas@medmutual.com

The purpose of this filing is to provide the rates and description of rate development for the HMO products that Medical Mutual of Ohio (MMO) is offering on and off the public exchange in all counties of Ohio effective January 1, 2027.

The products associated with these rates were already filed in SERFF. The form numbers for these products are:

[illegible]

7. Months of Rate Guarantee

All individual rates are calendar year based. Therefore, each member's rate is only guaranteed through 12/31/2027, regardless of the issue date.

Proposed Rate Increase

8. Proposed Percentage Rate Adjustment

The average rate increase from 1/1/2026 to 1/1/2027 is [REDACTED] based on the plans that are considered to have uniform modifications of coverage according to 45 CFR 147.106.

The requested rate change for renewing plans is listed below:

Plan ID	Plan Name	Proposed Rate Increase
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

9. Reason for Rate Adjustment

The following are the main reasons for the rate adjustment:

- Medical and drug trend
- Morbidity
- Demographics changes
- Rx Rebates
- ACA taxes and fee changes
- Some benefit plans have been modified
- Changes to provider contracting agreements

For details regarding each adjustment, please see the "Projection Factors" section.

10. Premium and Benefits Experience for Forms Included in Filing

MMO did not have premium and benefits experience in 2025 for the forms included in this filing; however, because MMO is using MHICO's 2025 experience for the 2027 rate filing, below is MHICO's experience since inception.

MHICO Historical Experience

Year	Premium	Incurred Claims	Loss Ratio

The incurred claims are after drug rebates and estimated cost sharing reduction, but prior to any adjustment for reinsurance, risk adjustment and risk corridor.

11. Description of How Rates Were Determined

MMO rates for 2027 were estimated based on our subsidiary company's 2025 MHICO ACA experience and projected with appropriate adjustments for benefits, morbidity, demographics and others because there is no MMO 2025 experience. For your reference, we have included a MHICO version of the URRT titled Exhibit A for 2025 experience and 2027 Index rate build-up.

12. Percentage of Rate Adjustment Not Attributable to Experience

The entire rate adjustment is attributable to MHICO experience.

13. Average Annual Premium

For calendar year 2026, the MMO estimated average annual premium per member is [REDACTED].
For calendar year 2026, for MMO & MHICO combined, the estimated average annual premium per member is [REDACTED].
For calendar year 2027, the estimated average annual premium per member is [REDACTED].

14. Number of Policyholders and Covered Lives

Current enrollment shown in worksheet 2 of the URRT is based on April 2026. As of April, MMO has [REDACTED] policyholders and [REDACTED] covered lives affected by the proposed rate increase.

As of April 2026, MMO & MHICO combined have [REDACTED] policyholders and [REDACTED] covered lives.

Experience Period Premium and Claims

15. Dates of Service for the Experience Period Used to Develop Rates

MMO did not have 2025 experience. The MHICO experience period used to develop rates is 1/1/2025 through 12/31/2025.

16. Date Through Which Claims Were Paid

MHICO claims are paid through April 30, 2026.

17. Estimated Allowed Claims During the Experience Period Used to Develop Rates

MMO did not have 2025 claims experience. The MHICO allowed claims during the experience period were [REDACTED] after drug rebates. See Exhibit A

18. Premium in Experience Period (Net of MLR Rebate)

MMO did not have 2025 premium. The MHICO premium in the experience period was [REDACTED]. See Exhibit A

19. Benefit Categories

We used the definitions below for the benefit categories in the Unified Rate Review Template.

- a. 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.
- b. Outpatient Hospital: Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.
- c. Professional: Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.
- d. Other Medical: Includes non-capitated ambulance, home health care, DME, supplies, managed care and other services.
- e. Capitation: a PMPM paid to a vendor for certain benefits.
- f. Prescription Drug: Includes drugs dispensed by a pharmacy.

20. Adjustments to Allowed Claims During the Experience Period

There was no adjustment made to the allowed claims for rate development besides the completion factors which were used to estimate the IBNR after the run-out period. The MHICO allowed claims in section 17 include [REDACTED] of IBNR.

Projection Factors

21. Changes in Plan Design

The change in plan design was determined by taking the ratio of the membership weighted average Actuarial Values for each 2025 MHICO marketed plans and the projected 2027 MMO plans. The 2025 AVs were calculated using the 2025 benefits with our current year AV pricing model for 2027 actuarial values. The plan change factor is [REDACTED]

22. Trend Factors (Cost and Utilization)

Trend factors were supplied by our corporate actuarial team using MHICO experience.

Trend source data contains all institutional, professional, and pharmacy claims for each member. The trend is projected in three essential parts: unit cost, mix, and utilization. The provider contracting department projects the impact that various hospital and provider agreements will have on future costs. These provider projections are built into cost per case projections. For the mix portion, emerging technologies and historical mix behavior are considered to estimate the future. Utilization is projected from knowledge of hospital capacity, economic factors that indicate how likely a member is to seek medical attention given the current state of the economy, seasonality, and historical utilization trends. Adjustments are made for changes in age and gender mix separately for hospital inpatient, hospital outpatient, professional, and pharmacy.

The data is normalized for one-time events that are not projected to reoccur. This process is done on an as-needed basis for events such as catastrophic claims, or significant provider payment changes.

Pharmacy claims are further analyzed based on projected shifts from brand to generic utilization. Brand expiration lists are used alongside drug costs and historical new generic pricing tendencies to predict how a drug moving from brand to generic will impact overall costs.

The trend adjustment from the MHICO 2025 experience period to the 2027 projection period is [REDACTED]. The annualized trend is [REDACTED]. Please see the table below for the breakout of trend.

Changes to our drug contracts have decreased our expected rebates for 2027. The overall impact of drug contract changes is [REDACTED].

The total Other projected change is [REDACTED]. This factor is shown in Exhibit A – Wksh 1 – Market Experience

Credibility Manual Rate Development

26. Source and Appropriateness of Experience Used to Develop the Credibility Manual Rate

MMO used historical 2025 MHICO Individual ACA experience. We relied on the complete data set, as we would with an experience-based development, as the starting point of projected claims and premium.

27. Methodology Used to Develop the Credibility Manual Rate

Not applicable.

28. Adjustments Made to Data Used to Develop the Credibility Manual Rate

Not applicable.

29. Inclusion of Capitation Payments in Developing the Credibility Manual

Not applicable.

Credibility of Experience

30. Credibility Methodology

The credibility methodology is the square root rule. Full credibility is assigned at 24,000 member months.

31. Credibility Level(s)

[REDACTED] credibility was assigned since there is no MMO 2025 experience.

Projected Experience

32. Covered Services – Essential Health Benefits

The list of essential health benefits is from the Ohio EHB benchmark plan and confirmed by internal benefit services, compliance and care management departments. All essential health benefits will be covered under benefit plans.

Hearing Aid coverage from Ohio HB 315

Based on the hearing aid coverage benefits listed in Ohio HB 315, MMO projects the cost for this benefit on an allowed basis is [REDACTED] PMPM.

33. Covered Services – State Mandated Benefits Which are Not Essential Health Benefits

There are no state-mandated benefits which are not EHBs in Ohio.

34. Covered Services – Eliminated Benefits

No benefits have been eliminated.

35. Covered Services – Additional Mandatory Supplemental Benefits

There are no additional mandatory supplemental benefits.

36. Covered Services – Changes in the Level of Covered Services

There are no changes in the level of covered services.

37. Covered Services – EHB Substitutions

There are no EHB substitutions.

38. Credibility Adjusted Projected Claims

After all the above adjustments, the projected allowed claim PMPM is [REDACTED]

39. Projected Index Rate

The definition of the index rate is the projected allowed claims PMPM for EHBs. The projected index rate is [REDACTED]

40. Risk Adjustment Transfer Amounts

To project the risk adjustment transfer we begin with the estimated MMO 2026 PLRS by metal level. Next, we project the transfer formula parameters for 2027 future population and calculate the 2027 transfer estimate. The state average parameters (e.g. risk score, AV, geographic factors, average premium) were estimated based on consultant data, publicly available sources including CMS reports, and projected changes to market-wide enrollment and morbidity. We assumed High-Cost Risk Pool claims and assessment would net to [REDACTED].

We have estimated that we will pay a risk adjustment transfer of [REDACTED] PMPM. The risk adjustment fee PMPM is [REDACTED]

41. AV Metal Values

The AV metal values were calculated directly from the 2027 AV calculator released by HHS.

Please see Exhibit I for screen shots of the AV calculations.

42. AV Pricing Values

The AV Pricing Value represents the cumulative effect of adjustments made by the issuer to move from the Market Adjusted Index Rate to the Plan Adjusted Index Rate, which includes the administrative expense load incorporated into the rate development.

As required by 45 CFR 156.80(d)(2), the index rate can only be varied by the following allowable modifiers:

- a. The actuarial value and cost-sharing design of the plan.
- b. The plan's provider network, delivery system characteristics, and utilization management practices.
- c. The benefits provided under the plan that are in addition to the essential health benefits.
- d. Administrative costs, excluding Exchange user fees.
- e. With respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans.

The pricing AVs were derived by using our internal pricing model using MHICO medical claims by service category and drug claims by drug tier. Also included are metal level based induced demand factors derived from MHICO 2025 allowed claims experience, risk adjusted by Milliman's MARA risk scores. Therefore, the methodology ensures that differences due to health status are not included in the adjustment.

CSR

Following the guidance on CSRs in HHS 2027 Notice of Benefit and Payment Parameters, insurers are instructed to specify the actual 2025 CSRs the insurer paid for enrollees and how it was determined and report the amount in the 2027 URRT. To estimate the 2025 MHICO CSR payments shown in Exhibit A wksh 2, MHICO calculated the 2025 On-Exchange Silver base plan paid claims amount for each Silver On-Exchange plan and variant using the appropriate base Silver plan benefits and cost sharing for each CSR variant. This was accomplished using MHICO's internal claims Repricer program. The Repricer used the 2025 allowed medical and drug claims for each On-Exchange Silver plan and CSR variation and computed the paid claims amount for each benefit service category by applying the appropriate base Silver plan cost sharing to the allowed claims amount for each Silver plan and CSR variant. The 2025 Issuer CSR payment amount is the difference of the 2025 On-Exchange Silver Actual paid claims minus the Repriced 2025 On-Exchange Silver Base plan paid claims.

The morbidity and demographics are expected to be different for the catastrophic plan because it's only for adults under age 30 and people who cannot afford insurance/hardship. 45 CFR 156.80 allows insurers to do a plan specific adjustment to the market wide index rate for catastrophic plans.

Adjustment	Relativity to whole risk pool

Please see Exhibit II for details on the adjustments to move from the Index Rate to Pricing AV/Plan factors.

The average paid to allowed ratio, based on the projected membership distribution for each plan, is equal to [REDACTED].

The projected administrative expense load is [REDACTED]. It includes the commission, variable expenses, and fixed expenses. The projected after-tax contribution to surplus is [REDACTED]

	Dollar Amount (PMPM)	% of Premium
████████████████████	██████	██████
██████████████████████████████	██████	██████
██████████████████████████	██████	██████
██████████	██████	██████
██████████	██████	██████

54. Warning Alerts

There are no warnings in the URRT.

Reliance

- a. I relied on data systems and information put together from other employees of Medical Mutual of Ohio for allowed claim PMPM of individual business, average cost of EHB, metal AV values, pricing AV and adjustment factors for the index rates, rate manual and data entered into URRT and SERFF.
- b. I relied on the trend data provided by the corporate actuarial area of Medical Mutual of Ohio.
- c. I relied on the EHB determination from benefit services, care management and compliance departments of Medical Mutual of Ohio.
- d. I relied on interpretation of regulations from the legal department of Medical Mutual of Ohio.
- e. I relied on non-benefit expenses provided by the finance department of Medical Mutual of Ohio.

55. Attachments

Please see the following attachments in the filing:

- a. Screenshots of AV Calculation (Exhibit I)
- b. Development for Pricing AV/Plan Factors (Exhibit II)
- c. Base Rate (Exhibit III)
- d. Age Factors (Exhibit IV)
- e. Geographic Factors (Exhibit V)
- f. Plan Factors (Exhibit VI)
- g. Tobacco Factors (Exhibit VII)
- h. Rating Examples (Exhibit VIII)
- i. Ohio Actuarial Certification (Exhibit IX)
- j. MHICO URRT for 2025 Experience & 2027 Index Rate (Exhibit A)

56. Actuarial Certification

(1) Certifying Actuary: I, Samuel Thomas, Actuary, am an employee of Medical Mutual of Ohio. I am an Associate of the Society of Actuaries and a member of the American Academy of Actuaries. I meet its Qualification Standards for issuing this Certification.

(2) In my opinion, the projected Index Rate is:

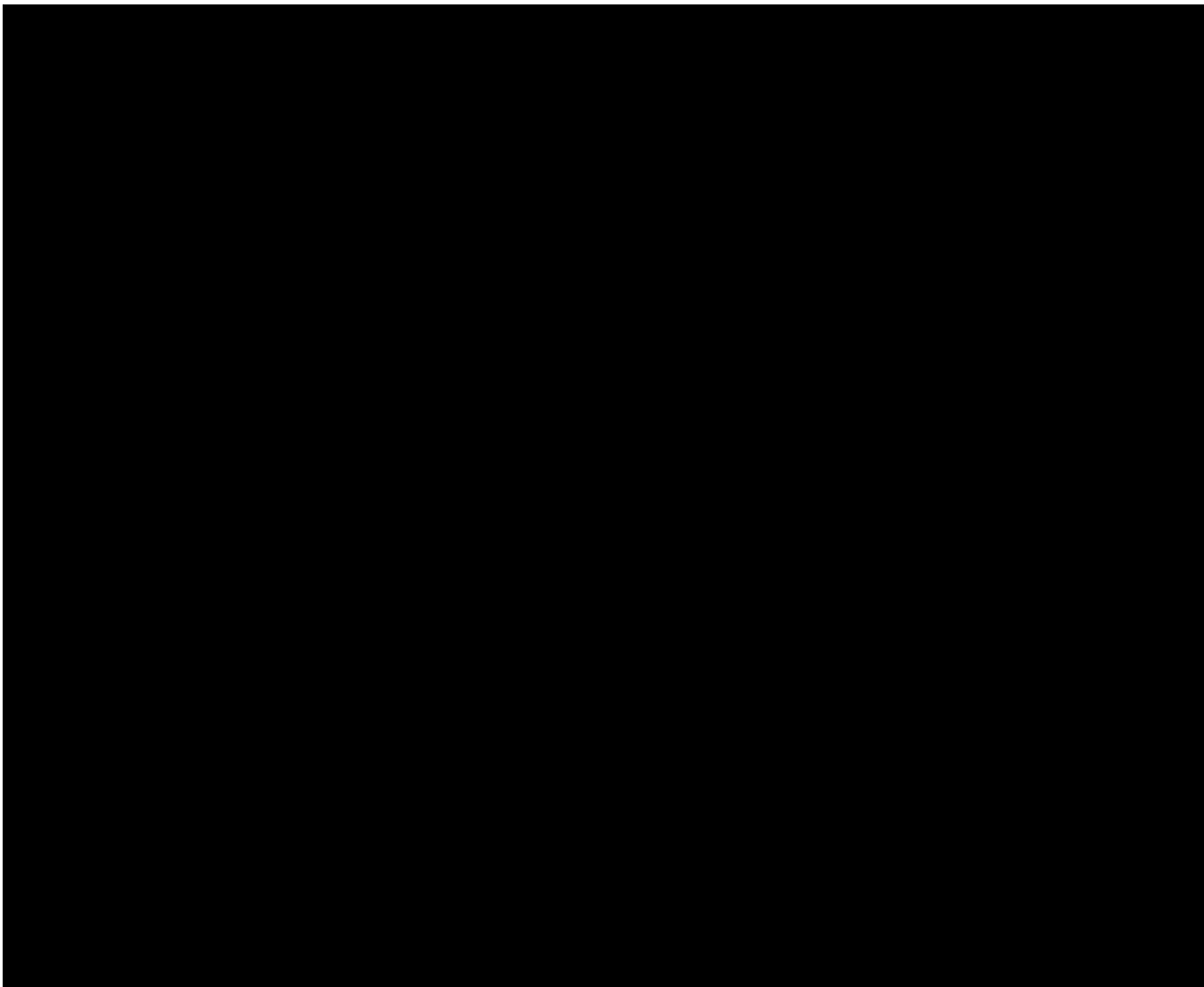
- In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 (d)(1))
- Developed in compliance with the applicable Actuarial Standards of Practice
- Reasonable in relation to the benefit provided and the population anticipated to be covered
- Neither excessive nor deficient

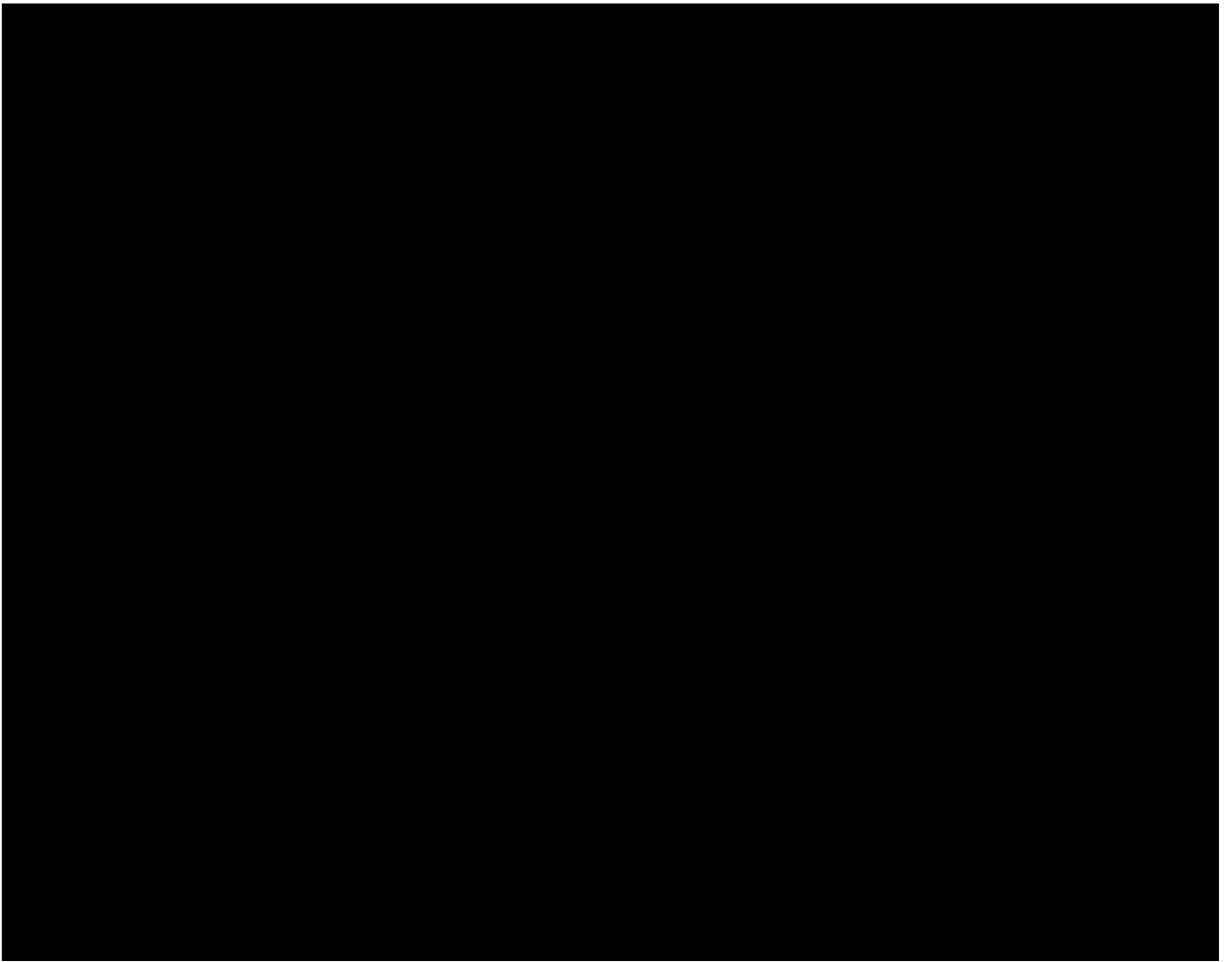
- (3) In my opinion, only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- (4) In my opinion, the percentage of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- (5) In my opinion, the geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.
- (6) AV Metal Values: All metal values were determined by the AV calculator released by HHS and are entered in the Worksheet 2 of Part I URRT for all plans. There are no unique plan designs for which we needed to use an alternate methodology.
- (7) EHB Substitutions: No EHB substitutions were made.
- (8) The Part I Unified Rate Review Template does not demonstrate the exact process used by Medical Mutual of Ohio to develop the 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.
- (9) State-required Actuarial Certification: please see Exhibit IX.

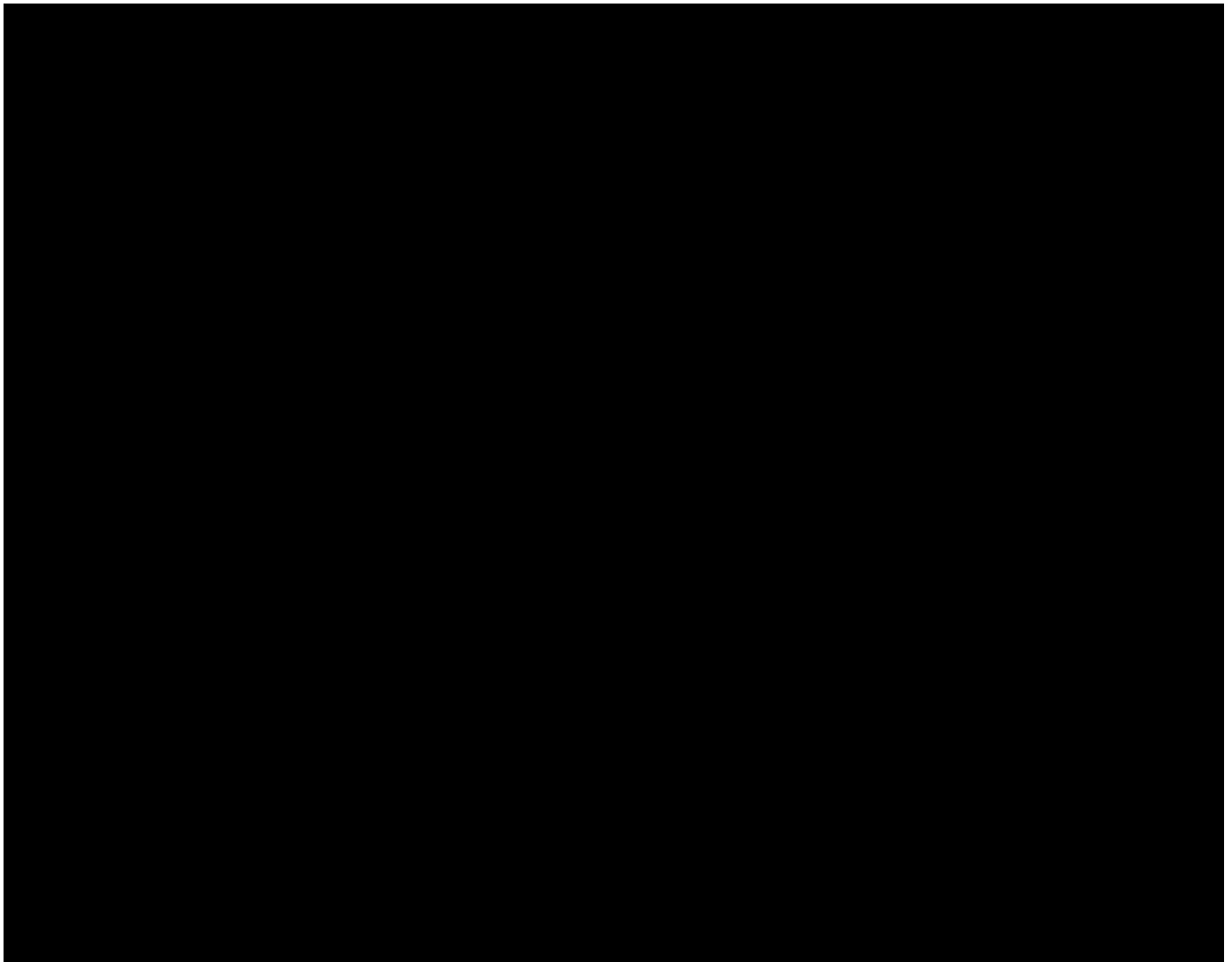
Samuel R Thomas

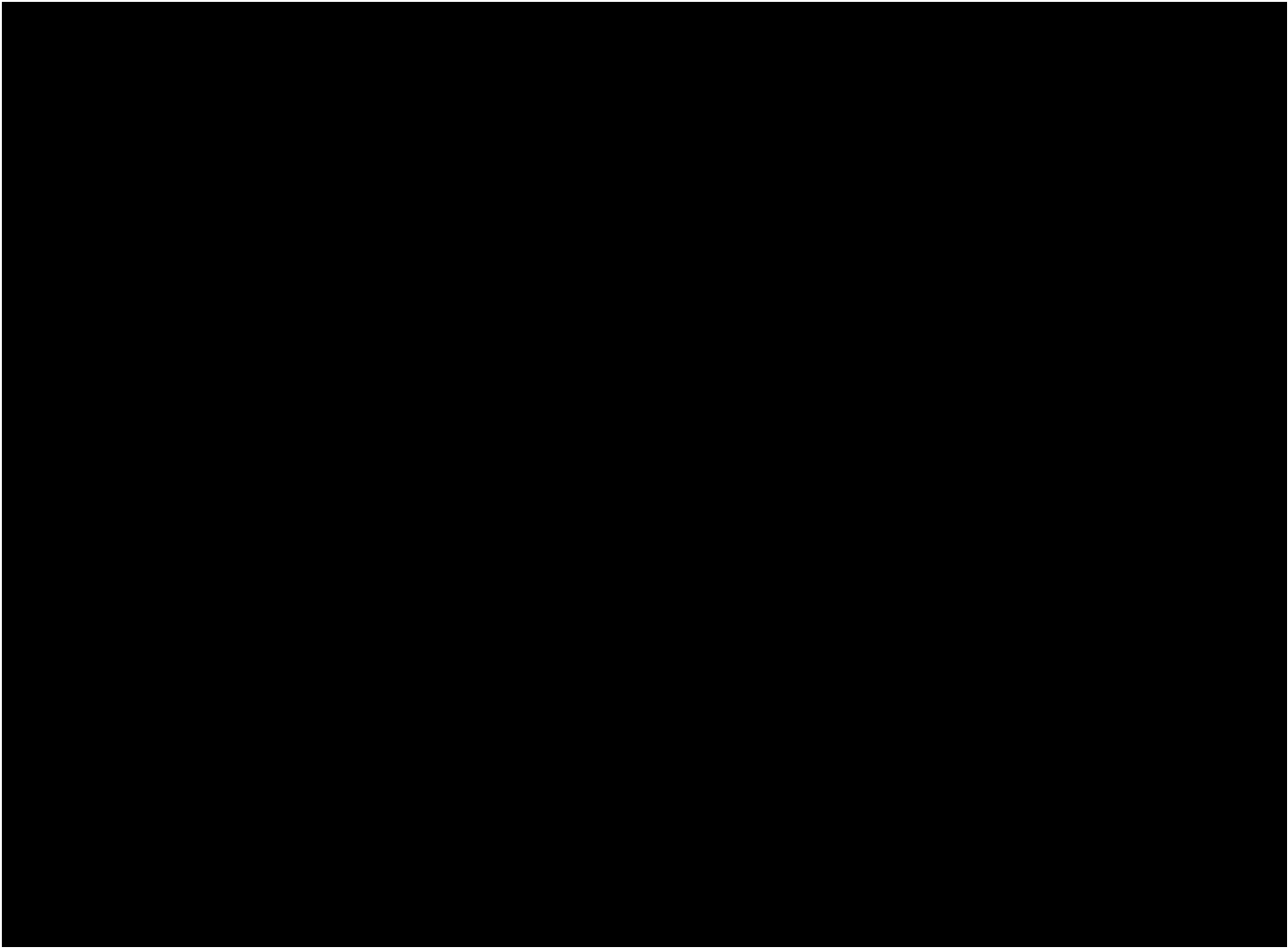
Samuel Thomas ASA, MAAA

Medical Mutual of Ohio (Medical Health Insuring Corp. of Ohio is a wholly owned subsidiary of Medical Mutual of Ohio)



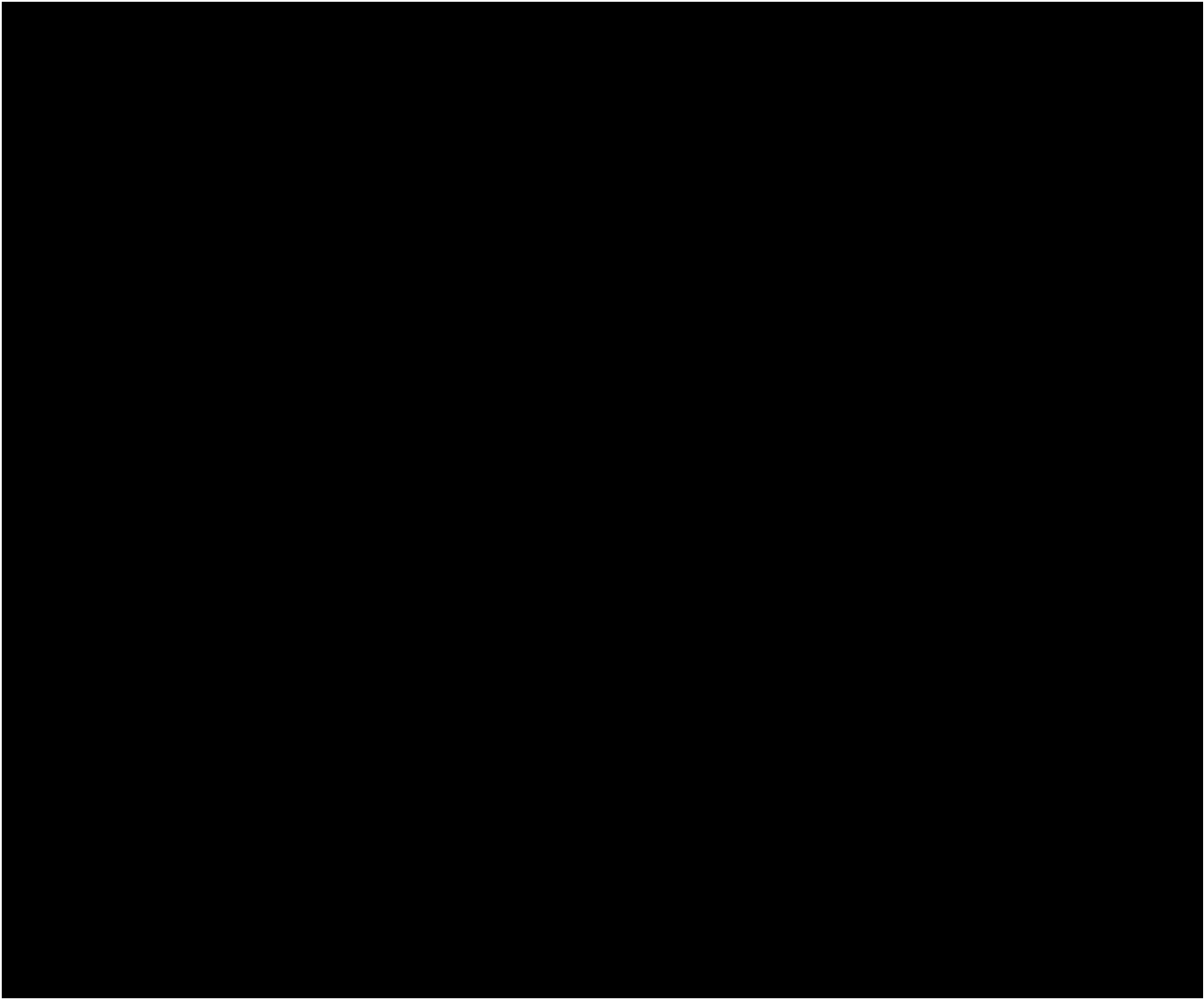


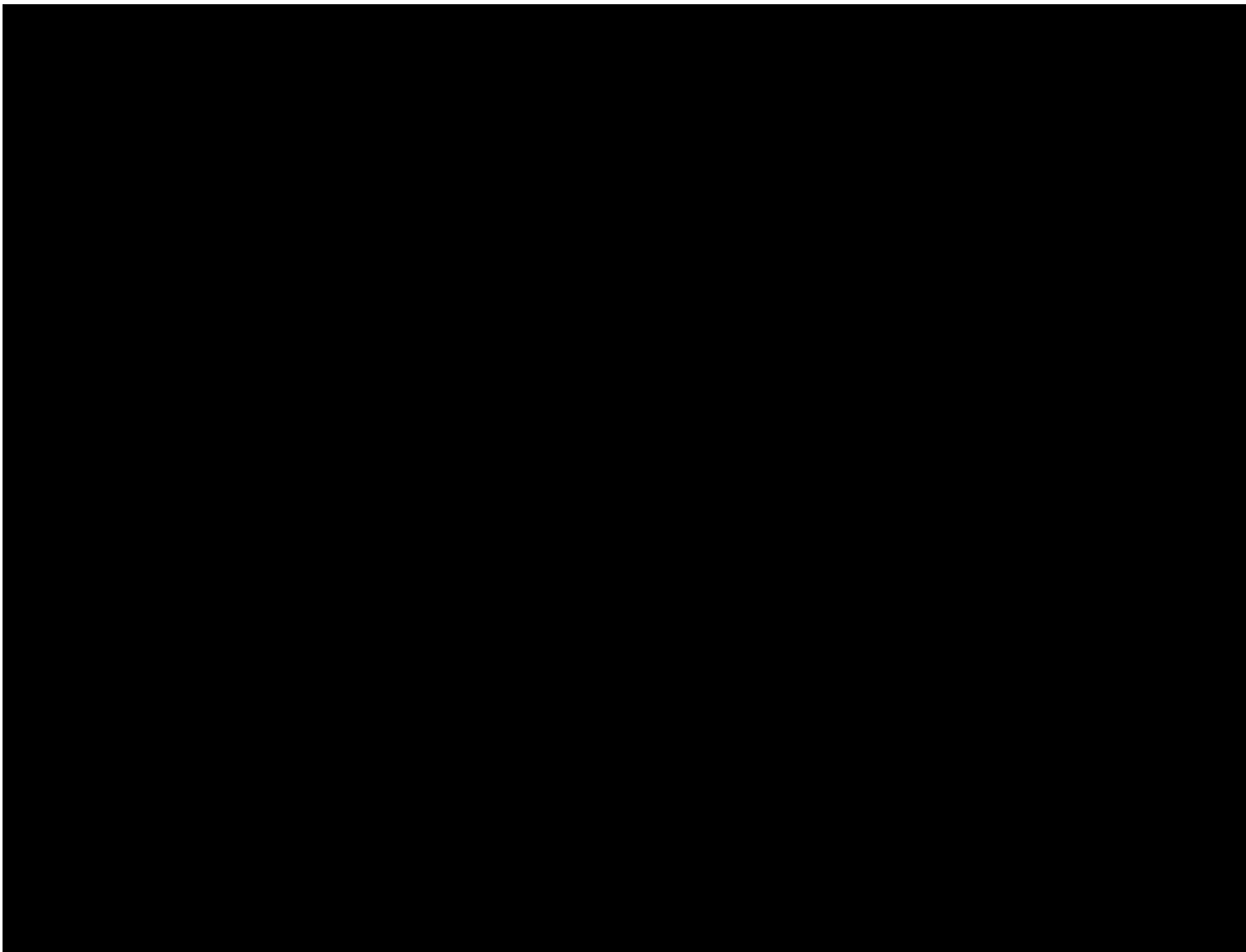


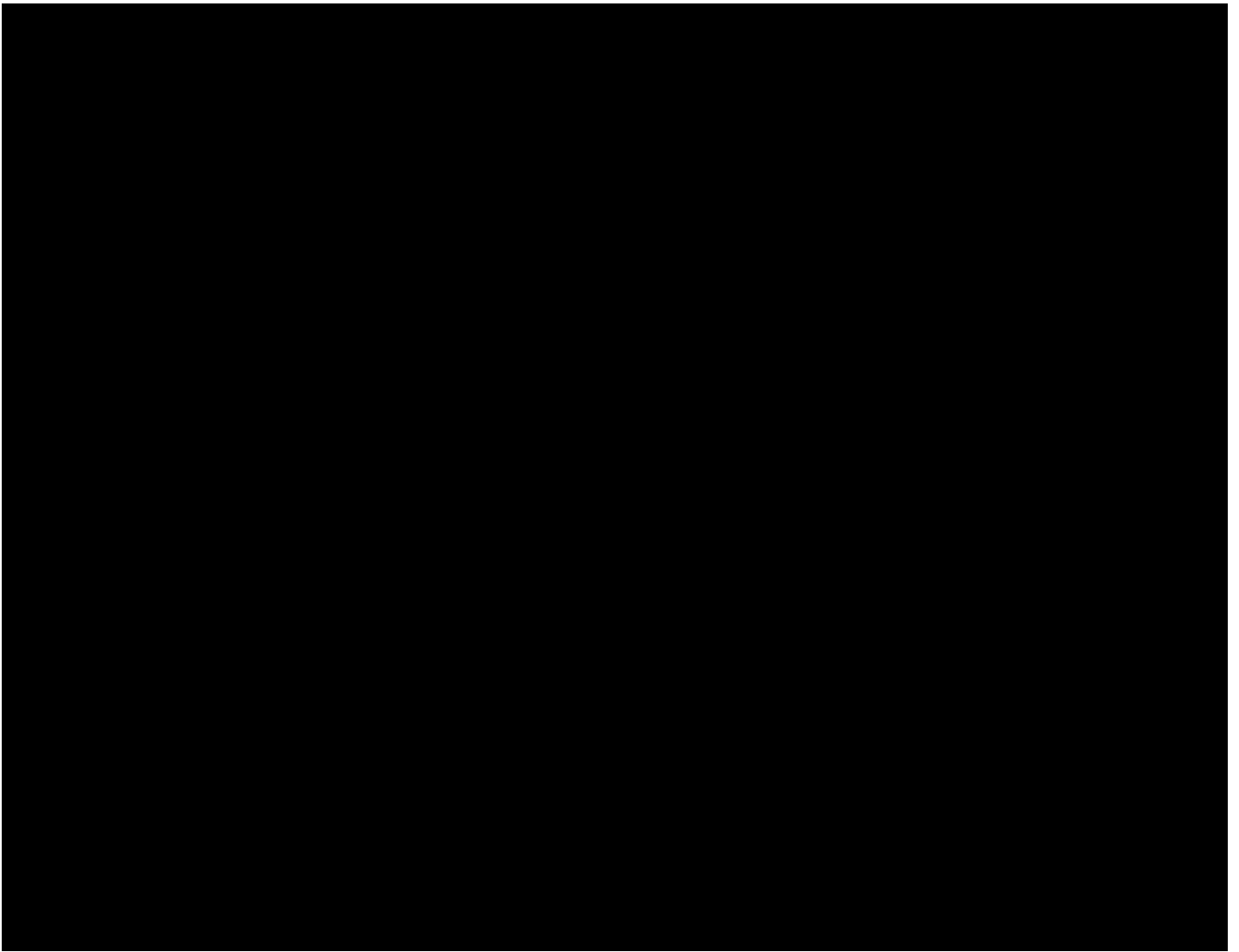


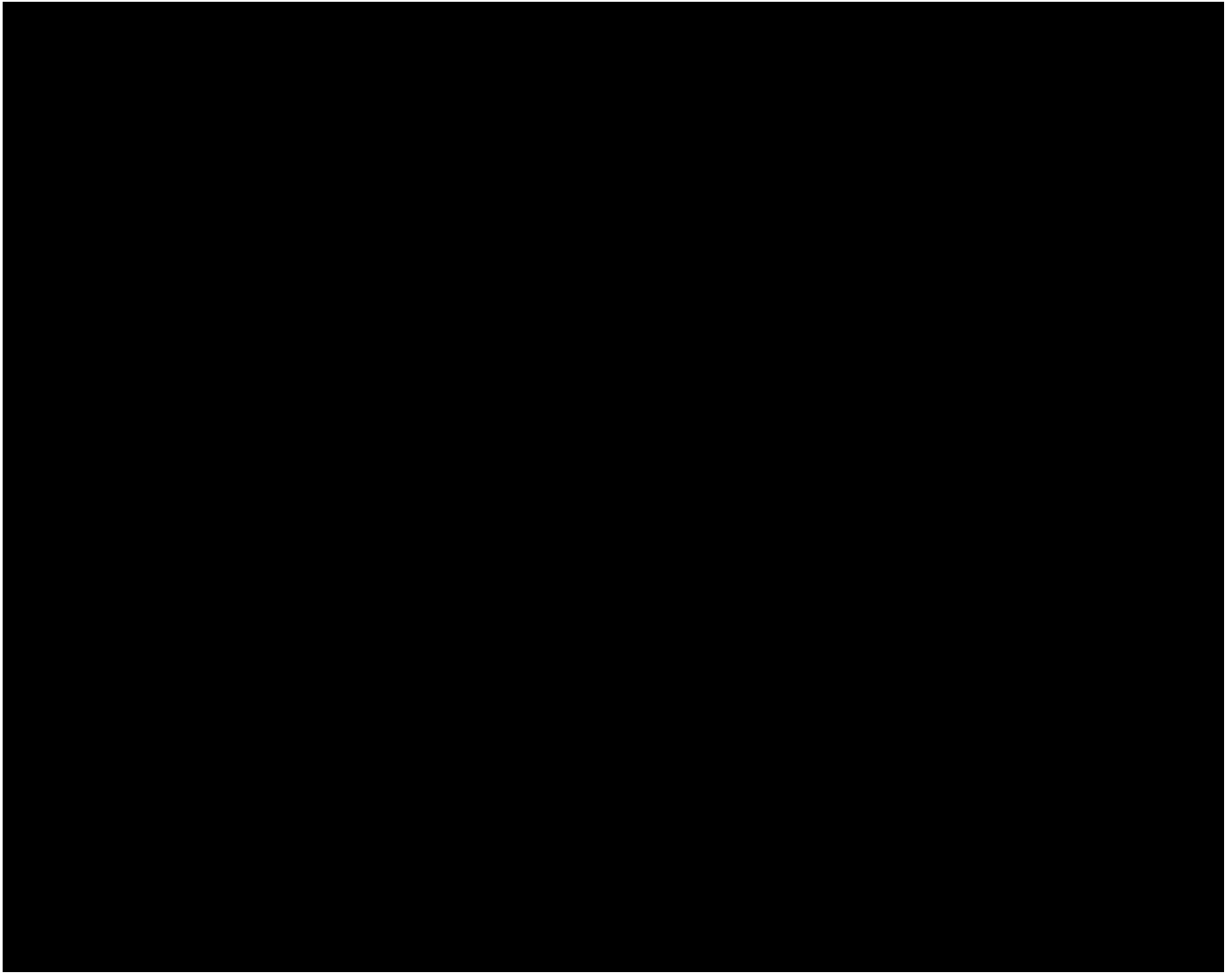
Calculation Time:
Final 2027 AV Calculator

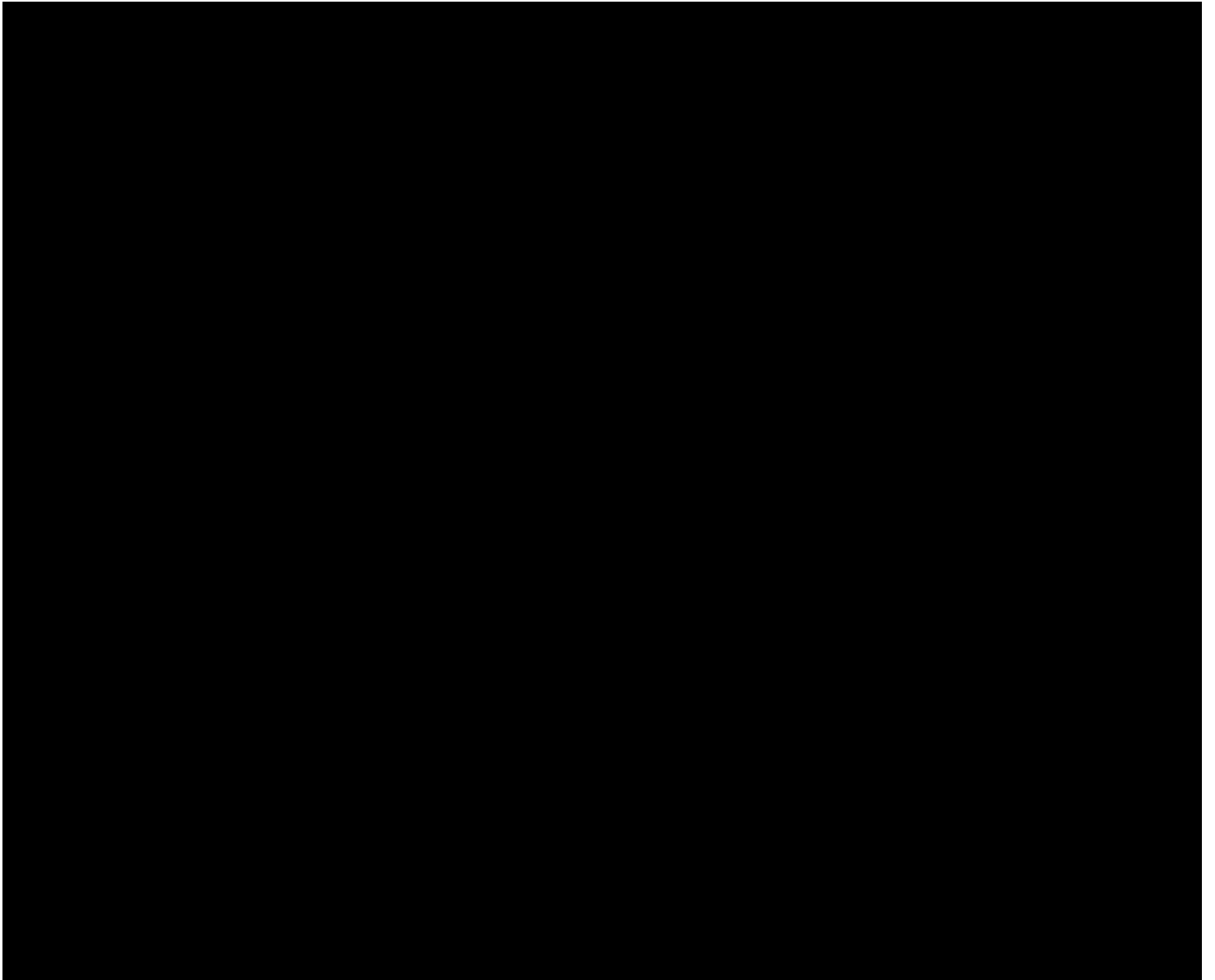
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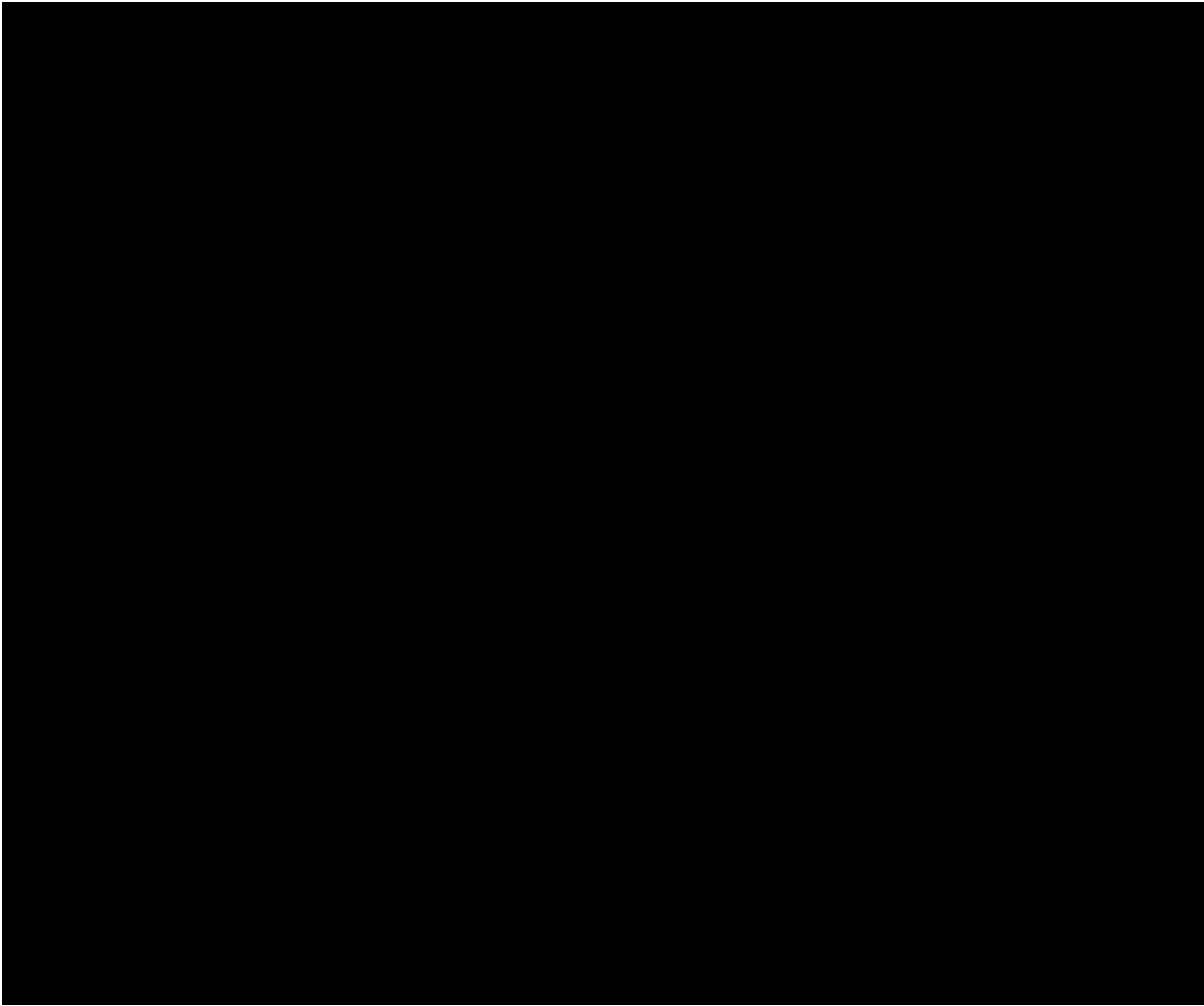


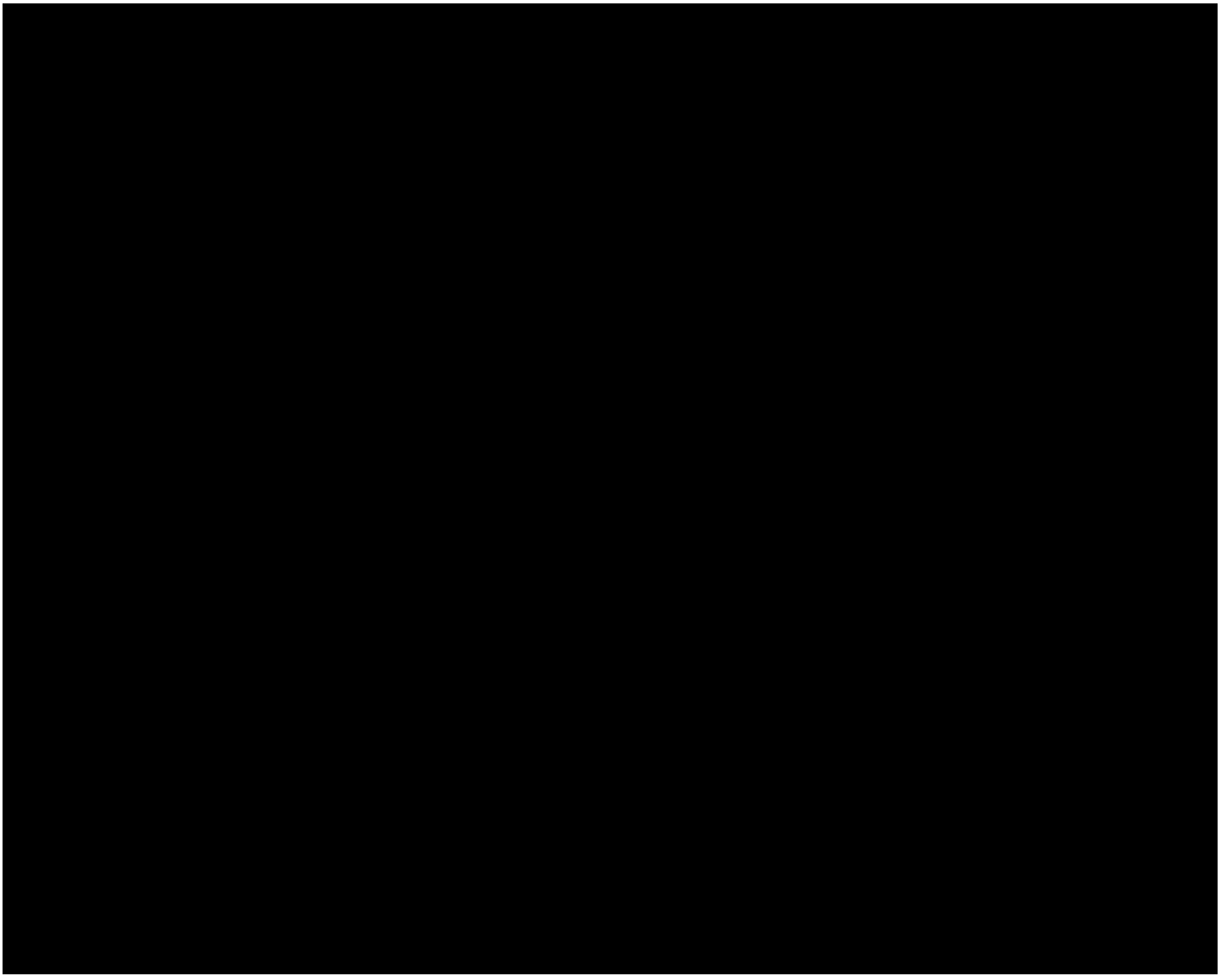


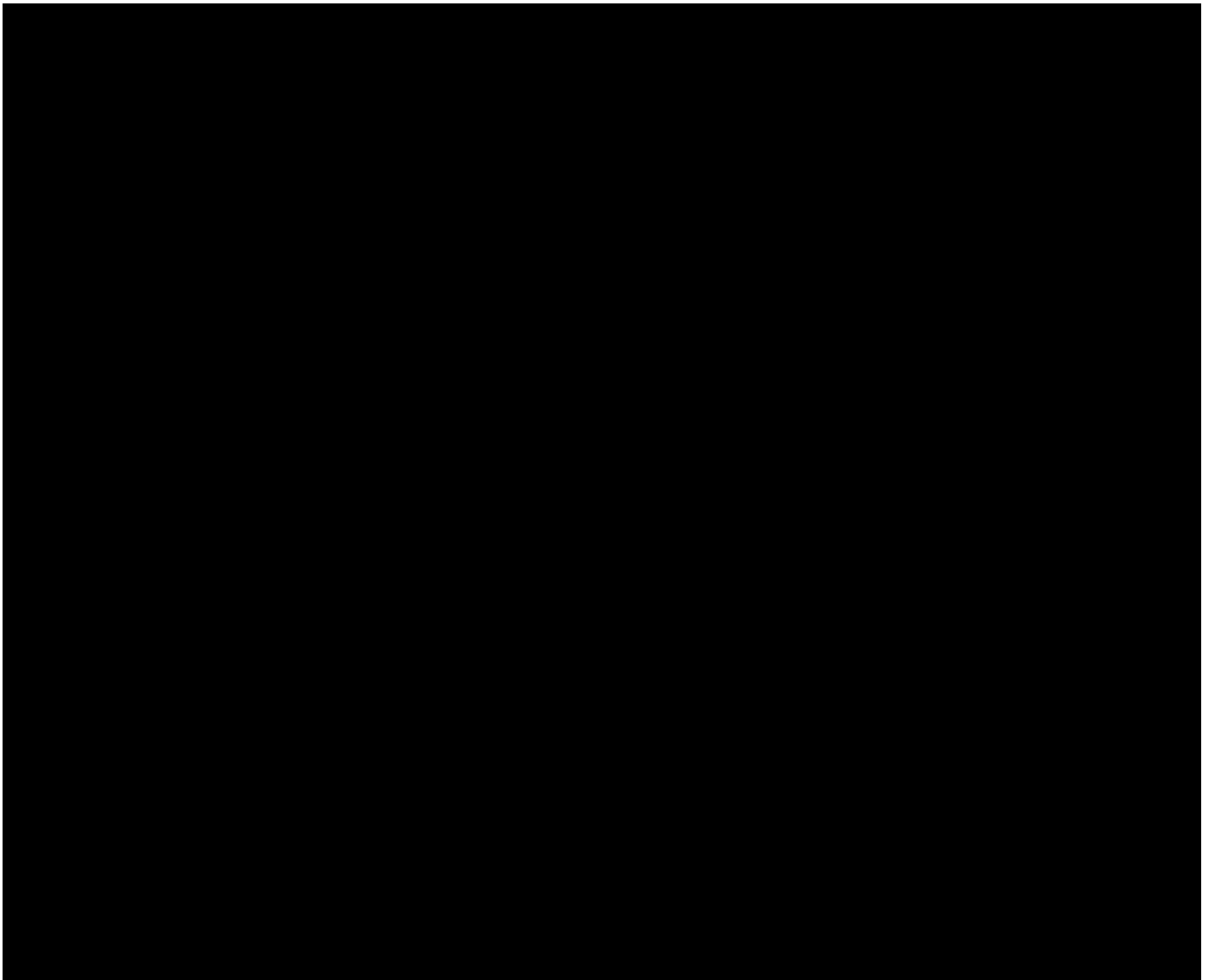


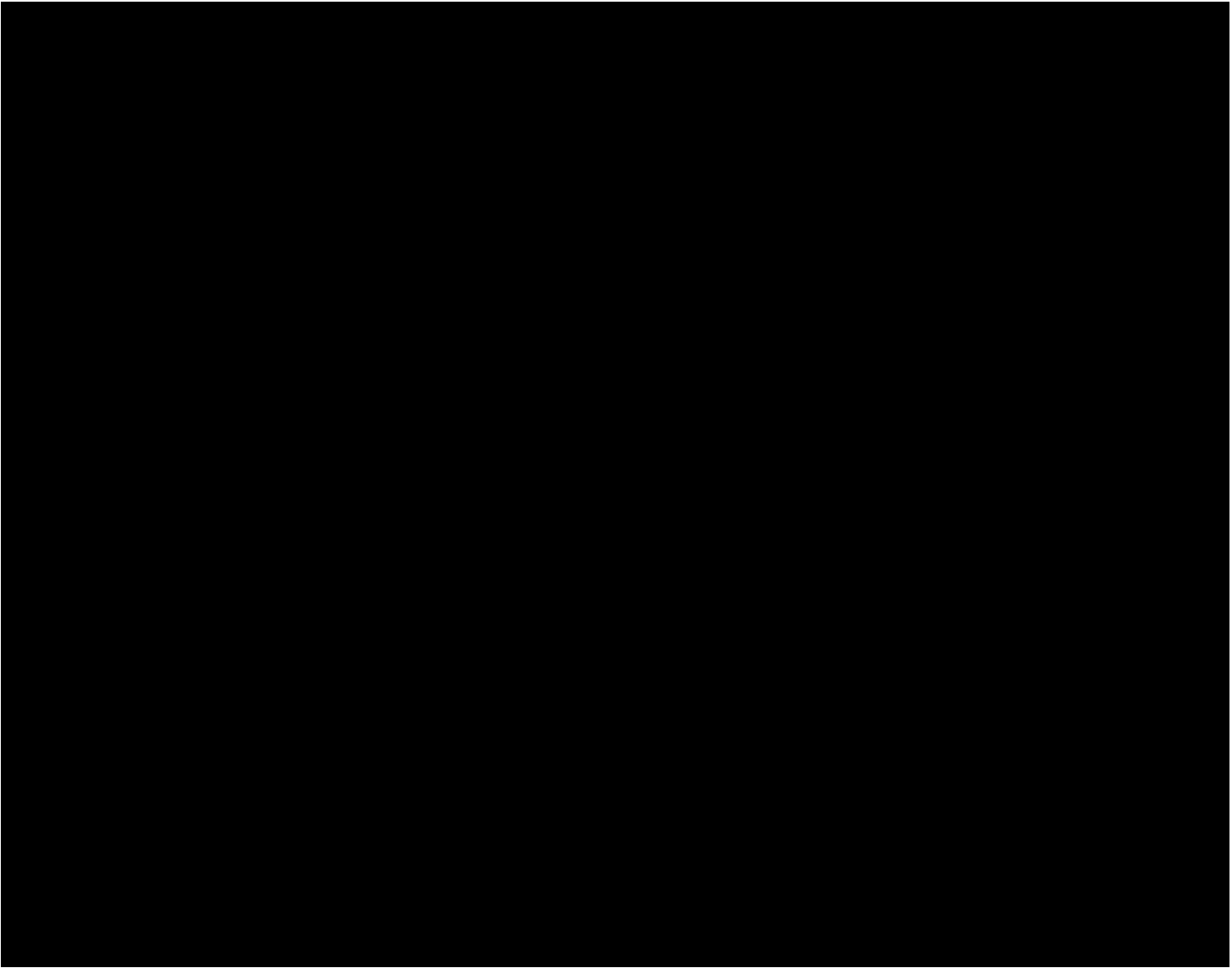


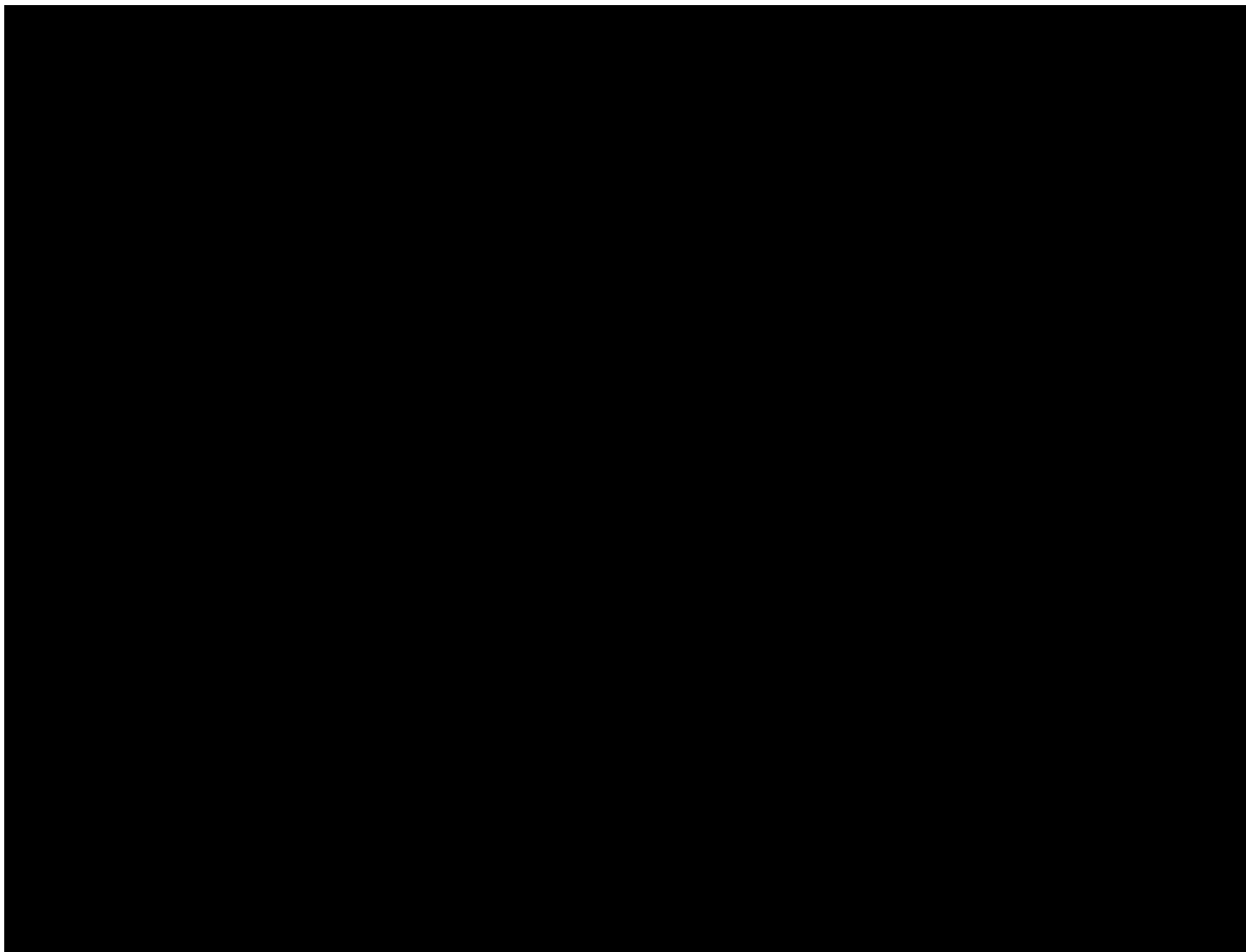


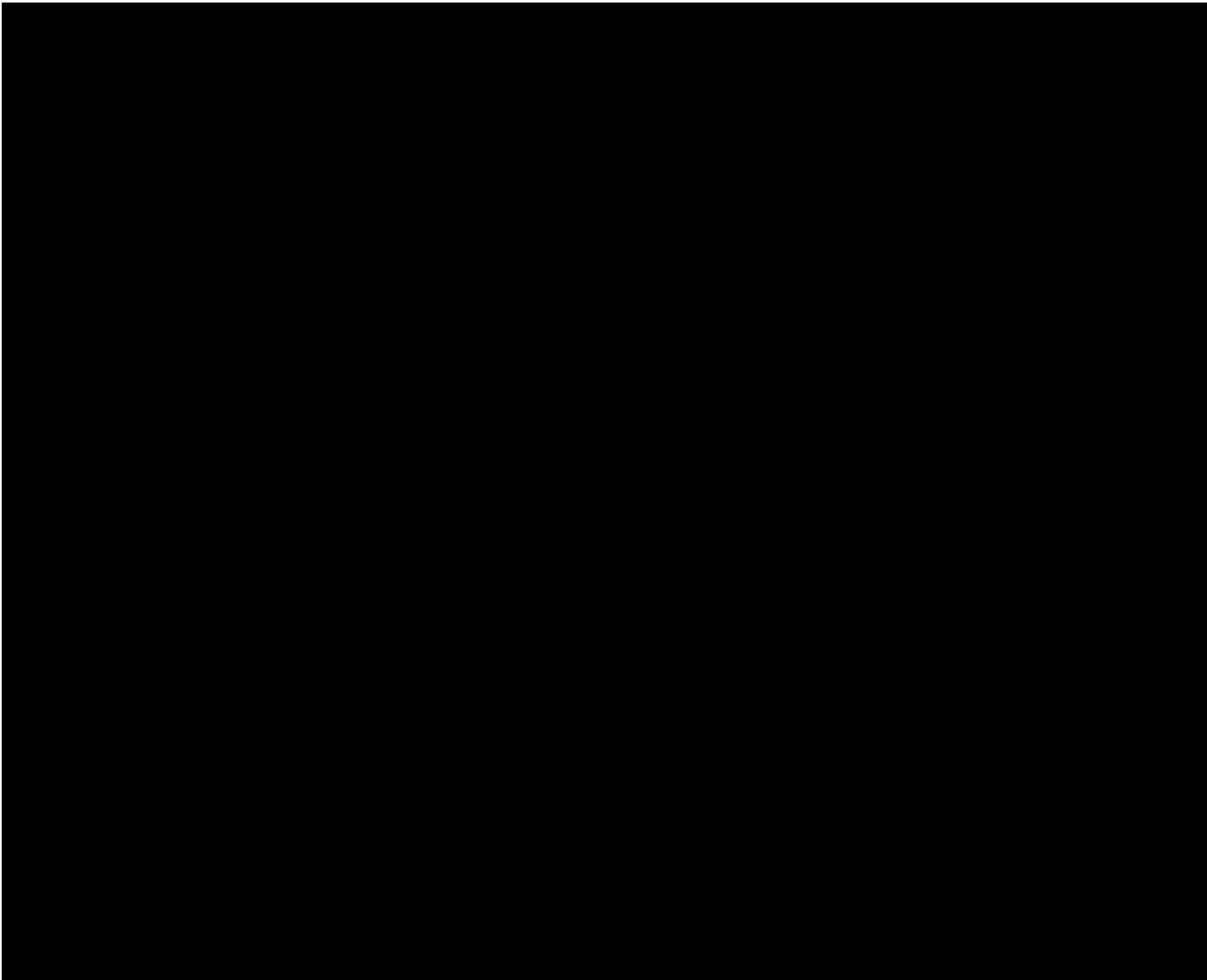


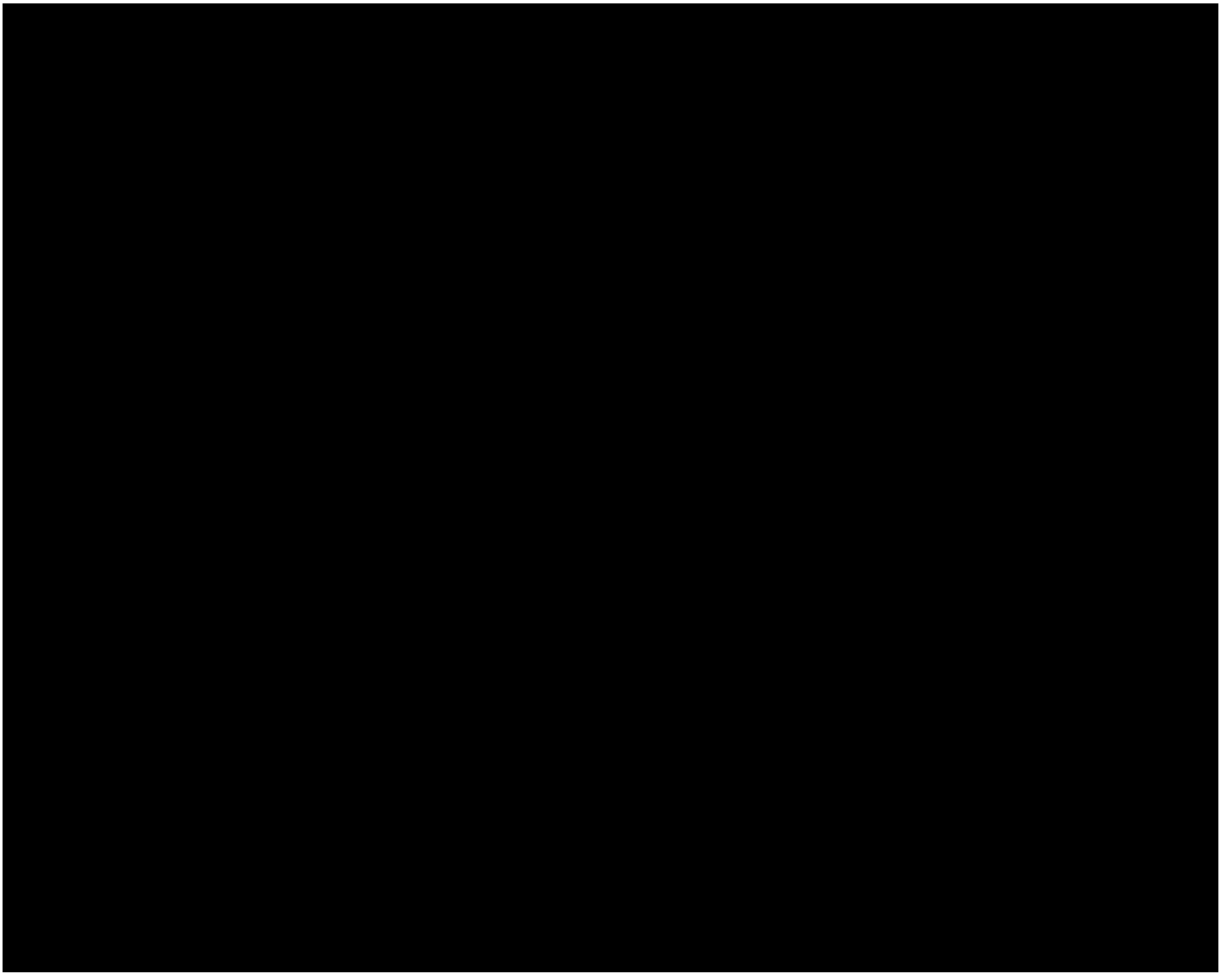


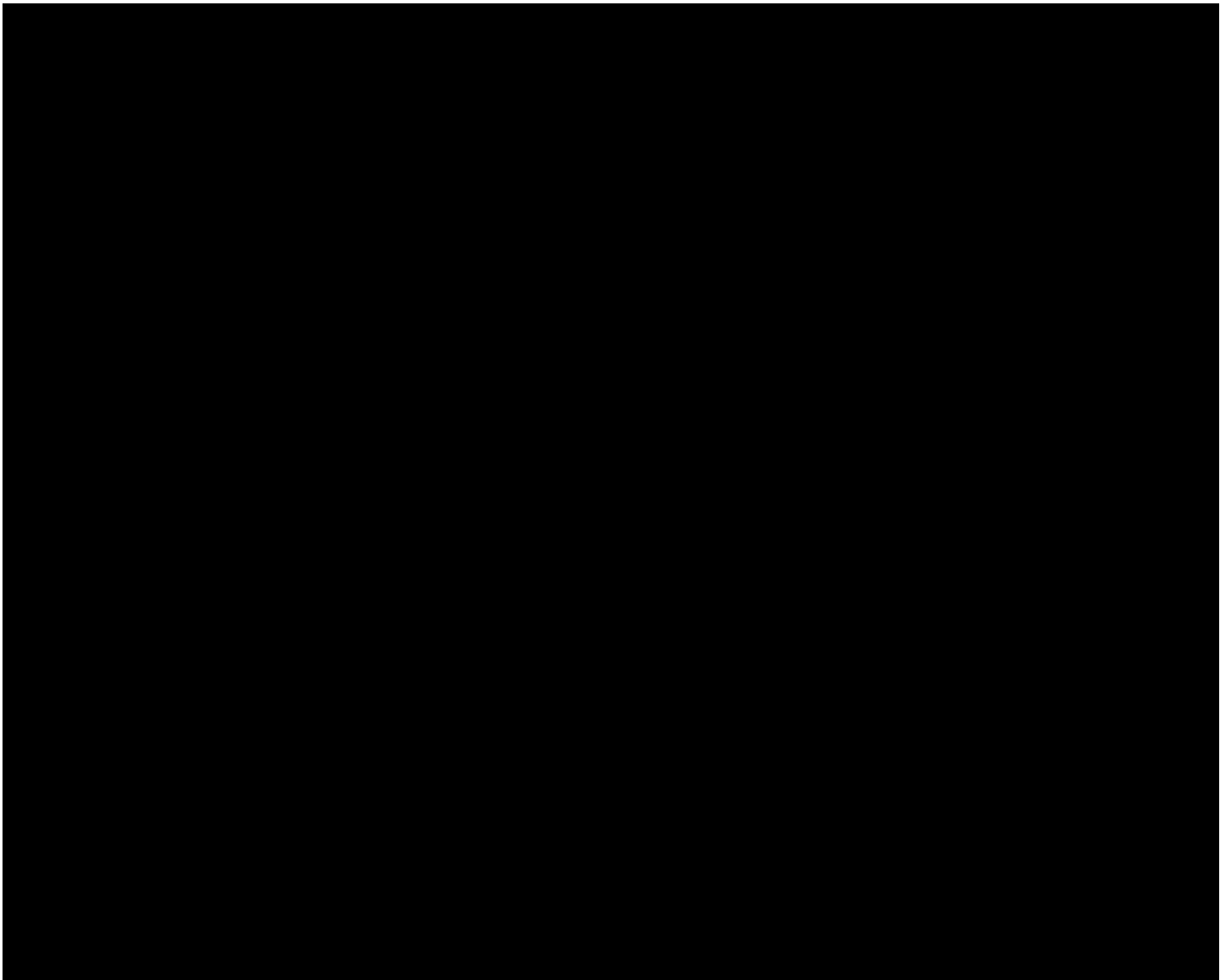


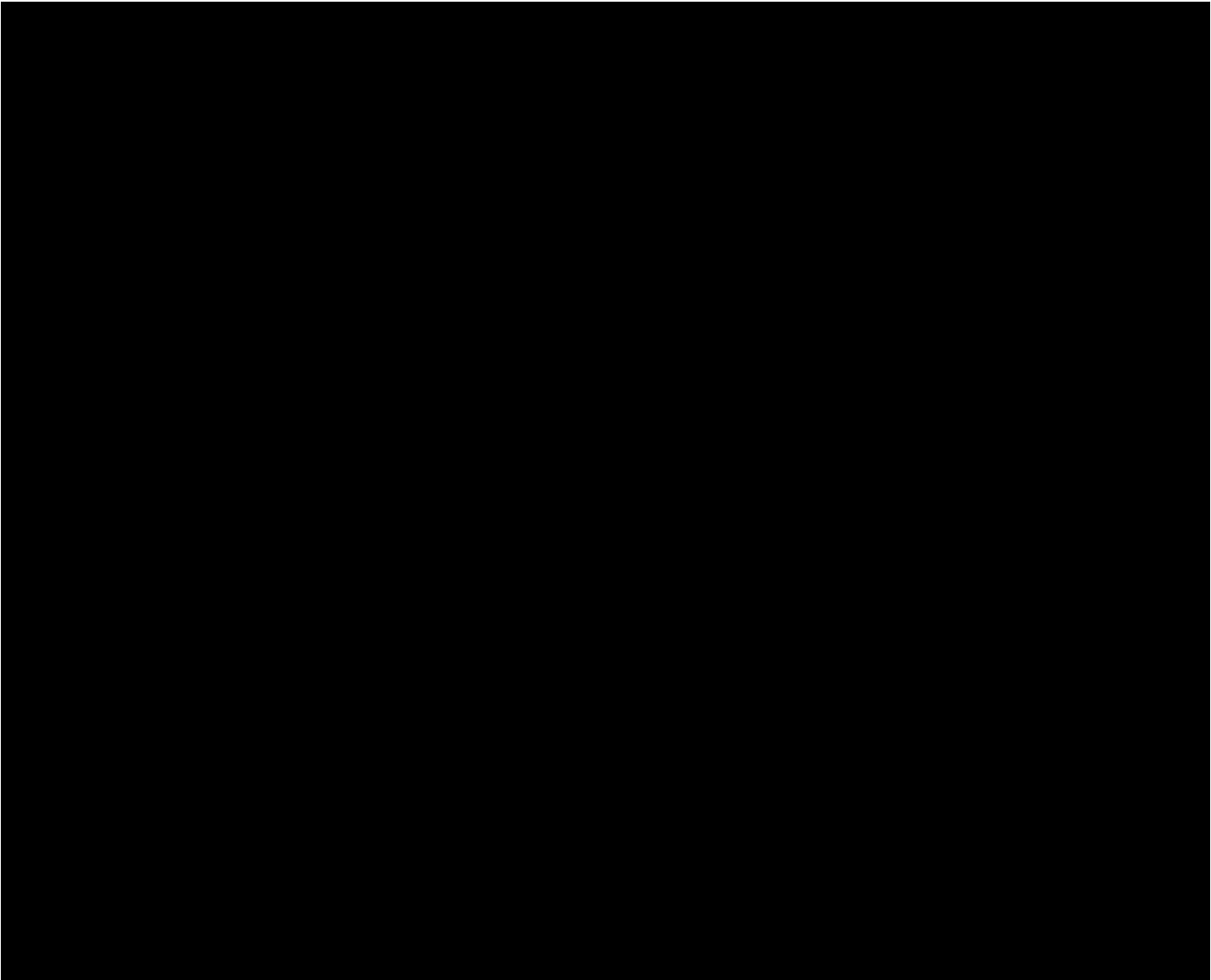


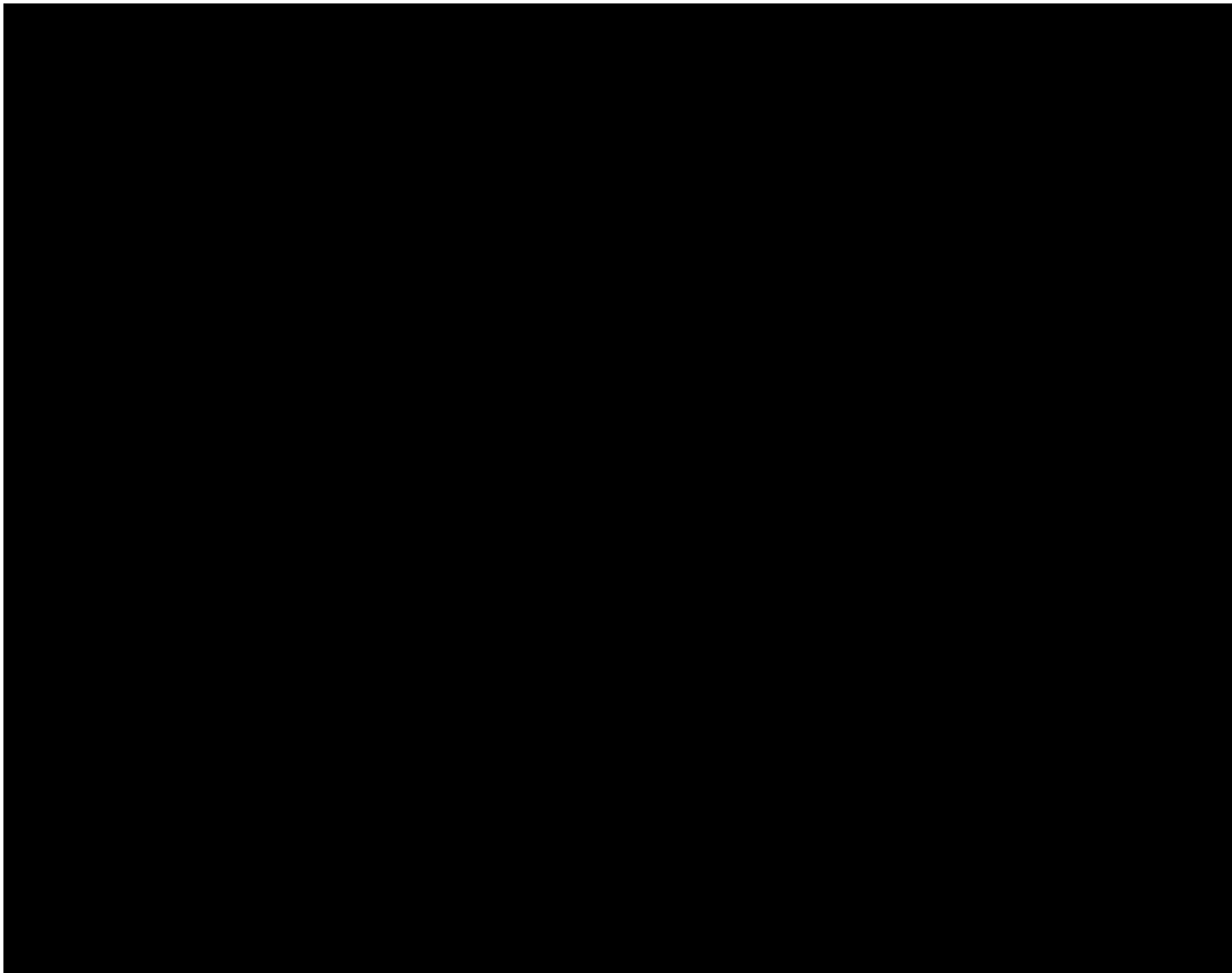


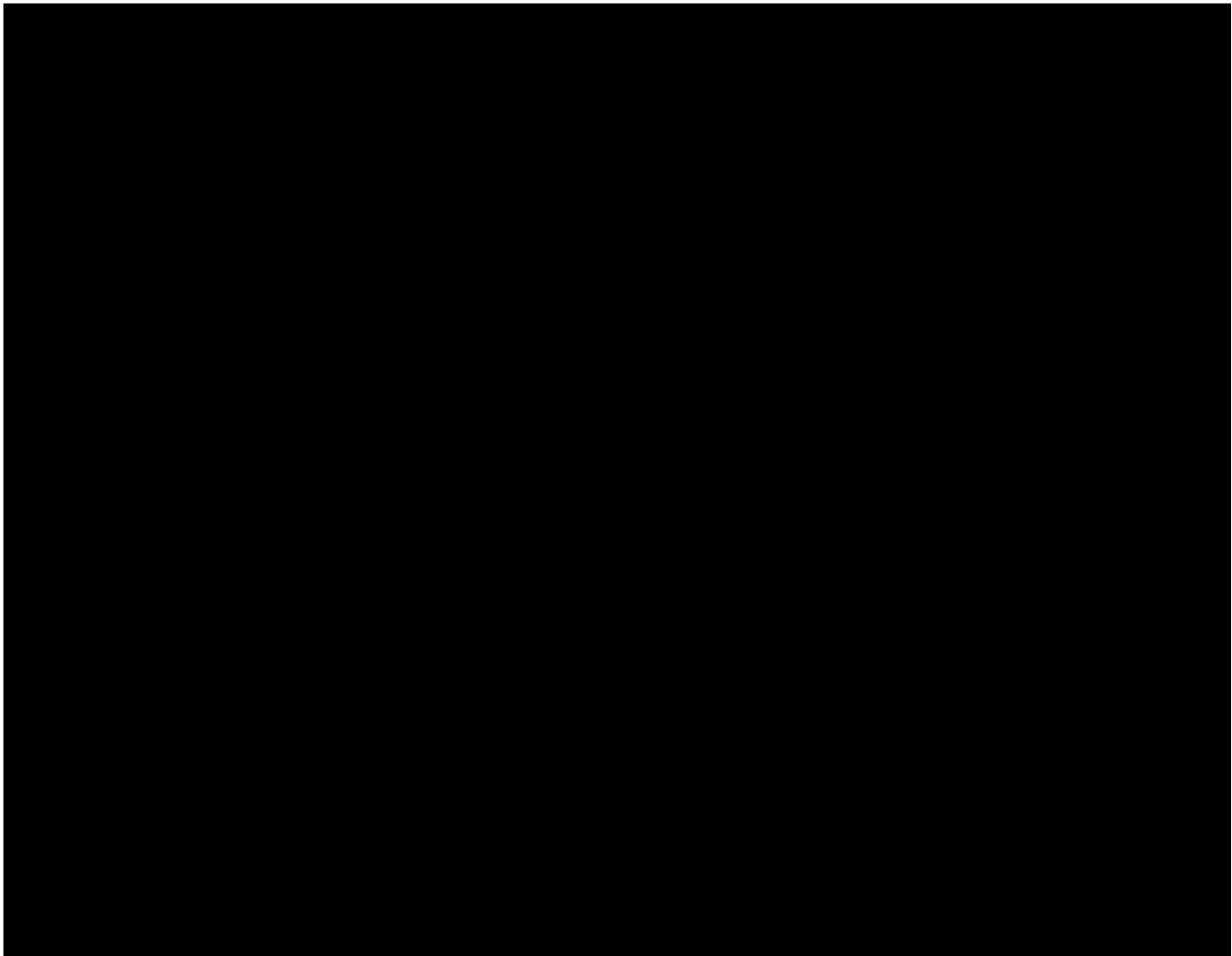


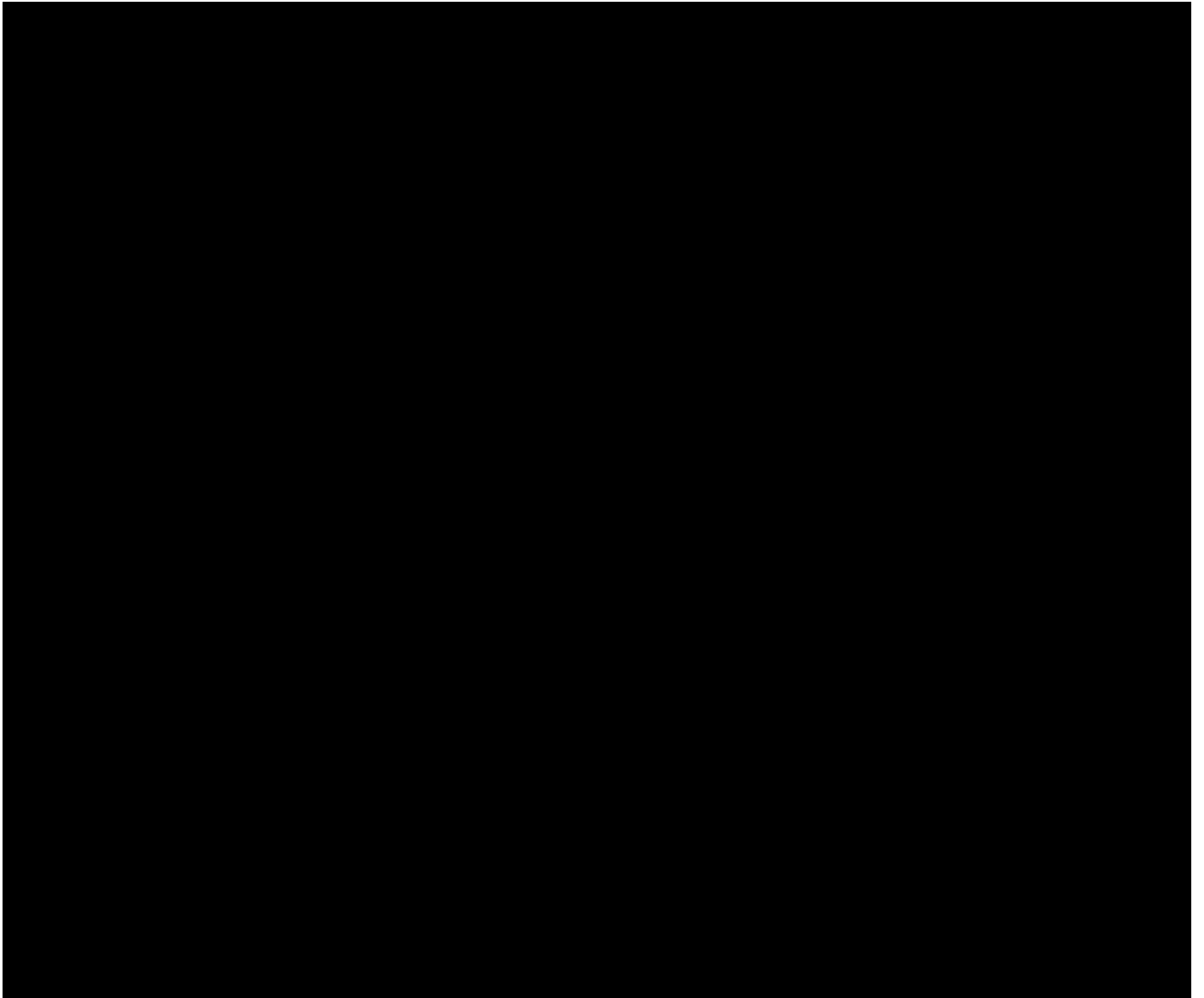


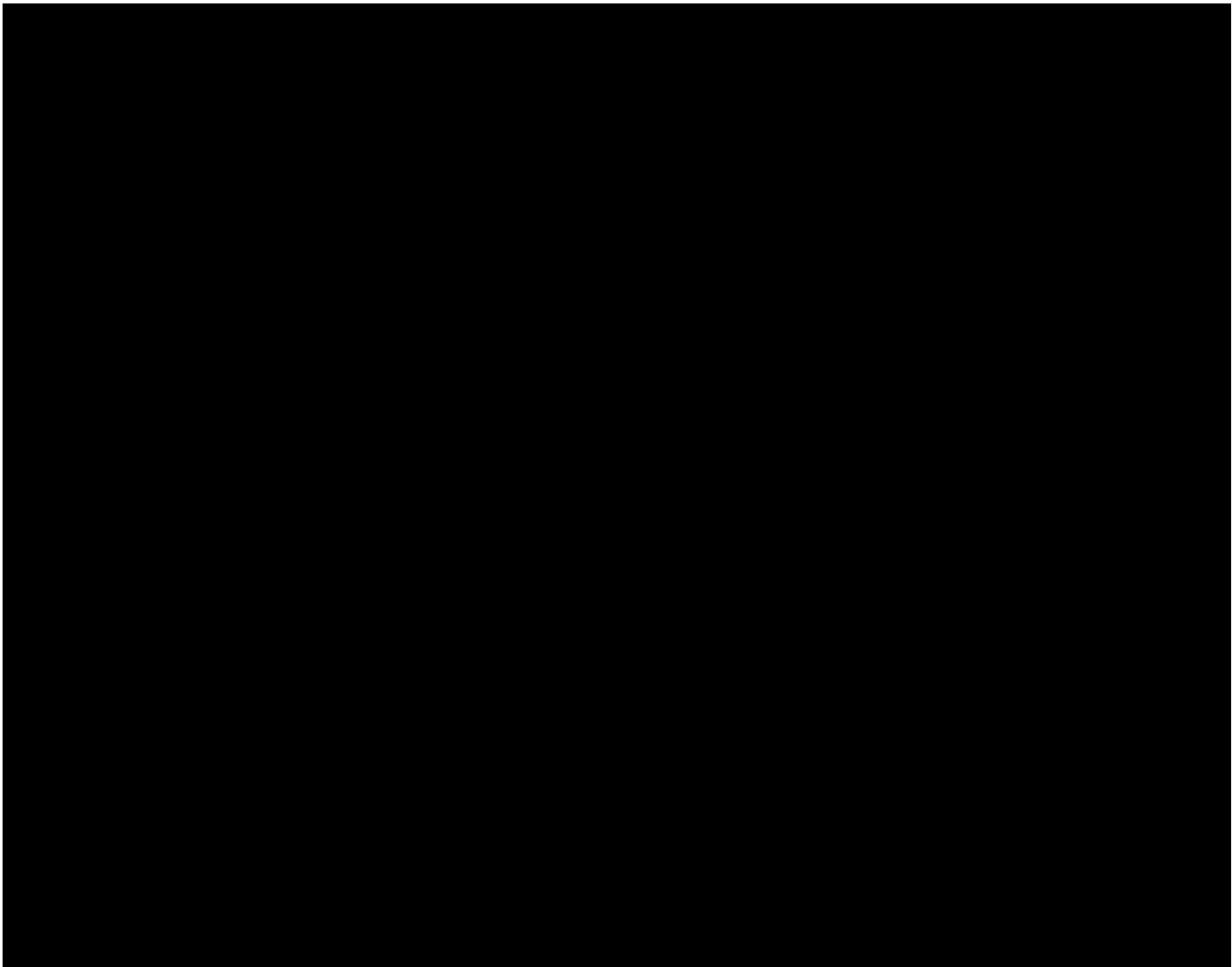


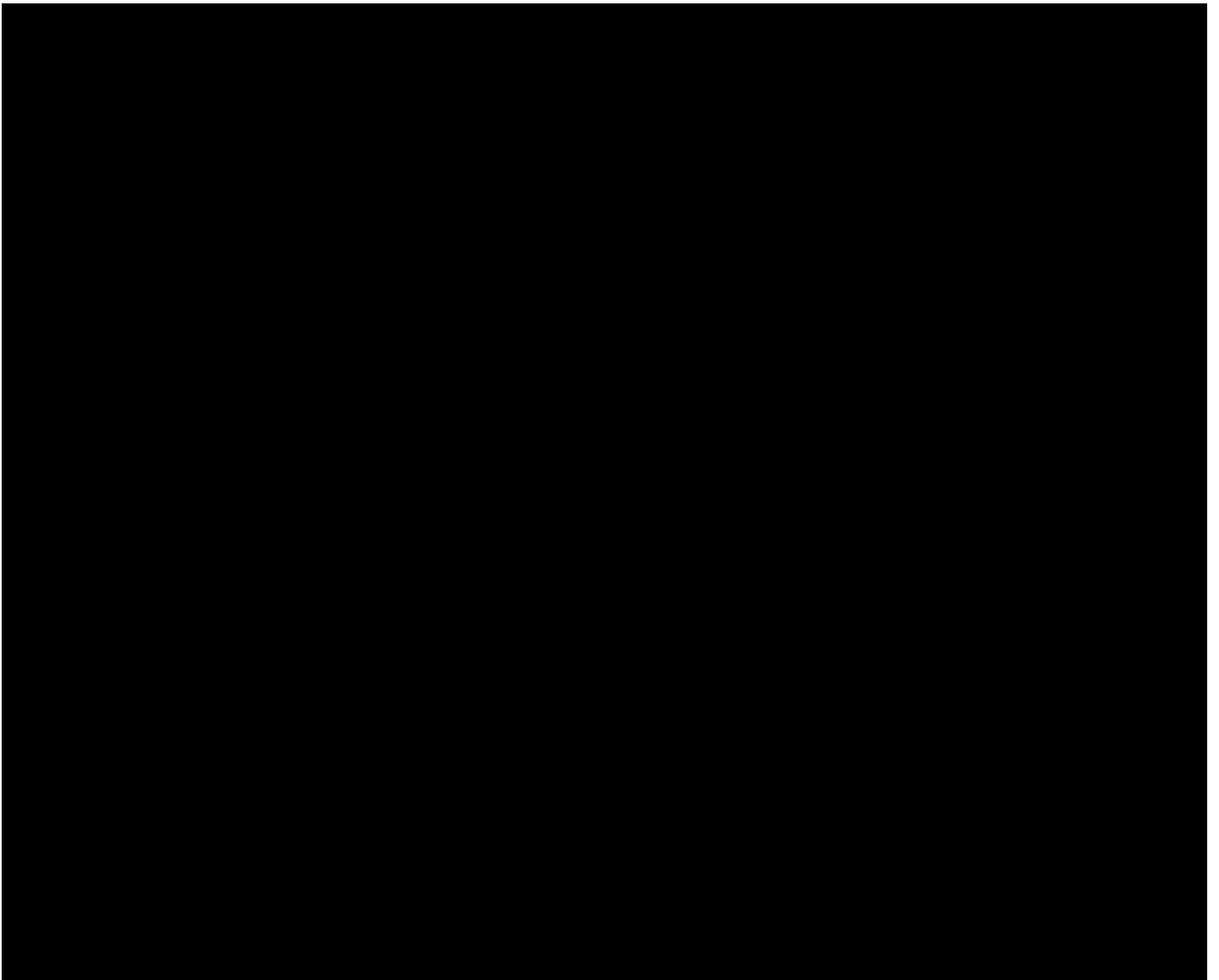


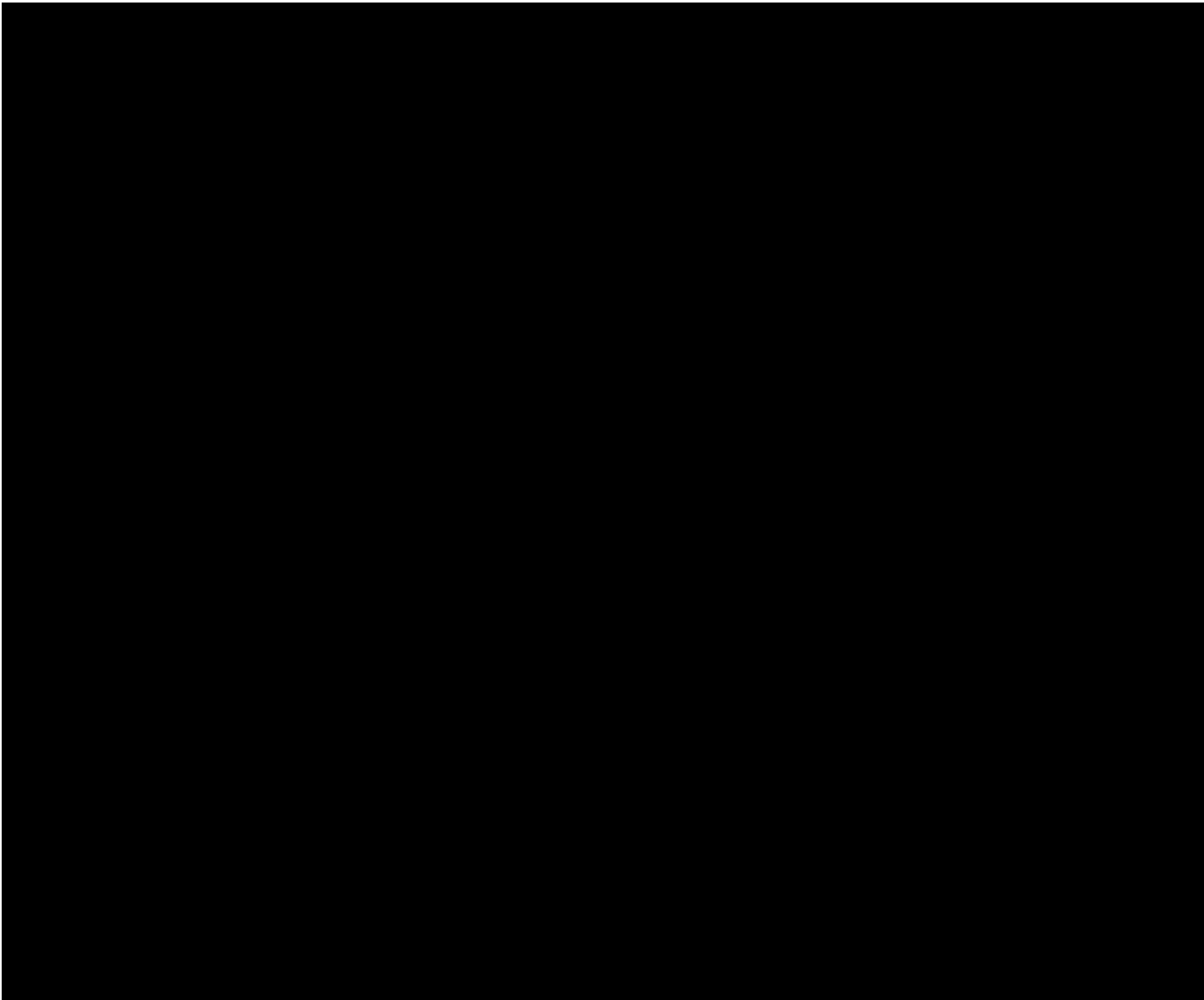


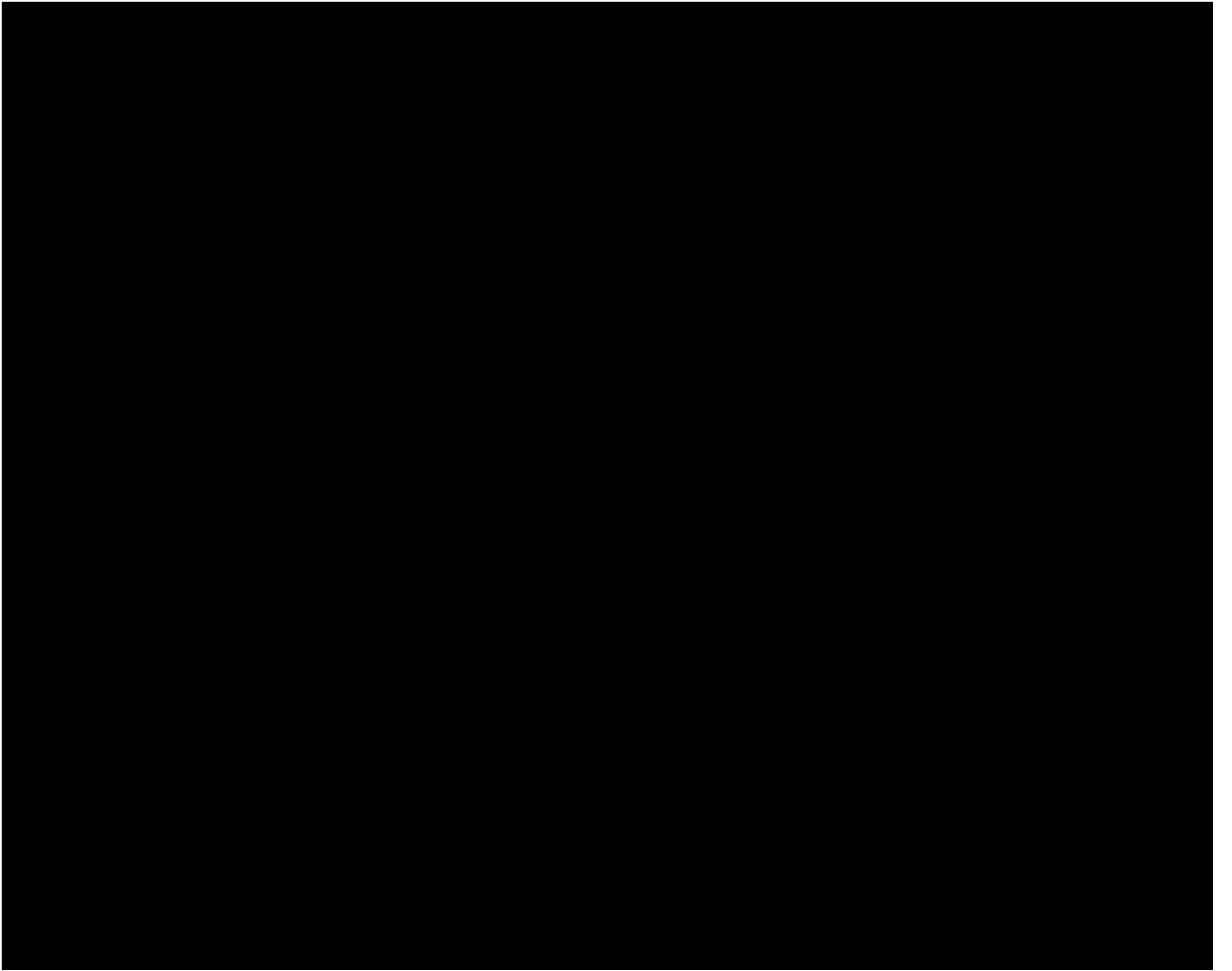


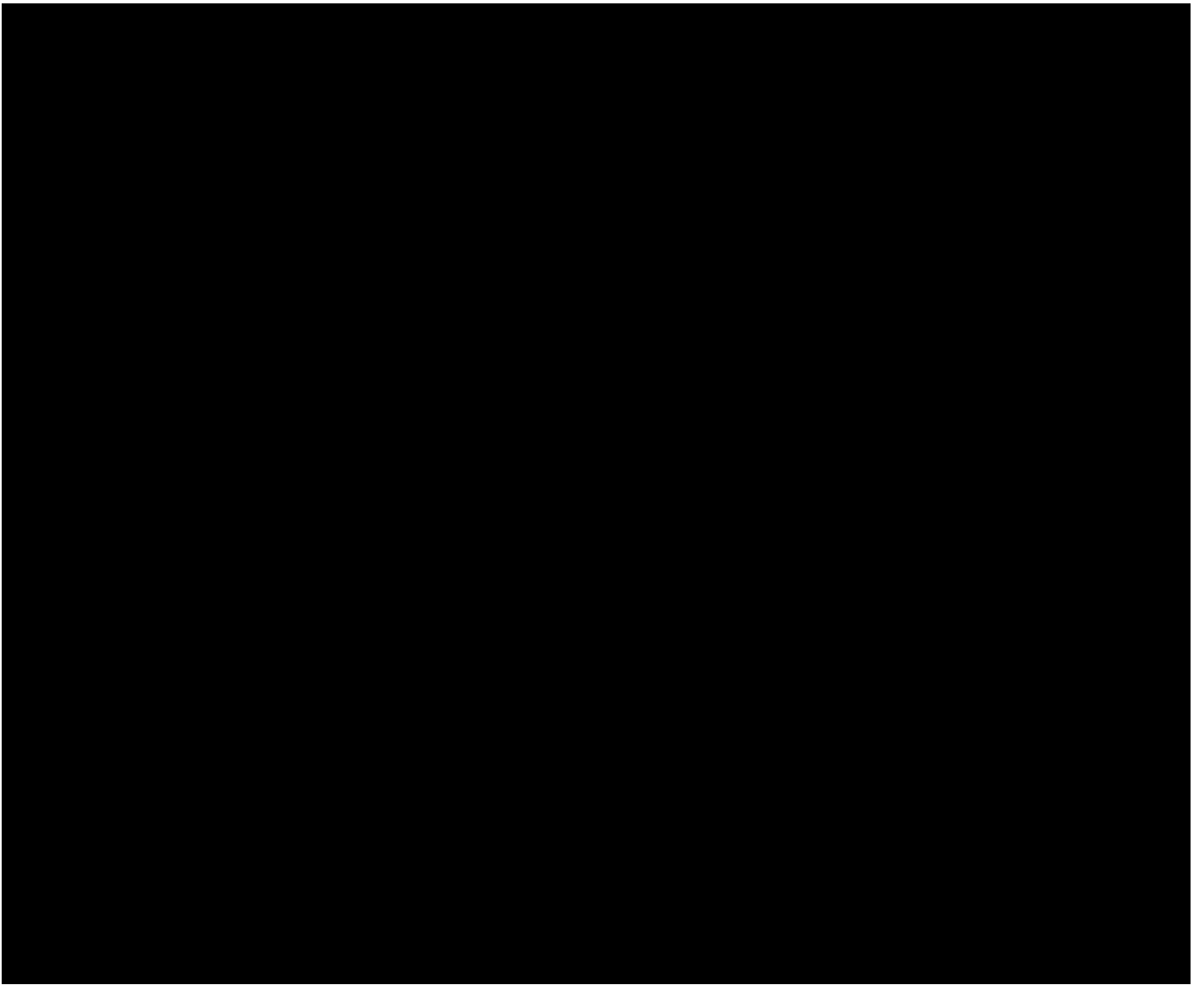


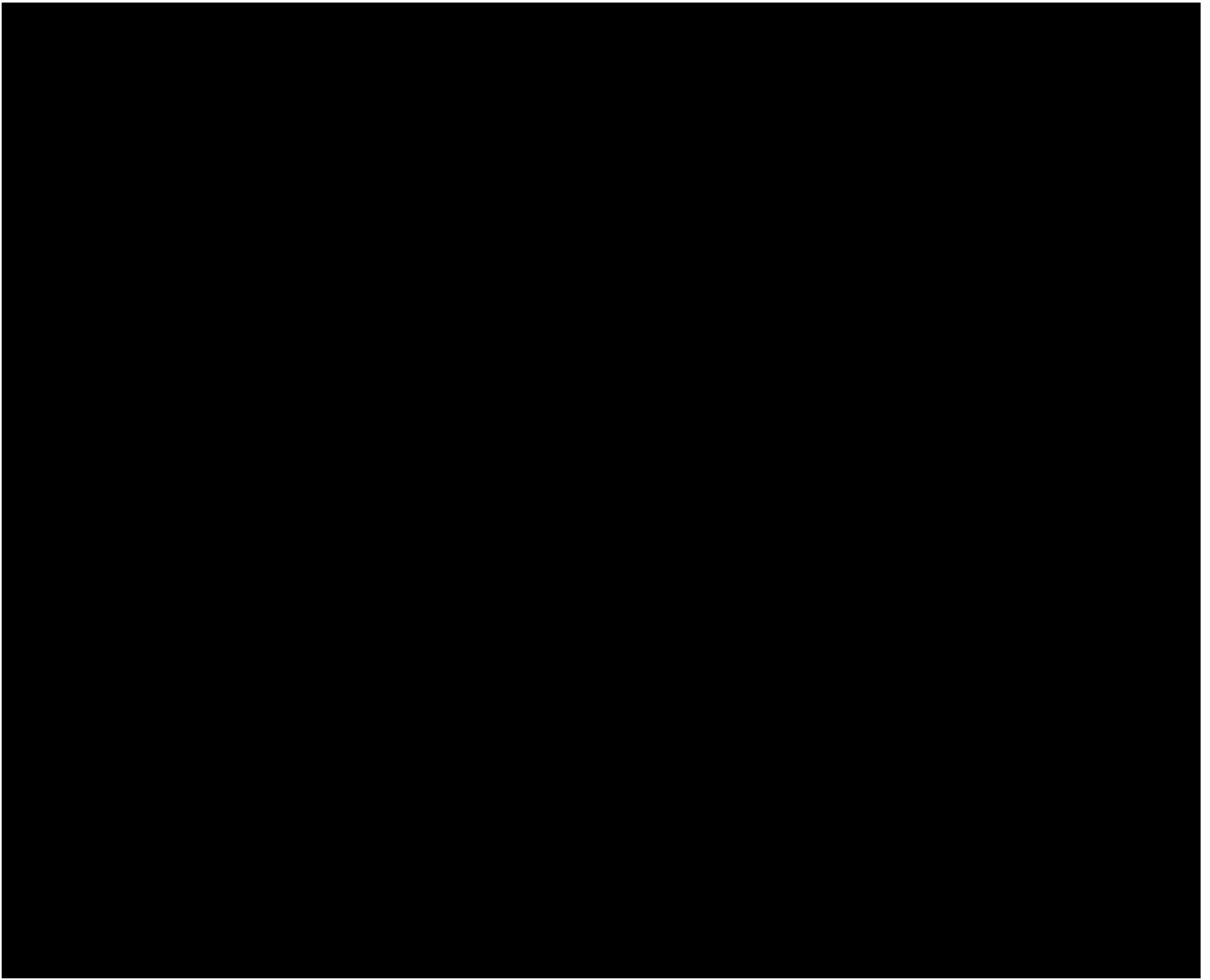


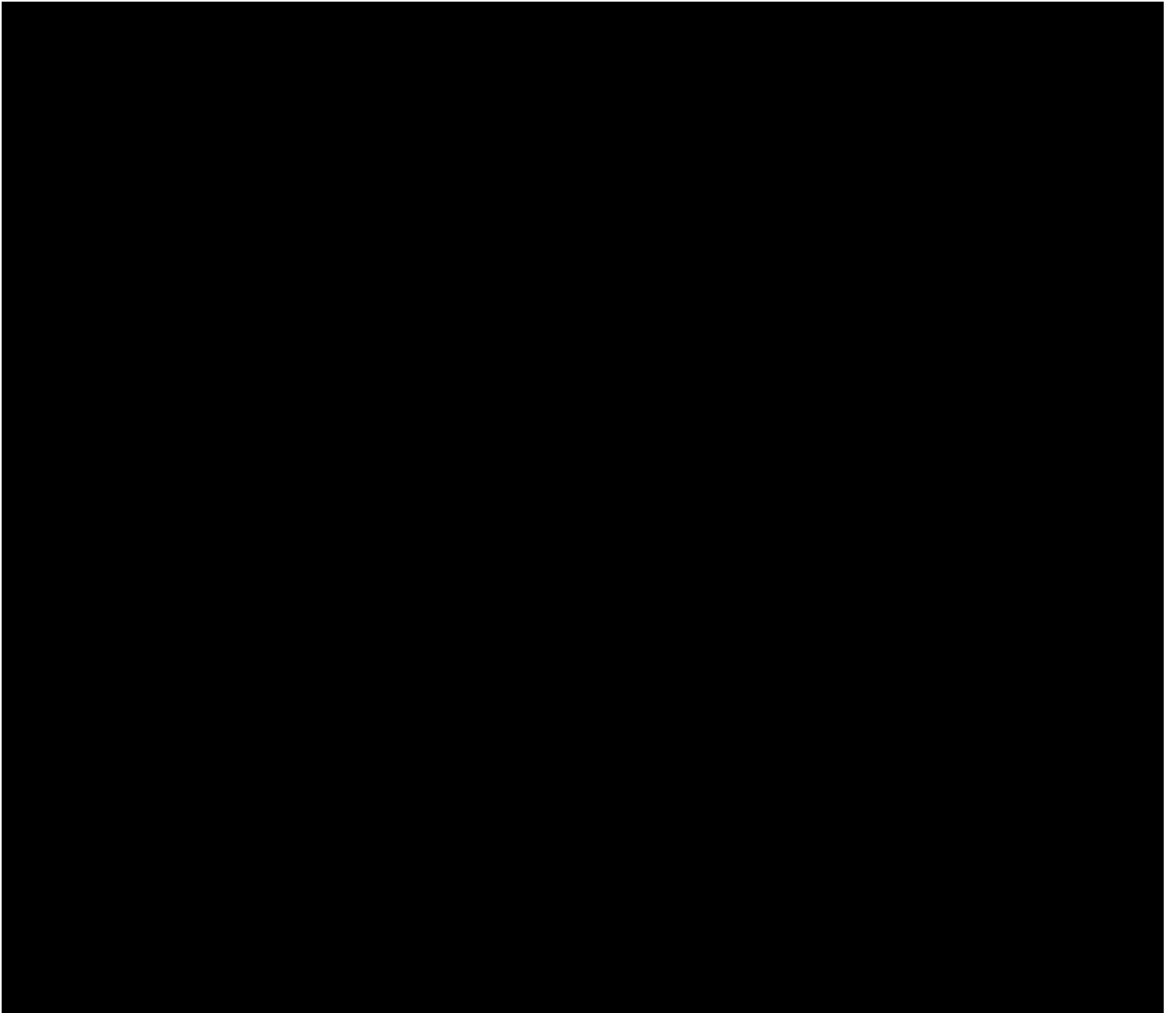


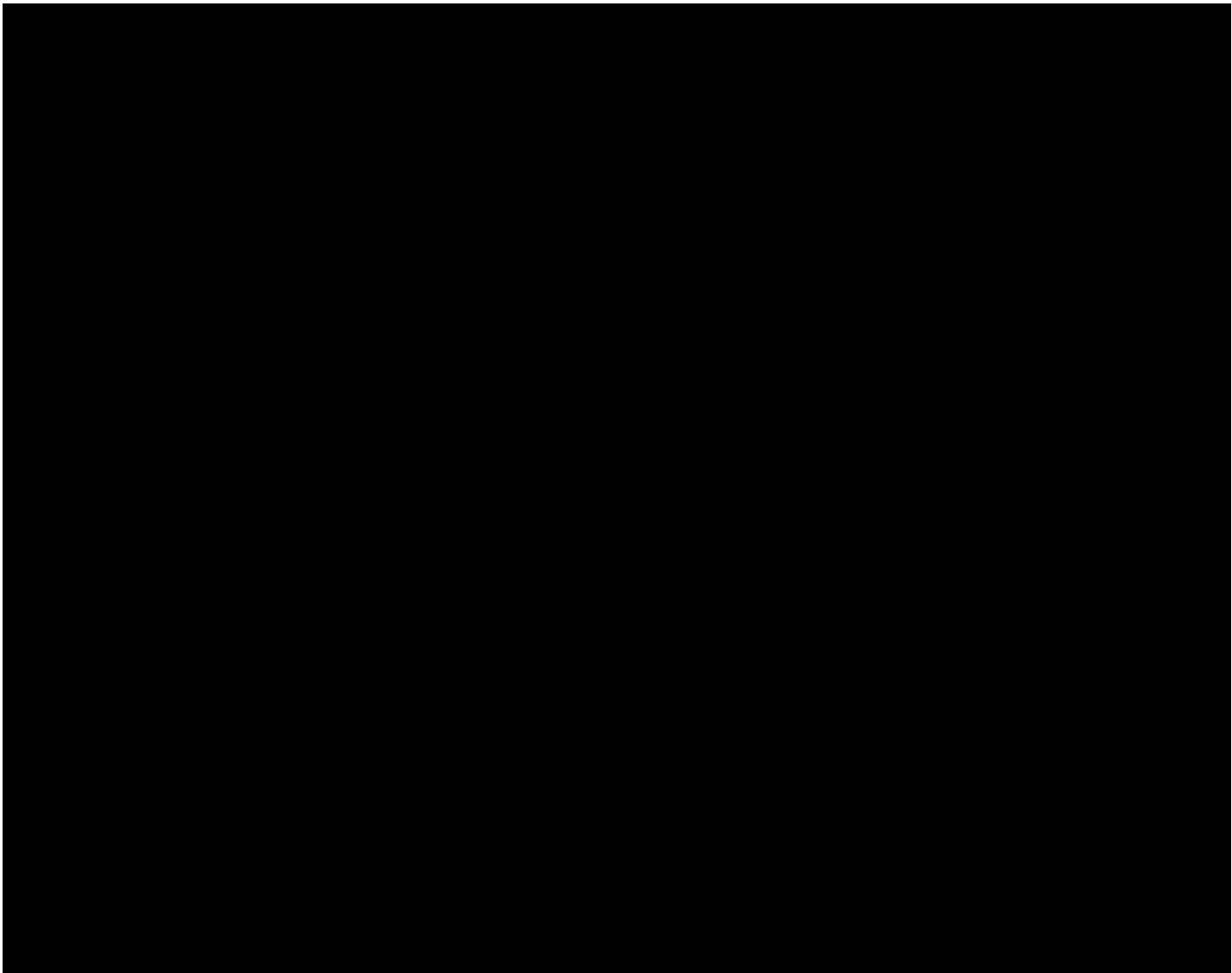


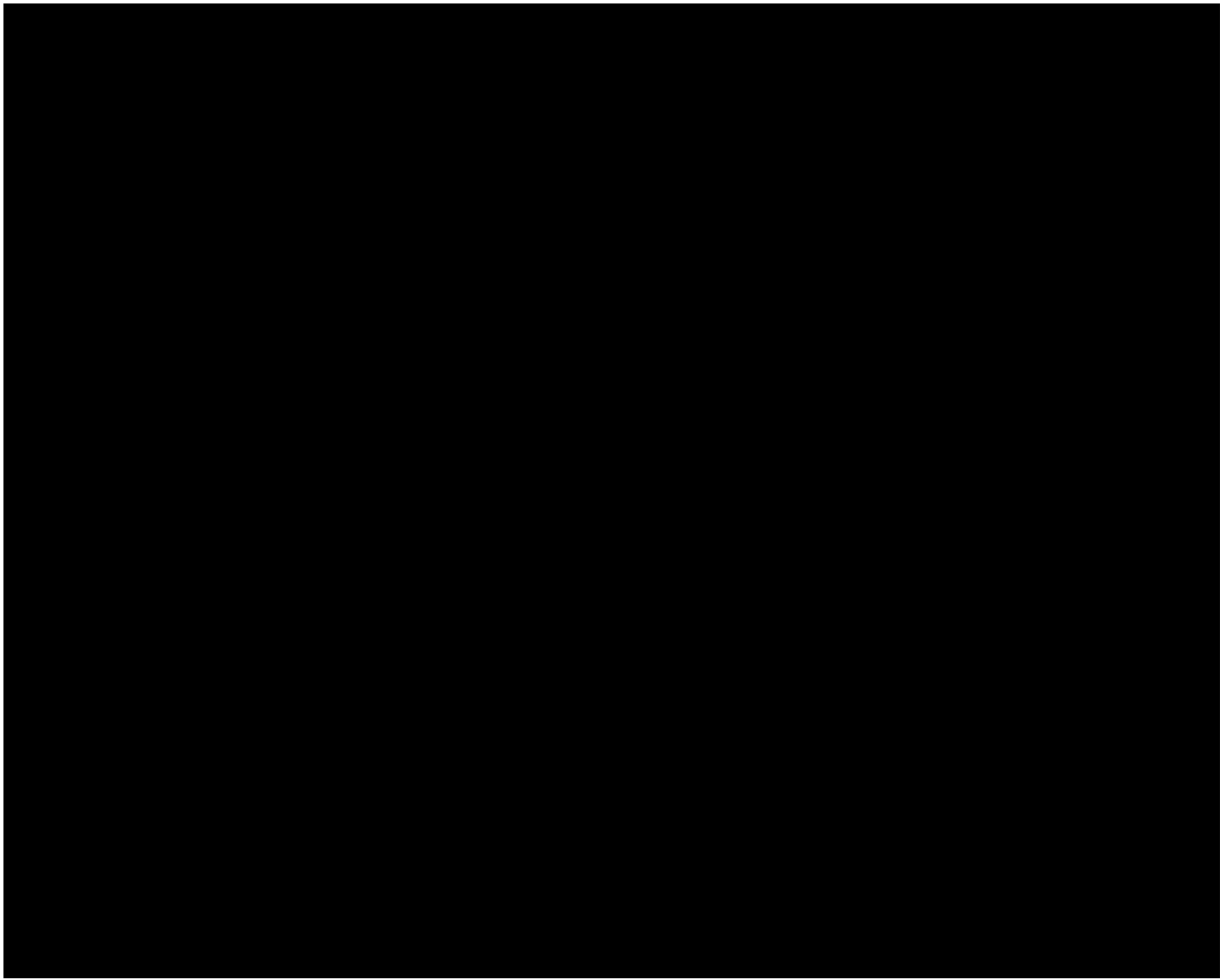


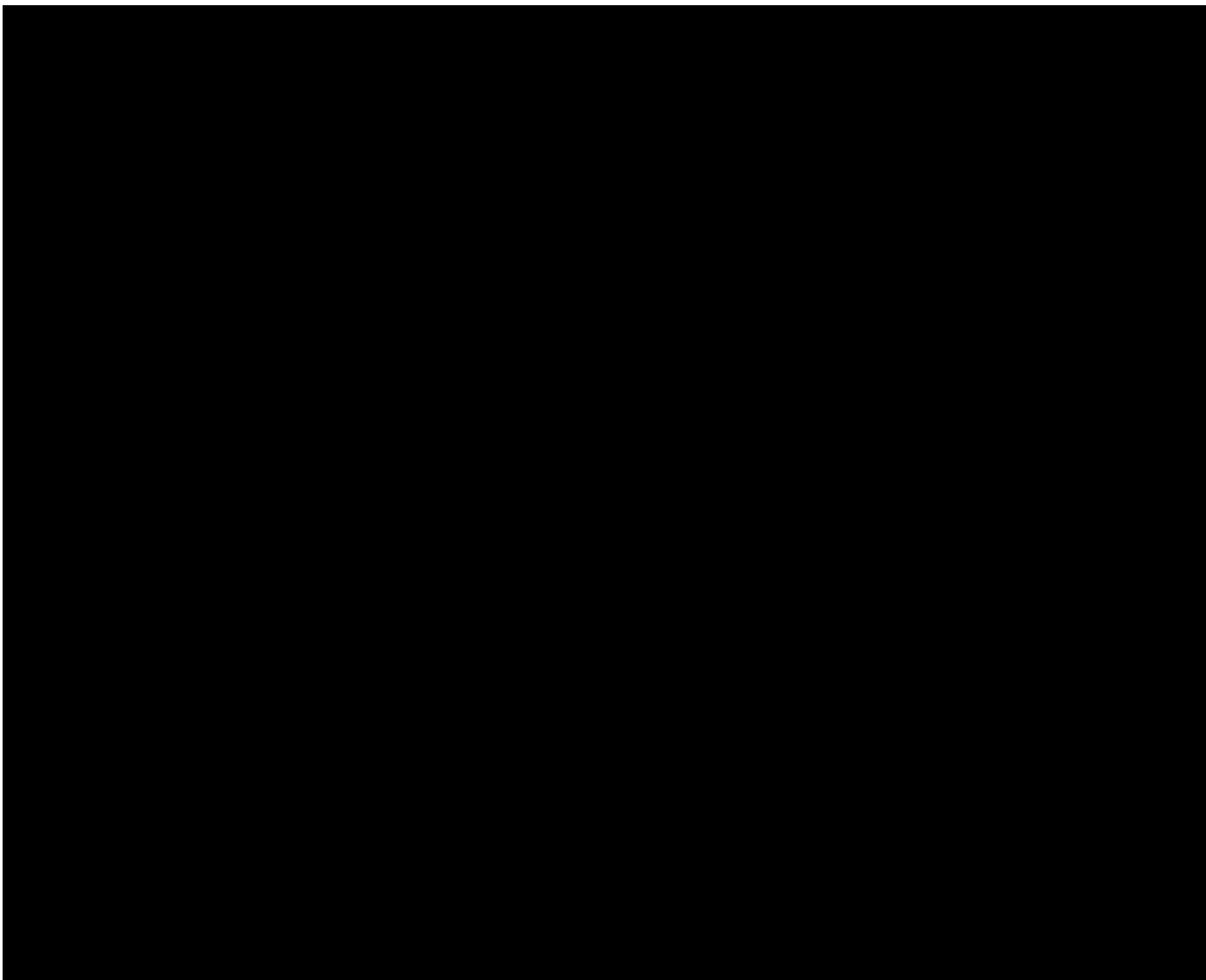


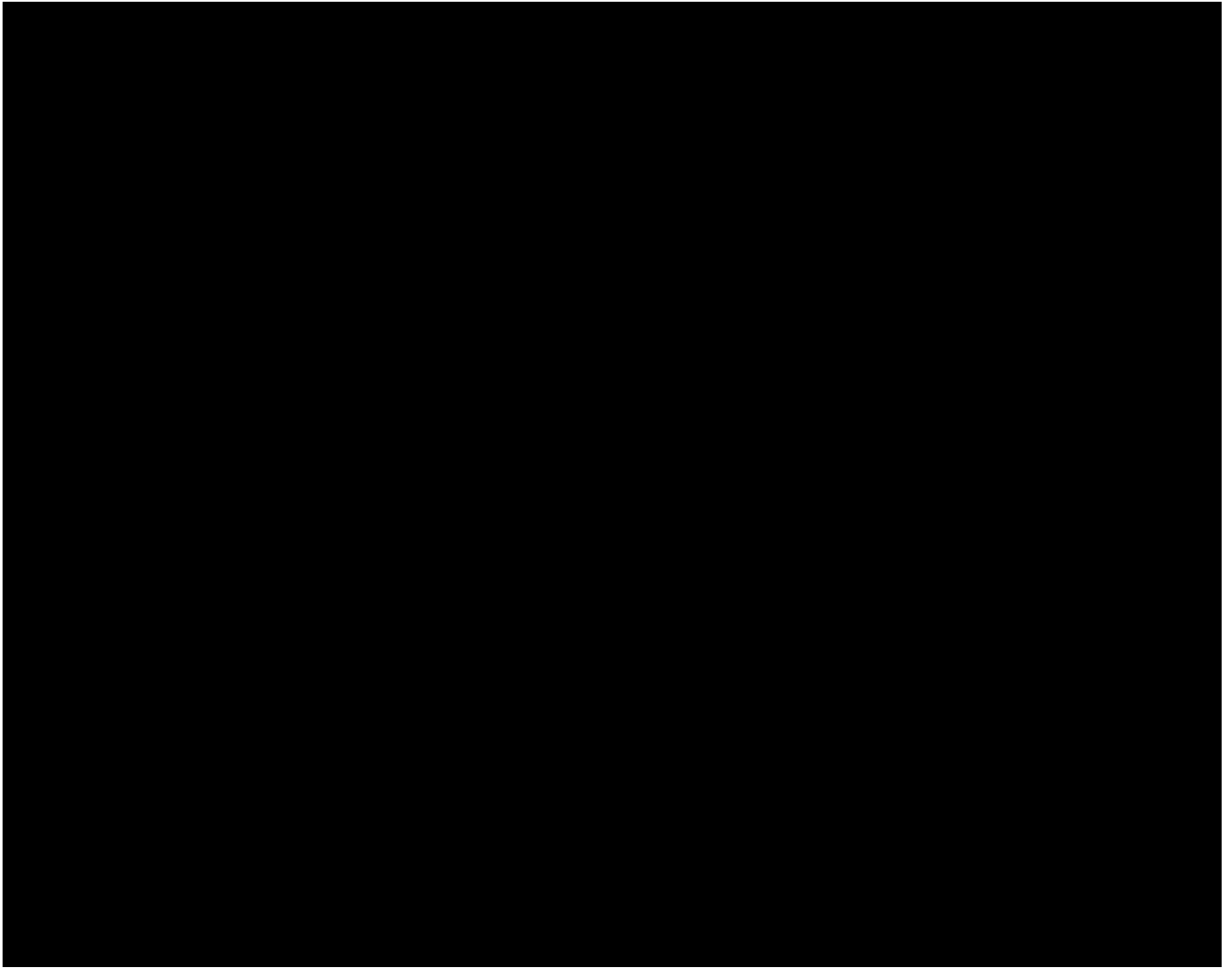


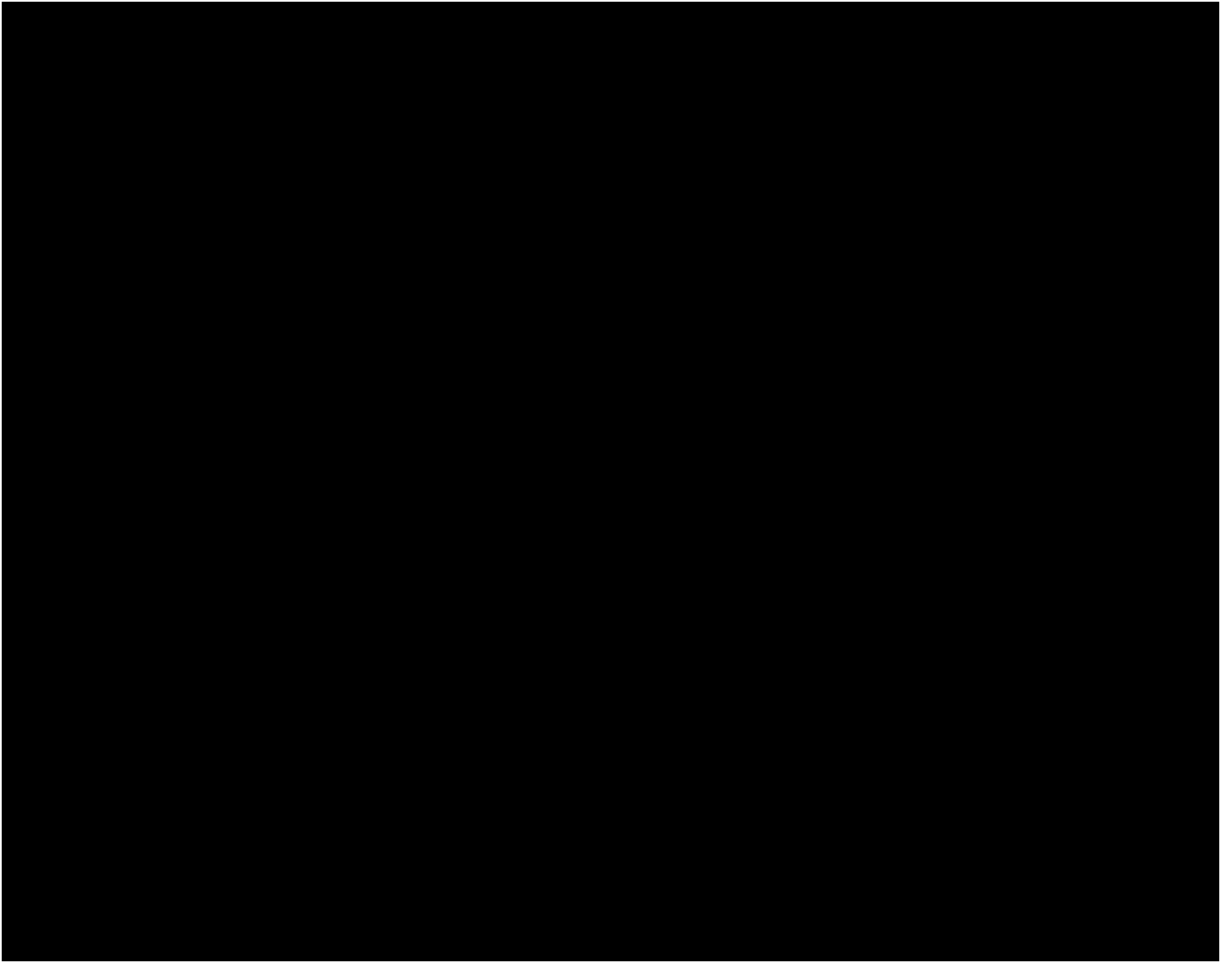




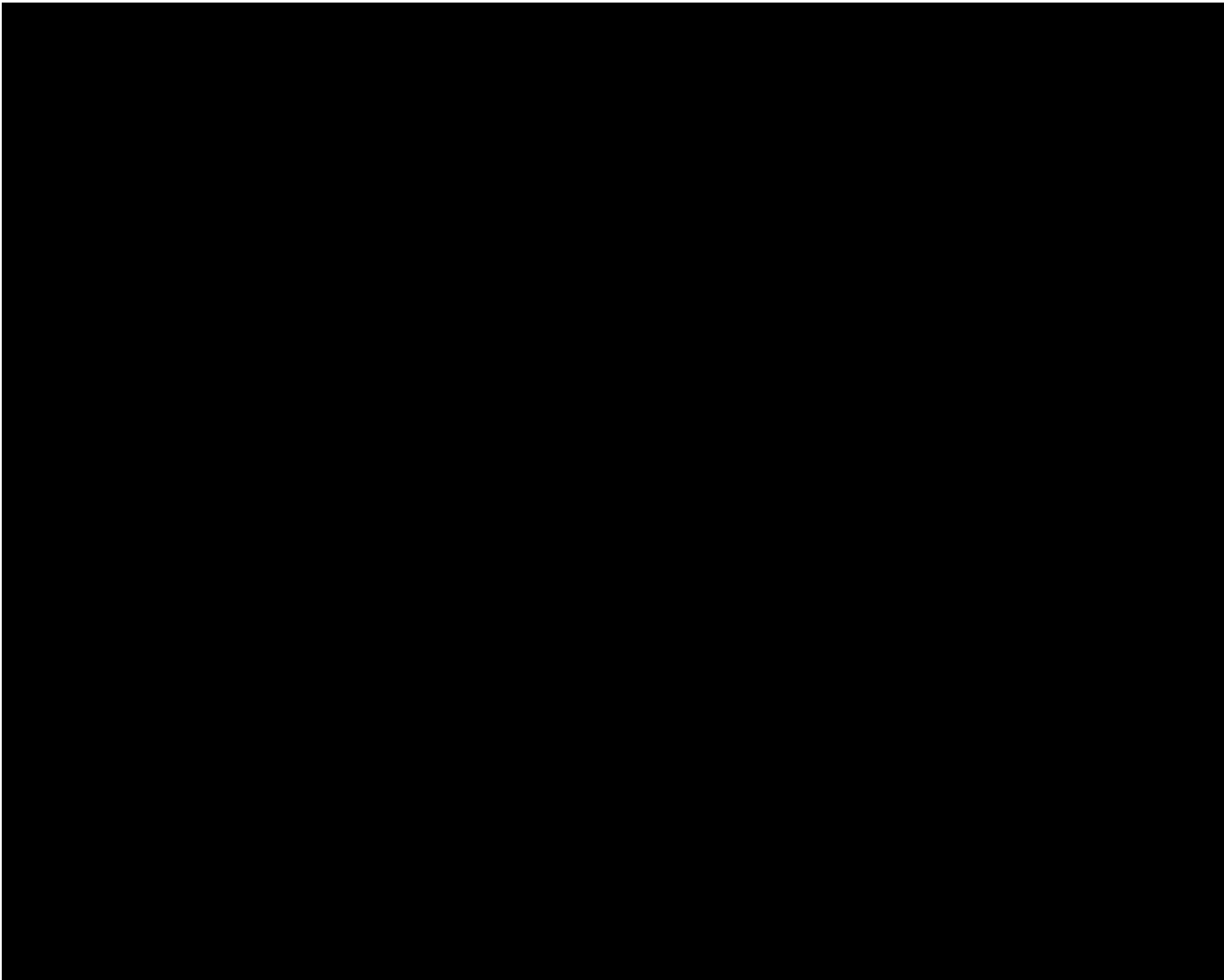


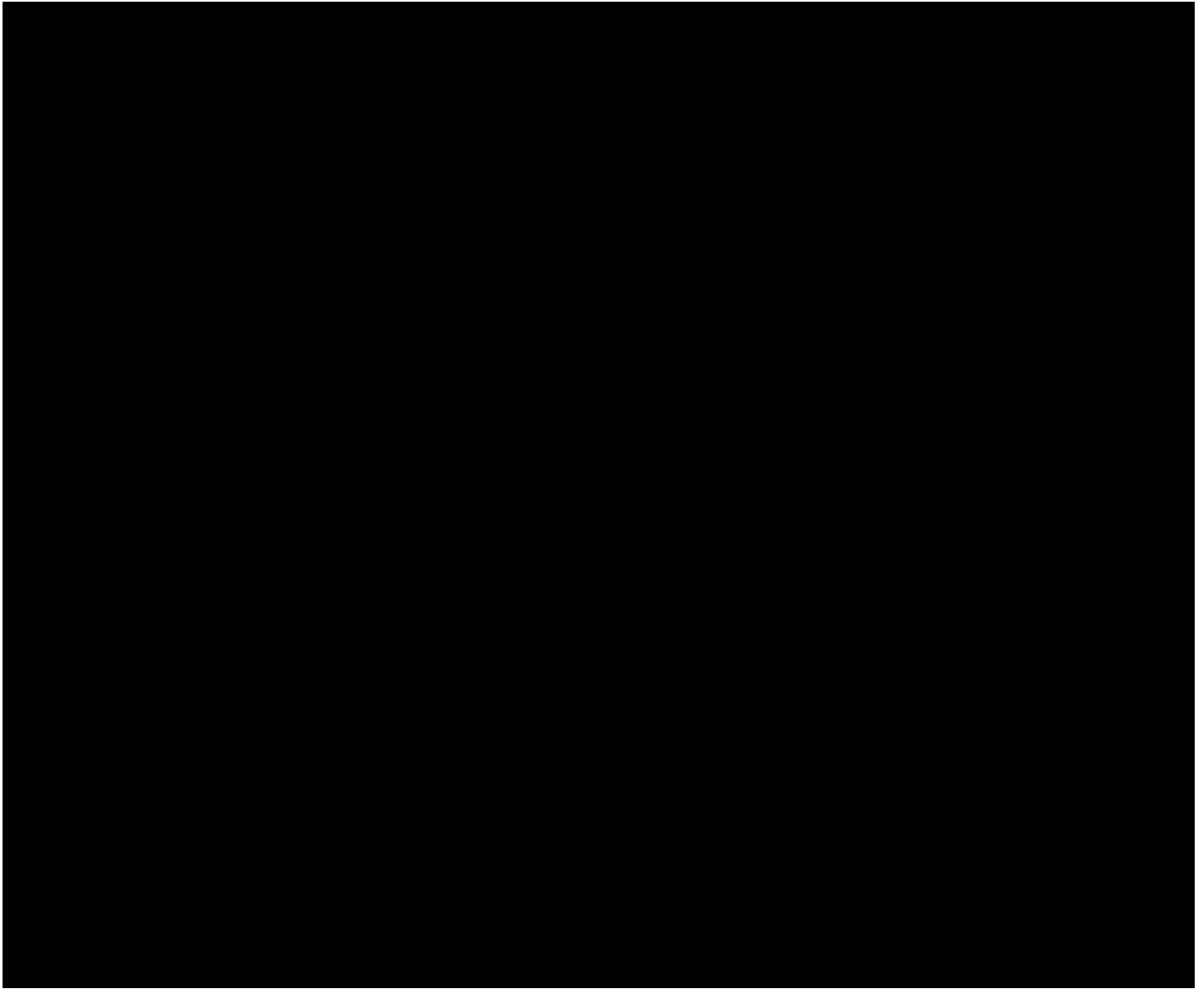


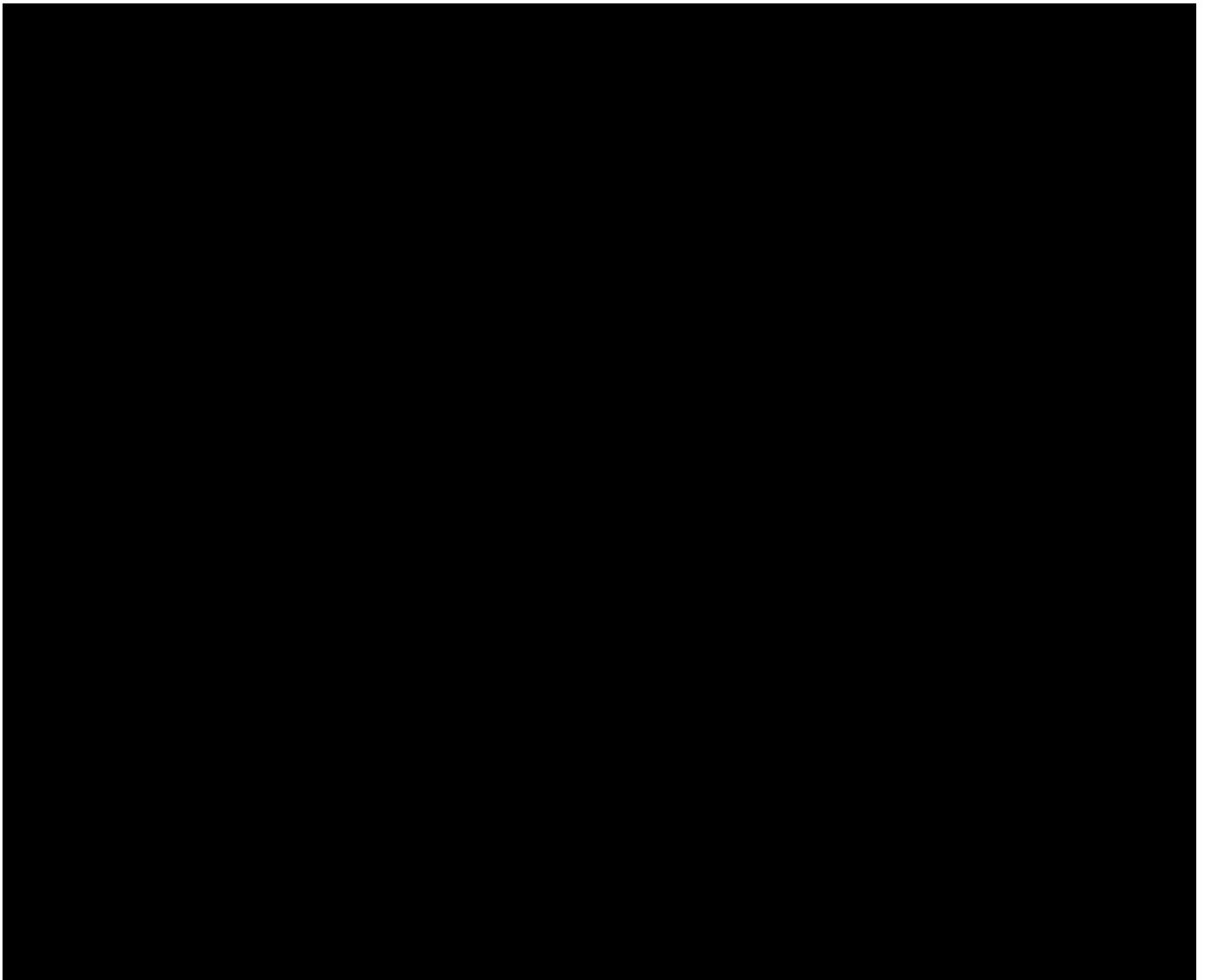


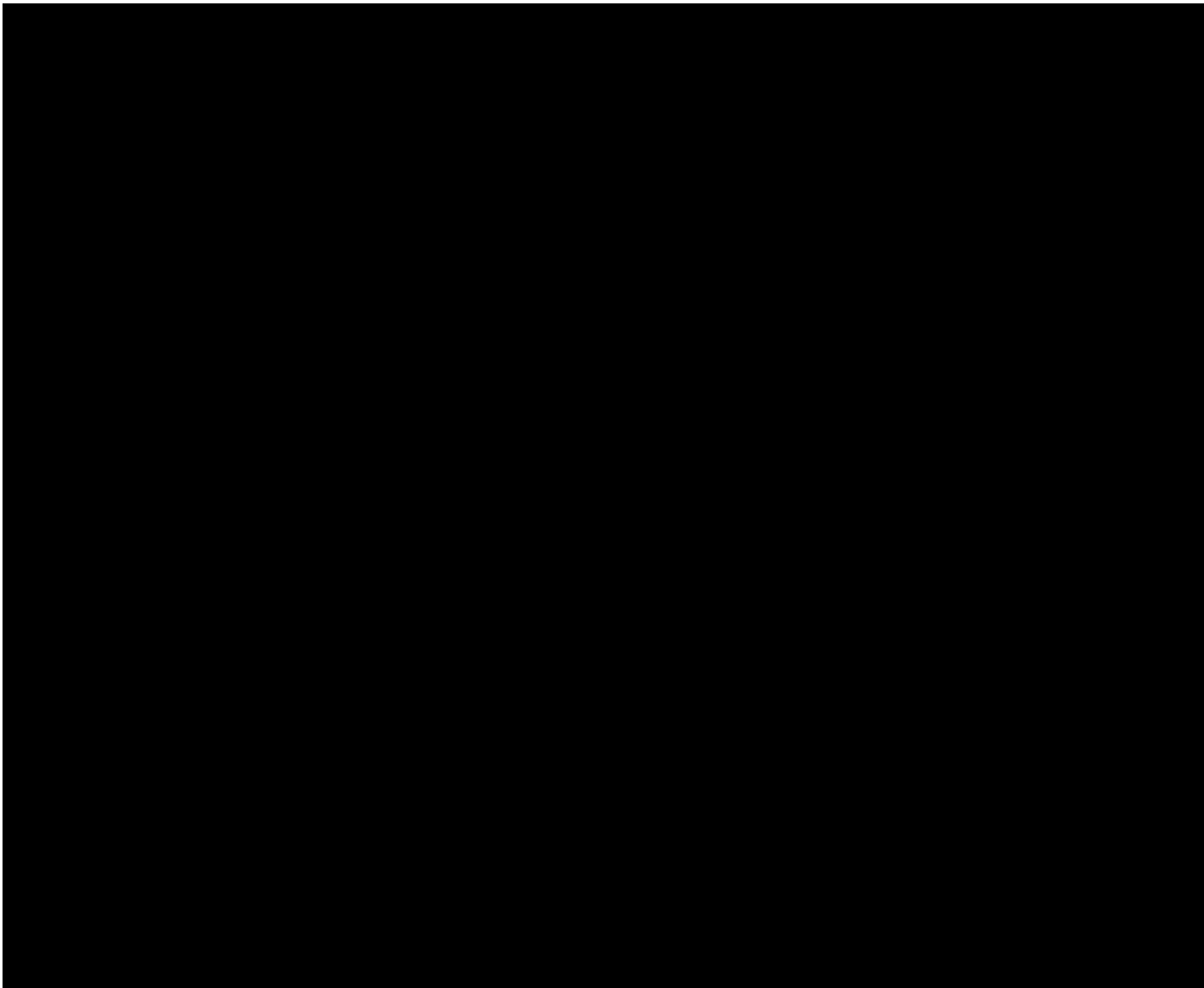


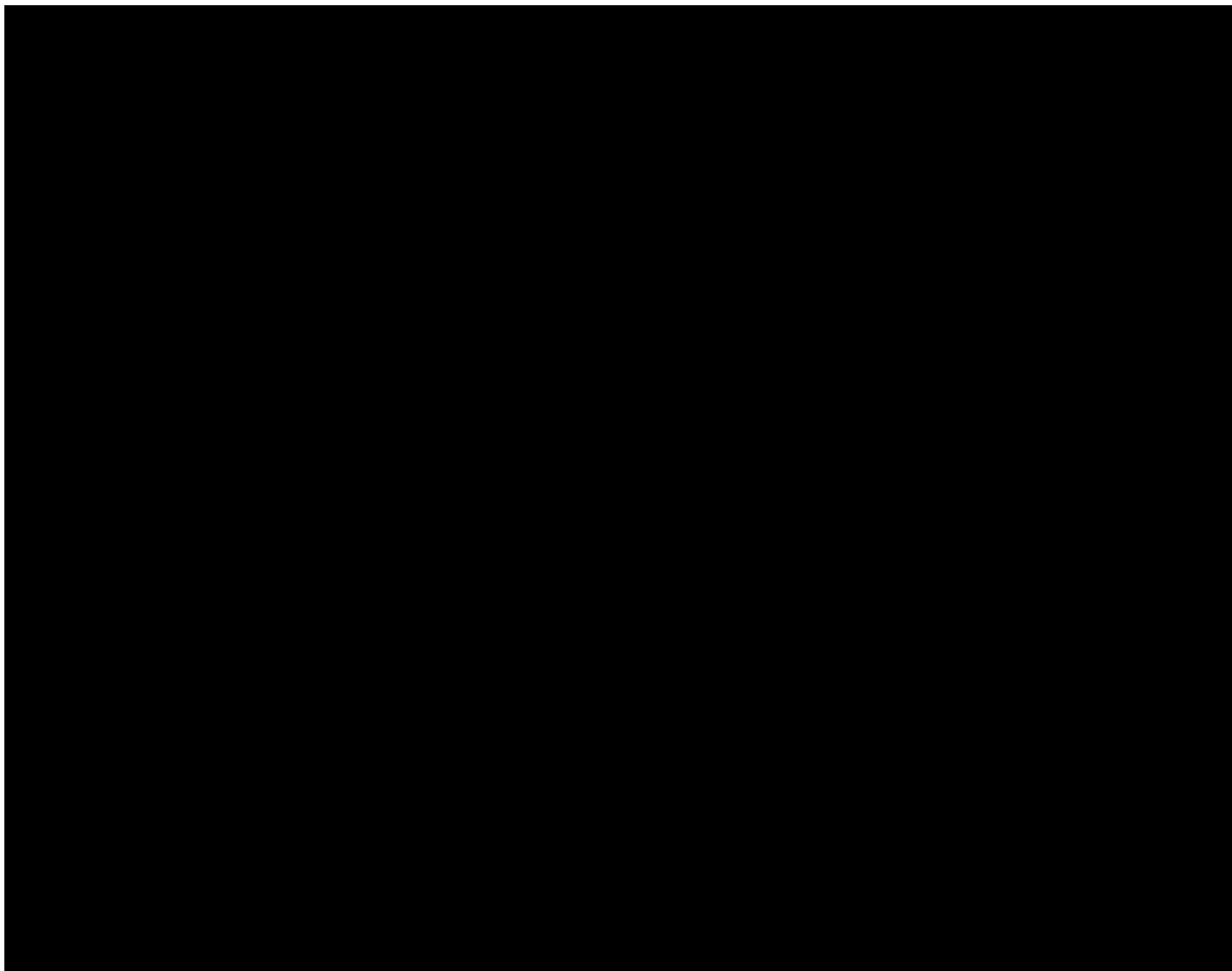


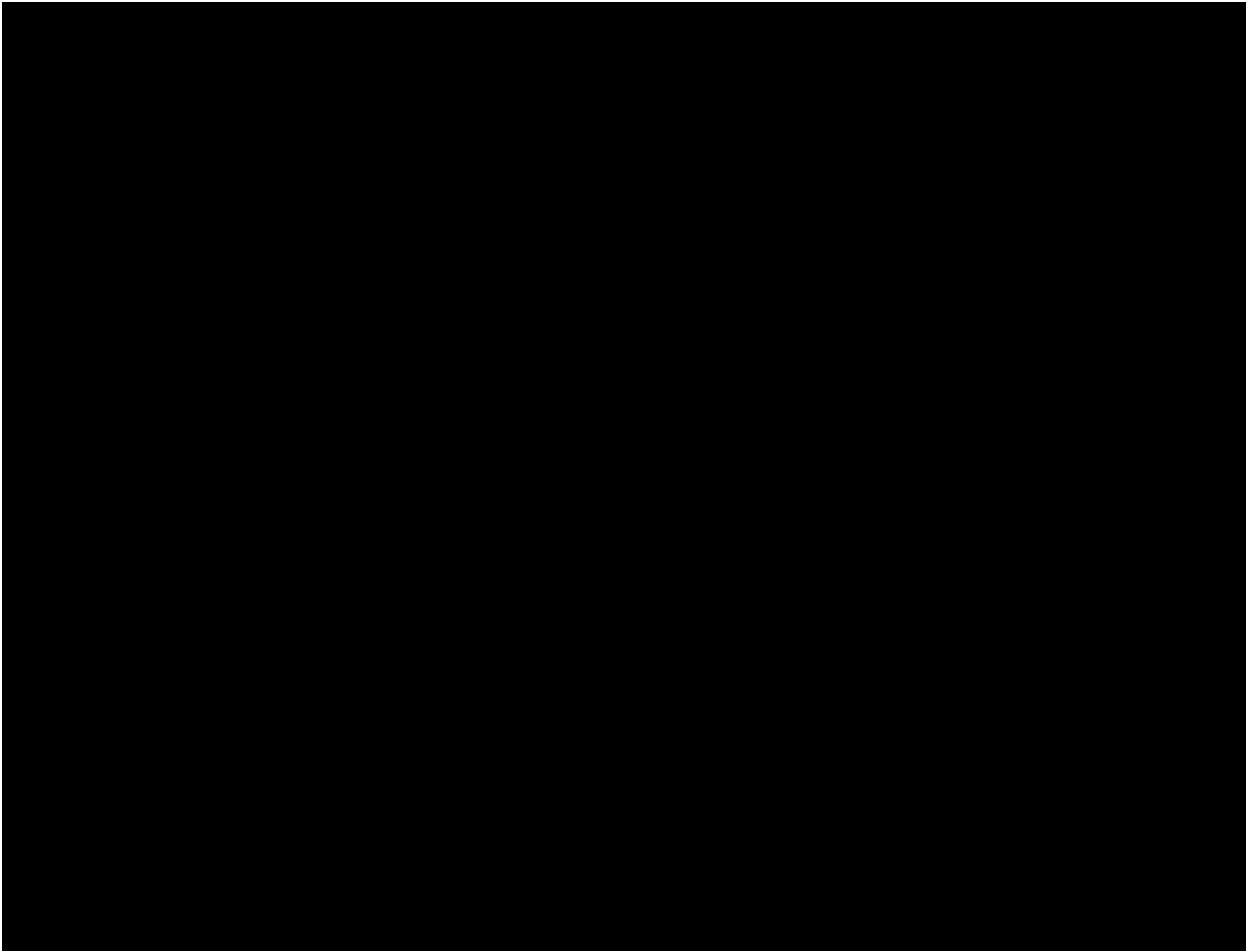


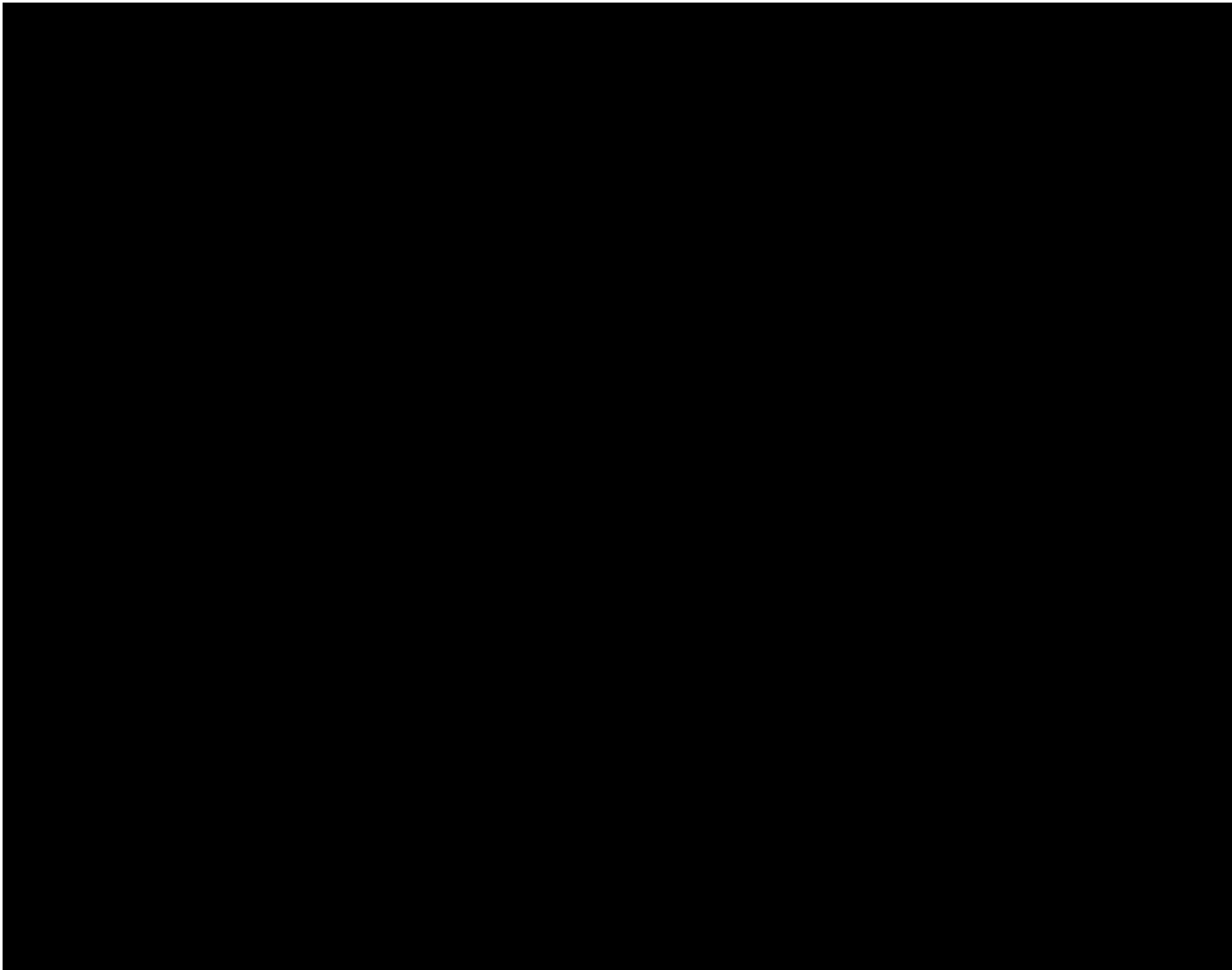


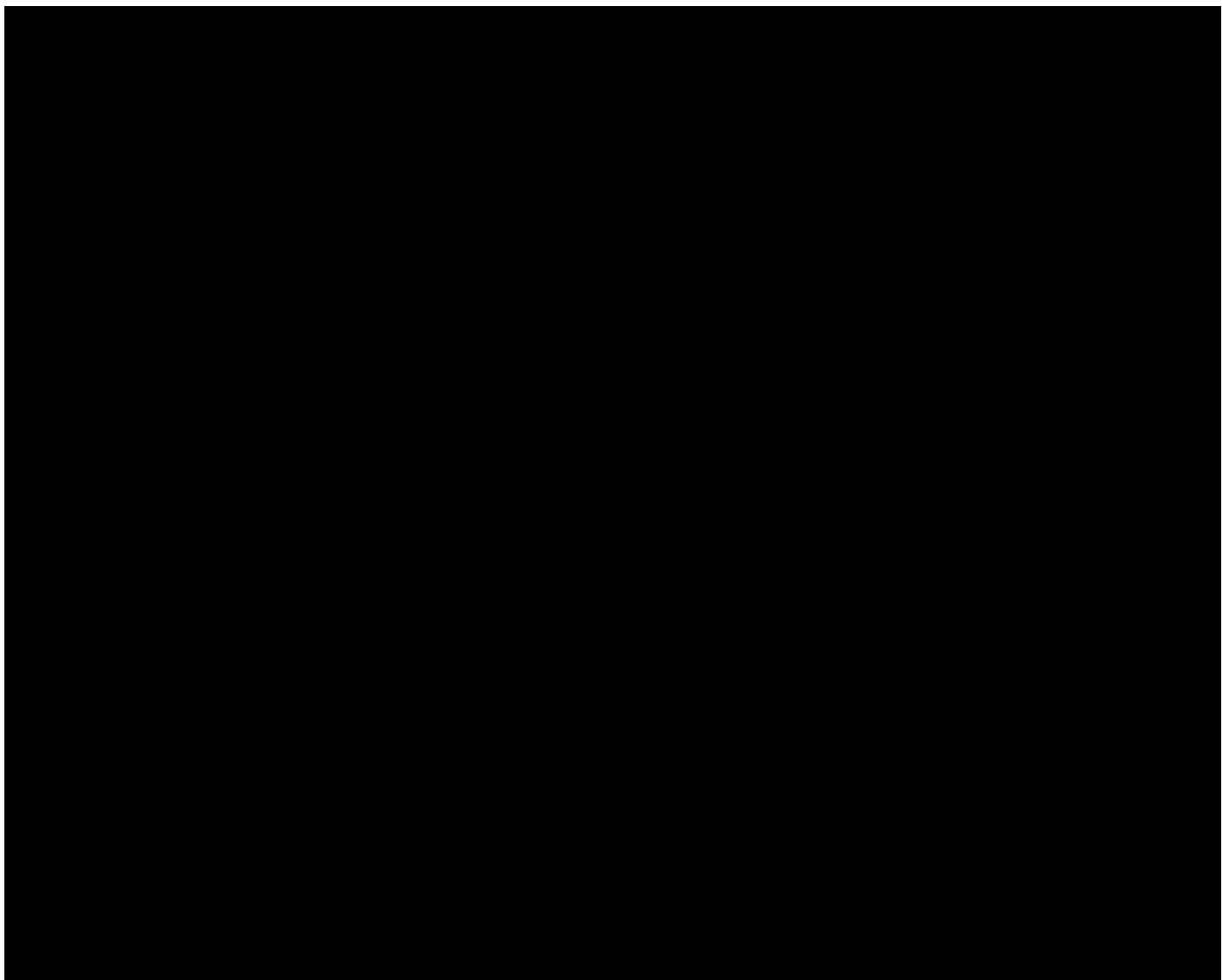


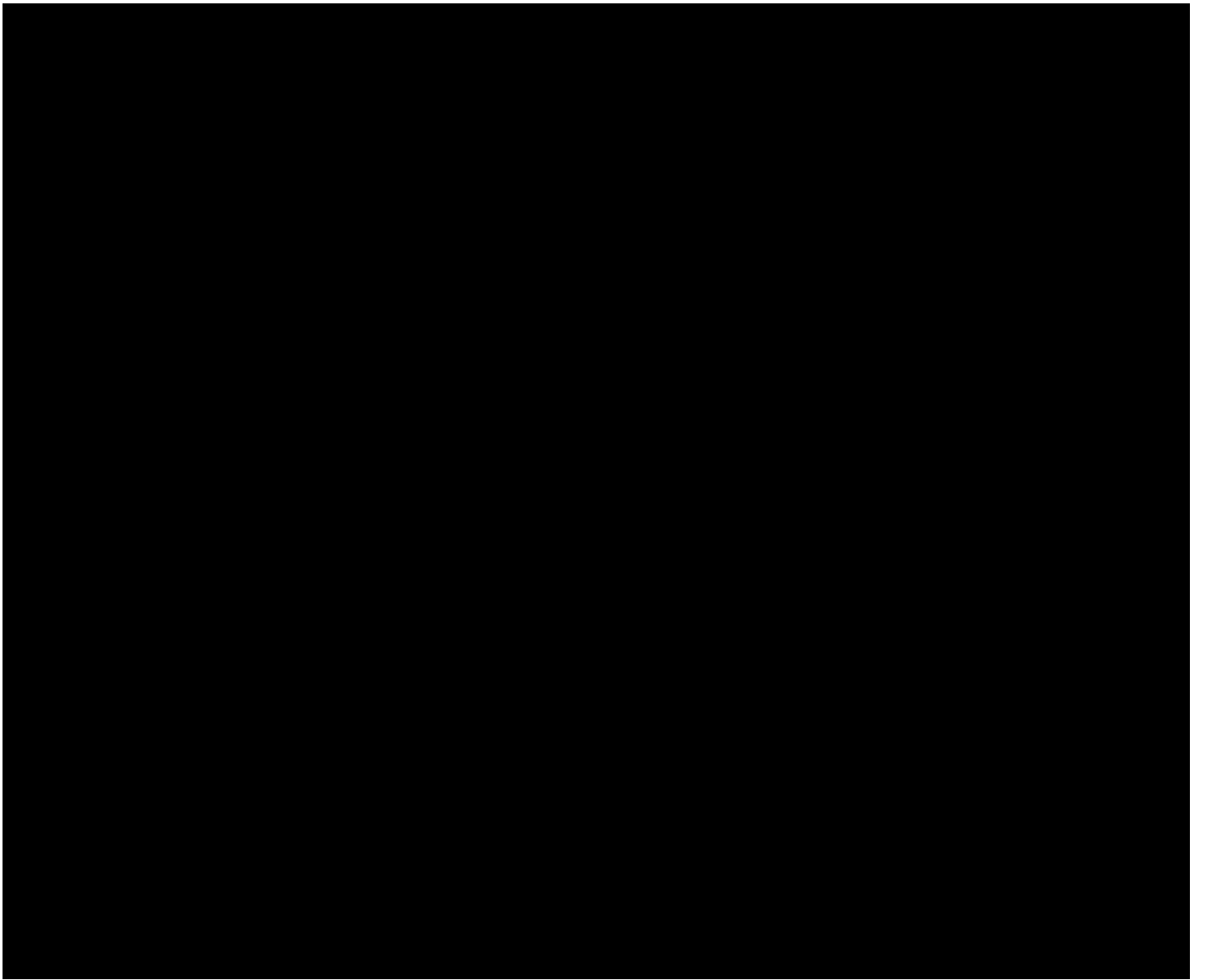












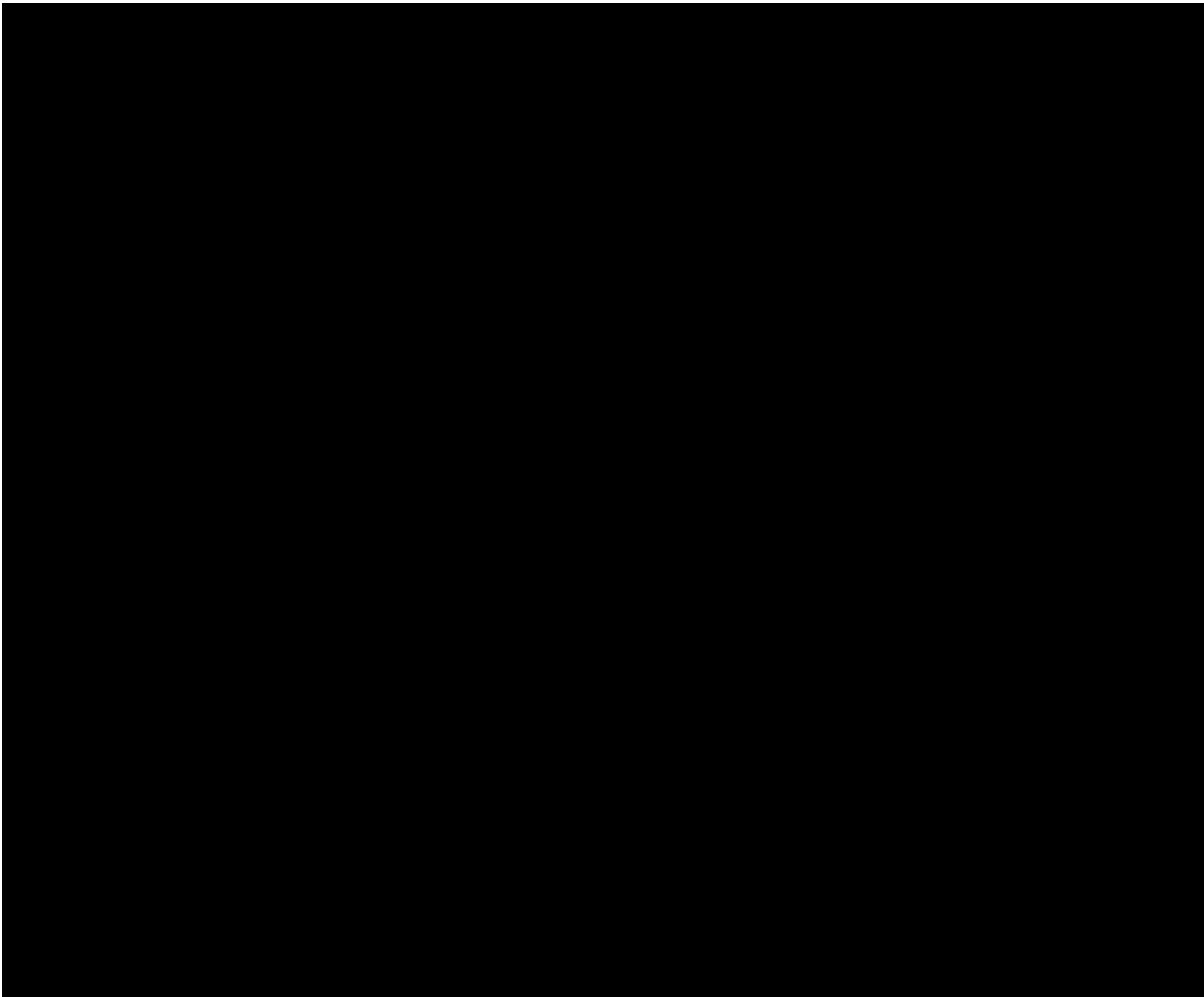


Exhibit II - Development of Pricing AV / Plan Factor

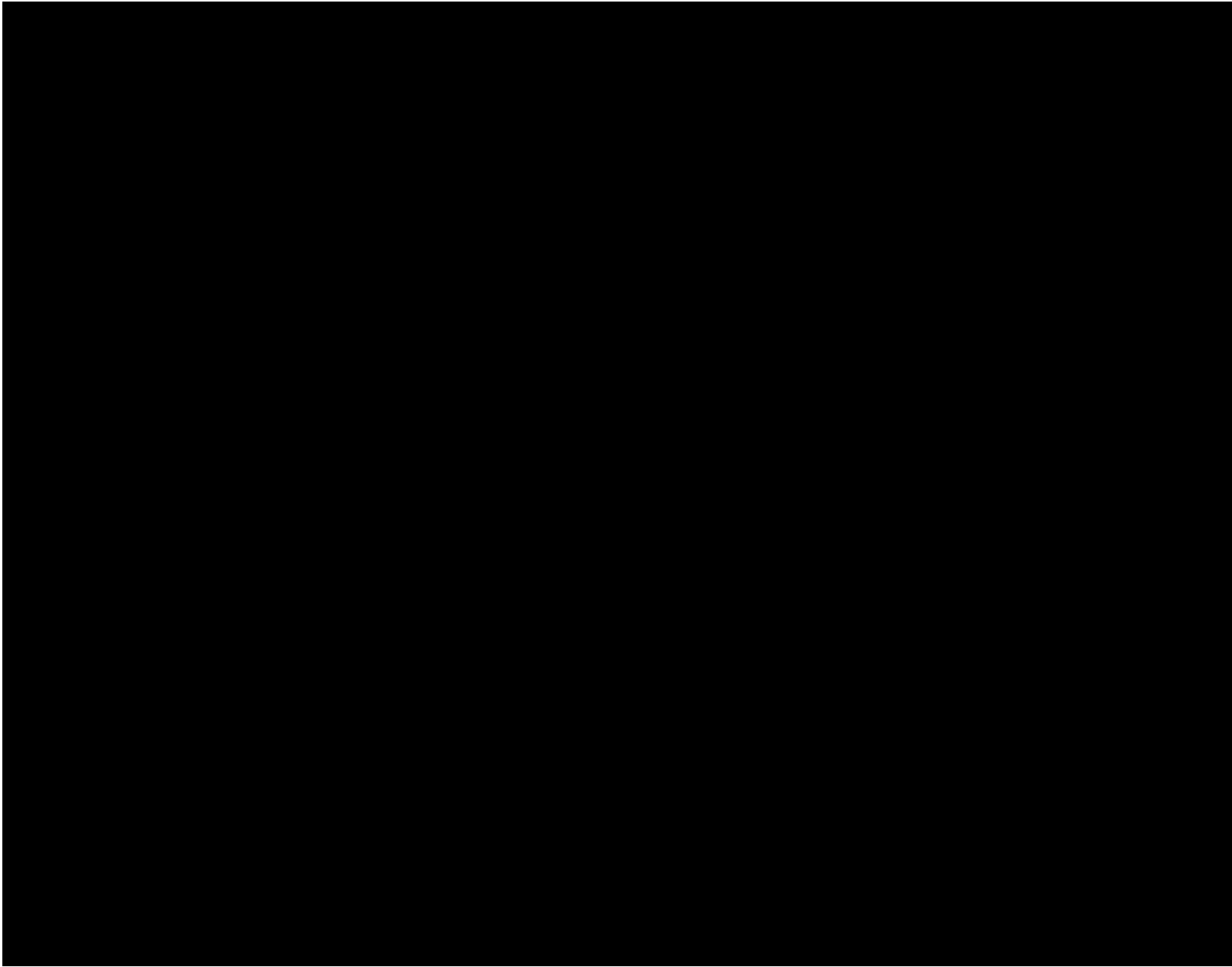


EXHIBIT III
BASE RATE

Medical and Drug

Effective Date	Base Rate
1/1/2027 - 12/31/2027	

EXHIBIT IV
AGE FACTORS

1/1/2027 - 12/31/2027

Age	Factor
1	1
1	2
1	3
1	4
1	5
1	6
1	7
1	8
1	9
1	10
1	11
1	12
1	13
1	14
1	15
1	16
1	17
1	18
1	19
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EXHIBIT V

GEOGRAPHIC FACTORS

1/1/2027 - 12/31/2027

[illegible]

EXHIBIT VI

PLAN FACTORS

1/1/2027 - 12/31/2027

[illegible]

EXHIBIT VII
TOBACCO FACTORS

1/1/2027 - 12/31/2027

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EXHIBIT VIII

RATING EXAMPLES

Example 1

[illegible]

Exhibit IX
Ohio ACA Rate Filing Checklist
For Issue Years:
2027 Major Medical Products

ACTUARIAL CERTIFICATION

I, Samuel Thomas, Actuarial Analyst IV, Actuarial of Medical Mutual of Ohio (MMO), am a Member of the American Academy of Actuaries and meet its qualification standards for preparing contractual periodic prepayments for Health Insuring Corporations. This Actuarial Certification applies to the MMO products: MedMutual HMO On-Exchange, and MedMutual HMO Off Exchange.

1. The contractual periodic prepayments filed are in compliance with the applicable laws, rules and guidelines of the State of Ohio.
2. The contractual periodic prepayments filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
3. The contractual periodic prepayments are calculated on the basis of sound actuarial principles.
4. The contractual periodic prepayments are reasonable when related to the applicable coverage and characteristics of the applicable class of enrollees.
5. The contractual periodic prepayments filed are prepared in conformity with the Actuarial Standards of Practice (ASOPs) promulgated by the Actuarial Standards Board that are checked below [*check the ASOPs used below and provide a separate page with an explanation of why the others were not used*].

CHECK LIST OF ACTUARIAL STANDARDS OF PRACTICE (ASOPs) FOR STATEMENT 5 ABOVE

- ☒ ASOP No. 5 – Incurred Health Claim Liabilities
- ☒ ASOP No. 8 – Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
- ☒ ASOP No. 12 – Risk Classification (for All Practice Areas)
- ☒ ASOP No. 23 – Data Quality
- ☒ ASOP No. 25 – Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property / Casualty Coverages
- ☐ ASOP No. 26 – Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- ☒ ASOP No. 41 – Actuarial Communications
- ☒ ASOP No. 42 – Determining Health and Disability Liabilities Other Than Liabilities for Incurred Claims
- ☒ ASOP No. 45 – The Use of Health Status Based Risk Adjustment Methodologies
- ☒ ASOP No. 50 – Determining Minimum Value and Actuarial Value under the Affordable Care Act

Samuel Thomas ASA, MAAA
Name of Actuary & Professional Designations

(419) 887-2908
Telephone Number of Actuary

Samuel R Thomas

Signature of Actuary

Explanation of ASOPs that are not used:

- ASOP No. 26 - Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans

This premium rate filing is for individual major medical health plans. Therefore, ASOP No.26 was not used.